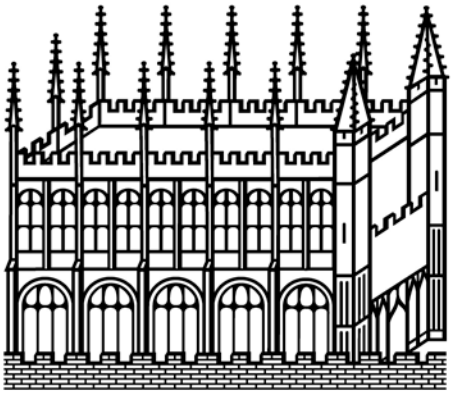

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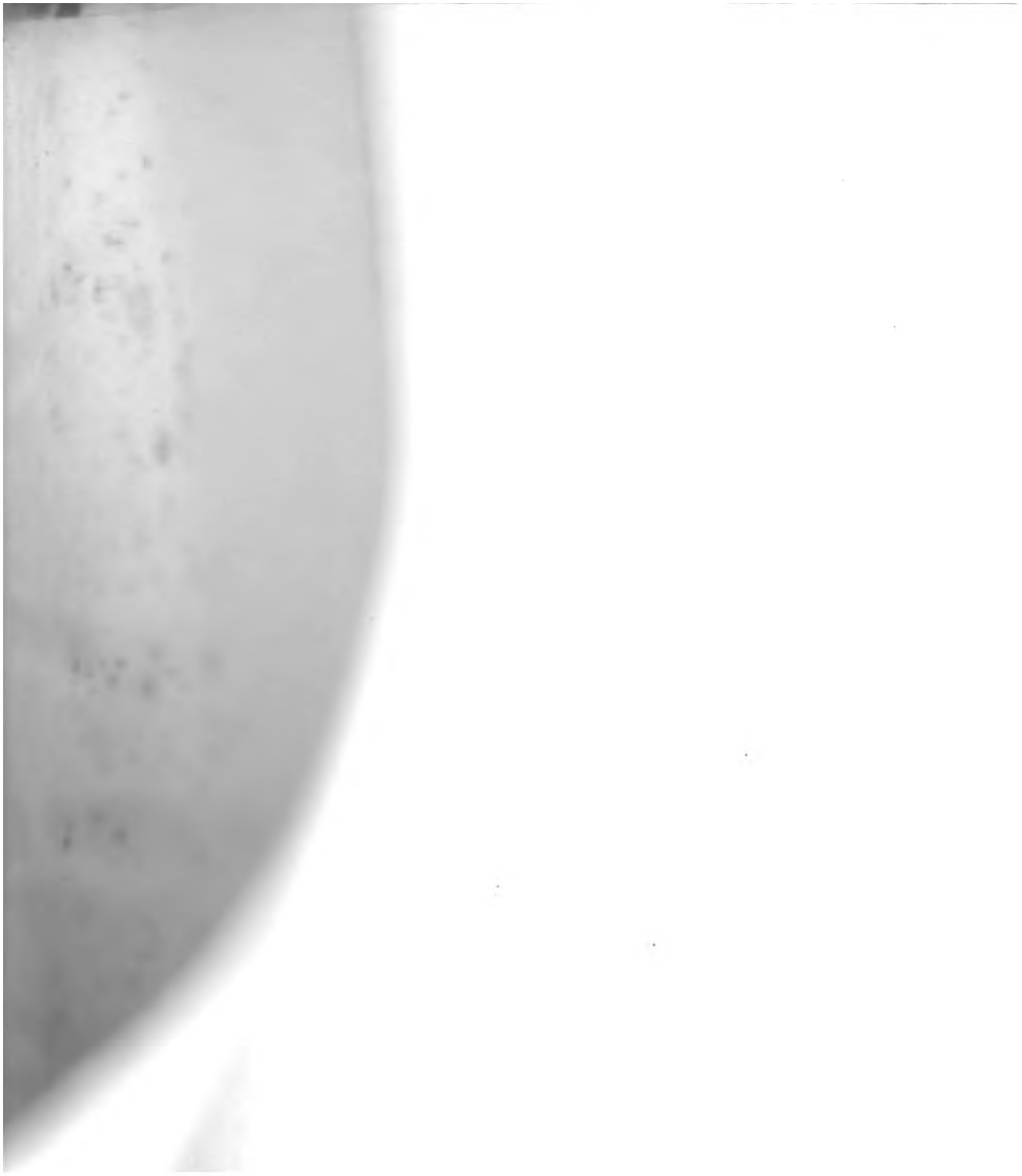

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page 357, last vol.*)

Case V.—*Syphilitic Melancholia — Dementia — Syphiloma of Right Hemisphere, involving Postero-parietal Lobule and first Occipital Convolution—Syphilitic Degeneration of Cerebral Vessels—Left Hemiplegia.*

M. B., æt. 38, admitted into the Central London Sick Asylum, Sept. 10, and died April 12, 1875. A woman of loose and intemperate habits, she contracted syphilis in the year 1870, and has suffered more or less from it ever since. Her friends stated that, for twelve months previous to her coming under my care, she complained greatly of pain in the head. At times she would be morose and depressed, then again excited, and almost unmanageable. On one occasion she attempted to commit suicide by jumping out of a window.

When I first saw her, the countenance was extremely typical of the mental state. Perception and volition were affected in equal ratio. She would sit gazing vacantly into space for hours together, and it was with difficulty that she could be roused to feed herself. She would not take food unless she was compelled, and she would remain like a living automaton, neither eating, drinking, nor taking notice of any one unless excited to do so. The countenance was heavy, the complexion muddy, the eyelids drooping, the eyes lustreless, the mouth partly open, with saliva dribbling from the corners; special senses apparently dulled; the optic discs were hazy, arteries small, veins large, the choroid injected and pigmentated. She walks co-ordinately, does not totter or falter, but locomotion is performed with slowness and apparent doubt of her own power. There is neither general local nor volitional tremor, and it must be remembered that ideation is almost lost. Articulation is perfect, as far as it goes. There is marked decrease both of muscular and cutaneous sensibility, but no objective paralysis of cranial or spinal nerves. Now and again she seems insensible to the involuntary discharge both of urine and fæces. Urine, gr. 1,010, high coloured, loaded with lithates, but free from albumen. Pulse regular, with slightly increased tension. Temperature usually below the normal. Her condition progressed unfavourably. About two months before her death I noticed that she was partially hemiplegic upon the *left* side of the body, more of the leg than of the arm, and more of motion than of sensation. The paralysis increased, until it became complete, with fixed contraction of both the arm and leg; and what was rather remarkable, though not unusual, about a fortnight before she died, her brain became much more perceptive, and a dawn of reasoning power evidenced itself. It was only transitory, and of short duration, for she gradually sank, becoming more obtuse day by day.

The *post-mortem* examination showed the condition of the brain to be as follows:—The internal surface of the cranium was free from any morbid change, and also the dura mater. The sinuses were more or less engorged with blood. In connection with the arachnoid and pia mater was a morbid growth, which extended deeply into the brain substance of the postero-parietal lobule and first occipital convolution of the right hemisphere, giving rise to considerable adjacent softening, hæmorrhage, and blood. staining.

The whole of the right centrum ovale was hypervascular, and studded with small bleeding points when cut through. The right corpus striatum was also discoloured, and softened in patches. The left hemisphere was of normal appearance and consistence. The convolutions over both hemispheres were shrunken, but particularly those of the *right*. There was also an appreciable difference between the grey matter, which was softer and more hypervascular in the convolutions of the latter than of the former.

Under the microscope the grey matter of the right convolutional surfaces was remarkable for the large number of vessels brought into view, to the exclusion of the normal

cellular elements. The latter had undergone considerable atrophic change, and were, in a measure, replaced by a hyperplasia of connective tissue corpuscles.

As to the vessels, they were diseased, and gave the characteristic appearances usual to such condition—viz., dilatation, waviness, and irregularity of outline, thickening, destruction, and separation of the tunics, which were seen to be crowded by a multiplication of small nucleated corpuscles, and perivascular spaces existed.

It would have been of some interest to have noticed the cellular degeneration in the several layers of the grey matter, but in this case it was forgotten; and I do not think it is of so much importance as in some other forms of cerebral degeneration, which will be noted further on, especially in the general paralysis of the insane, where it becomes a point of the highest significance, and one which hitherto has not received such an amount of investigation as the subject deserves. Up to the present time we are more indebted to the researches of Drs. Herbert Major, Batty, Tuke, and Ringrose Atkins than to any other observers in this country.

I cannot, for my own part, see any reason whatever to doubt the purely syphilitic origin of the disease which existed in the brain of this woman. Although of intemperate habits, she was healthy, until syphilis commenced its destructive work. In my opinion, if she had not been a drunkard, she would not have had the diffuse change in the structure of the brain, and possibly the gummatous mass would not have had an existence.

A careful examination of the viscera showed sclerosis, but uothing more. There were pleuritic adhesions. The heart was normal in size, but rather flabby; valves healthy; liver contracted and hardened; spleen the same; kidneys small, contracted, and granular.

CASE VI.—*Syphilomatous Growth of Tentorium Cerebelli and of the Sinuses entering into the Formation of the Torcular Herophili—No marked objective Paralysis.*

This case is of unusual interest, pathologically, physiologically, and clinically, and, so far as I can ascertain, no similar condition has been recorded.

W. W., æt. 39, was admitted into the Central London Sick Asylum on Nov. 16, 1874, and died Nov. 1, 1875 He contracted syphilis when a young man, but suffered little from it at the time. For many years the state of his health had been indifferent, and for the past eighteen months he has been unable to follow any occupation. There is no history of fits. It appears that he was compelled to give up work on account of the severe shooting pains affecting the skull, but more particularly the frontal bones. At this time his sight began to fail, and when he attempted to read, the letters looked double; straight lines appeared to be curved, and ran into each other. The smell, also, was impaired, and offensive matter made its way from the nostrils. The power of locomotion was interfered with from sensoro-volitional derangement; he felt confused, and stopped short from attacks of *petit mal*, and would reel and fall unless supported. The bowels were obstinately confined, and he vomited after nearly every meal. In addition, he suffered from otalgia, with intermittent otorrhœa. When I first saw him, the above signs and symptoms were well marked. He was pale, and over the right frontal eminence was a cicatrix, the result of previous ulceration, which had given exit to some necrosed bone, and prevented the movement of the occipito-frontalis muscle on this side, and gave one the idea that the supra-orbital and facial nerves might have been centrally affected. But this was not the case. The ophthalmoscope showed a hazy outline of the optic discs, the veins were exceedingly large, and the arteries small; in fact, there existed a neuro-retinitis, going on to atrophy. *There was no objective paralysis of cranial or spinal nerves.*

The special senses of smell, sight, and hearing were impaired from localised disease in these organs. Cutaneous sensation and sensibility were everywhere normal, and the muscles responded readily to the galvanic current. The sphincters were unaffected. There were no formications, no tremor, and no automatic or reflex convulsive movements. He complained of the head feeling heavy, so that at times he was unable to raise it from the pillow. But one of the especial features of the case was the association of signs and symptoms, such as cessation of discharge from the ear, followed by intense headache, persistent vomiting, and obstinate constipation. These attacks were paroxysmal, and lasted for eight or ten days. At other times he was tolerably well. The intellect was rarely affected, but the memory was variable. The pulse, temperature, and respirations were normal. He died after a prolonged attack of persistent vomiting. These attacks came on with the slightest movement of the head as well as after taking nourishment. There was also bilateral rigid spasm of the muscles of the neck.

Post-mortem examination. (*a*)—The cranium was unusually thick, compact, and heavy; its outer surface was covered with nodular elevations; the inner surface was free from any outgrowths. The dura mater was easily reflected from the surface of the anterior lobes, but it was almost impossible to remove the posterior part of the falx cerebri where it was continuous with the tentorium, and bound down to it by an adventitious growth. There were strong adhesions between the latter and the cerebellar and occipital lobes, but more particularly between the upper surface of the lateral lobes of the cerebellum and the under surface of the post convolutions of the parietal lobes. In addition to this, the growth had invaded and secluded all the sinuses in relation with the torcular herophili, except the two occipital. It had also invaded the whole of the tentorium cerebelli, but more on the left than on the right side. It presented the same appearances throughout, had a yellowish colour, was of firm and elastic texture, and under the microscope it was seen to be made up of wavy, connective tissue infiltrated with round cellular elements.

When one considers the apparently serious nature of the seclusion of the large sinuses, it seems wonderful that the cerebral circulation was not more objectively interfered with; yet, as we have seen, there was not one single iota of evidence in proof of this important impediment to the return of the venous blood to the right side of the heart; neither do I think that we should have had any of the attendant phenomena, as vomiting and *petit mal*, were it not that the cerebellum was involved.

There were no very objective signs, however, of cerebellar disease. For instance, there was no inco-ordination of the muscles of the eyeballs, oscillation, or nystagmus, but there was evident want of balancing power, or ability to maintain the equilibrium. I think negative signs like those in this case indicate much in cerebral physiology—viz, that certain parts of the brain must be involved, in order to obtain definite effects. This is of great moment, and does more, perhaps, to clear up abstruse points as to what are the motor functional centres of the brain than direct experiment upon definite convolutions.

In this case, for instance, none of the centres for direct volitional movements were diseased; hence we found that during life we had no motor paralysis beyond the want of co-ordination in the muscles of the lower limbs from the direct injury to the cerebellum.

(To be continued.)

ACCOUNTS of the first week in December state that small-pox is ravaging the city of Algiers and its suburbs. The mean of the deaths has been 20 to 25 a day, especially amongst the Arab population inhabiting the frontiers. Foreigners are leaving the place, and the municipality has taken steps to prepare a lazarette for the small-pox patients, which is to be situated about four miles from the town.

(*a*) Shown at Pathological Society of London, Nov. 16, 1875, and then forwarded to the College of Surgeons and Physicians.

A FORM OF PARALYSIS SYMPTOMATIC OF LESION OF THE PONS VARORLII. (a)

By Dr. SIGERSON, F.L.S.

THE term "alternate paralysis," originally given by Professor Gubler, was preferred to the mis-translation, "cross paralysis," sometimes employed, because the former indicated not only that the effects were manifested on opposite sides of the body, but also that the lesion operated at different relative heights on the nerve centre.

Tracing the history of the disease, Yelloby was mentioned as the first, in 1808, to record a case; from which, however, he drew wrong conclusions. Then came the case of Dr. Vieusseux, of Geneva, which had been entitled, "a singular nervous or paralytic affection." These two cases might serve as types, the first, of *alternate motor-paralysis*, which Professor Gubler had described; and the second, of *alternate sensory paralysis*, to which Dr. Sigerson directed attention. There was a third form, *alternate mixed paralysis*, of which he would give an example in concluding. Illustrative cases, more or less free from complications, were noticed in the works of Salter, Abercrombie, Bright, and Cruveilhier—the latter of whom had frankly acknowledged that he knew no characteristic sign for apoplexy of the pons. Dr. Annan, of Baltimore, U.S., related in 1841 the incidents of a case in which sensory and motor paralyses affected the same region, and added some observations which showed that the logic of the physician may sometimes precede the scalpel of the anatomist in the elucidation of obscure points of structure. Lockhart Clarke's remarkable researches had since set all doubt at rest, and made science advance with rapid strides.

It was next shown that the third or mixed form was subdivisible into two kinds (*a*) *coincident* alternate paralysis, where, as in Annan's case, paralysis of motility and sensation coincide; and (*b*) *sensory-motor* alternate paralysis, where they cross like the stroke of an X. Longet had quoted a case from Carré, but Romberg appeared to have been the first (1842) to diagnose lesion of the pons, in a case of alternate paralysis, before the autopsy.

A new epoch in the history of the disease, was made by Professor Gubler, who, in 1856, published his earliest investigations, and gave this symptomatic group its present name. His view was contested by Trousseau, on the authority of a case which Dr. Sigerson concurred with Dr. Gubler in believing had been misinterpreted. The opposition fortunately gave rise to wider and deeper research, and in 1859 Professor Gubler having collected and collated all the cases recorded in France, published a record memoir, in which he might be said to have legislated for the disease with considerable, if not complete, success. As his work was not known in these countries, except through the pages of Trousseau, although he first had brought the disease fully into light, an analysis of his views, and a summary of his conclusions were given. It was shown that, exceptionally and rarely alternate paralysis might be produced by lesions not pontine, but peripheral, cerebro-peripheral, or perhaps, purely cerebral. Dr. Benson, of Dublin, could claim priority in recording a case of the first kind; this was described, and other examples were given. For these the designation, *mimetic alternate paralysis*, was now proposed.

Professor Gubler had candidly confessed that diagnosis in the case mentioned would have been impossible; but Dr. Sigerson explained that this impossibility no longer existed; and that a differential diagnosis can now be made by the method of electro-muscular exploration, which is due to his regretted friend and master, Dr. Duchenne, of Boulogne. Having described the several kinds of true alternate paralyses (including alternate hemiplegias), and Professor Gubler's division of the pons variolii into regions, he mentioned Dr. Brown-Sèquard's memorable articles and lectures, and then proceeded to deal with the question of differential diagnosis. He showed that some symptoms which had been relied upon as characteristic of peripheral, in opposition to cerebral lesion, were not to be absolutely depended on. Thus, with respect to paralysis of the orbicularis palpebrarum (which Récamier had first noted, and Todd described as "a pathognomonic sign" of a non-cerebral lesion), Dr. Duplay had given cases where this paralysis had been found in the aged, co-related to a cerebral lesion. Dr. Sigerson had himself had a case of right hemiplegia, when the patient was unable to close the right eye, when the indications, confirmed by electro-diagnosis, pointed to central and non-peripheral lesion. Facial paralysis, again, might be symptomatic of (*a*) brain lesion, or (*b*) of lesion of the superior pedinocular-pontine region; or (*c*) of the inferior or bulbar-pontine region; or (*d*) of the facial nerve at its point of emergence; or (*e*) of the same nerve in its course. The means of discriminating between these were noticed, and Dr. Sigerson pointed out how, in doubtful cases, electro-muscular exploration might be used to determine, say, whether a man were the victim of opium poisoning, or of pontine hæmorrhage. Grave errors had been committed in some instances from the difficulty of diagnosis in such cases.

With a view to determine the general features of the disease, he had collected and collated all the cases accessible in the home and foreign records, and tabulated the symptoms. These were then described in order, and it was shown that, with some exceptions, absolute signs were rare. Even paralysis of the sixth nerve, which Dr. Brown-Séquard had said "never exists except with disease of the pons varolii," might occur, especially in venereal cases, owing to pressure on the nerve in its course. Then, again, it might be indicative of something quite different from pontine paralysis, *i.e.*, of locomotor ataxia. Diplopia and strabismus, as Dr. Duchenne, of Boulogne, had remarked, might at the outset of the latter disease, stand almost, though not altogether, alone. He had, indeed, in his latter years, Dr. Sigerson said, contemplated omitting the adjective "locomotor." The questions of temperature, change, and nature and position of lesions were then discussed, and amongst the predisposing causes enumerated, might, perhaps, be mentioned the Celtic constitution, which, if any inference could be drawn from the records beyond a probable conjecture, seemed more liable to pontine affections than others, just as the so-called Anglo-Saxon race was, according to authorities, more subject than the Celtic to paralysis agitans.

The necessity of watching premonitory symptoms, and the advantage of a preventive treatment, having been dwelt upon, Professor Gubler's classification of the various kinds of alternate paralyses, known to him in 1858, was given. It did not, however, include all the species at present known. For purposes of reference, where a short descriptive title might be useful, Dr. Sigerson suggested the following classifications:—

Simple alternate paralysis (motor or sensory); *bend-dexter paralysis* (right face and left extremities affected); *bend-sinister paralysis* (left face and right extremities affected).

Coincident alternate paralysis (sensory and motor paralyses affecting same regions).

Double alternate paralyses. Complete *X-shaped paralysis* (both sides of face and extremities of both sides of the body affected).

Incomplete *X-shaped paralysis* (both sides of face affected).

Y-shaped paralysis (both sides of face, and the extremities of one side of the body affected).

λ (lambda)-*shaped paralysis* (one side of face, and extremities of both sides of the body more or less affected).

The terms "motor," "sensory," or "sensory motor," being added when necessary, a short title can thus be

(a) Abstract of a paper read before the Dublin Medical Society. The discussion will be found at page 4.

obtained, which may be serviceable. As cerebral hemiplegia is stated to be most common on the left side, the author had sought to ascertain whether any similar rule held good here; but he had found that, curiously enough, the balance was nearly even. There was a little predominance of what—borrowing a term from heraldry—he had called *bend-dexter paralysis*, but it was very slight.

Dr. Sigerson then described in detail, a case of "sensory motor Y-shaped paralysis," in which there were motor paralysis of the left side of the face, paralysis of sensation of part of the right side of the face, ear, arm, and right side of the body. There was decrease of dynamic strength, loss of heat, sense, formication, and trophic disorders in the right upper extremity. Internal strabismus and paralysis of the left orbicularis existed. The patient was treated by counter-irritation, the exhibition of medicines, and the application of faradisation, according to the practice of, and with the precautions habitually adopted by, Dr. Duchenne, of Boulogne. To this treatment the anæsthesia gave way, the deafness complained of in the right ear was got rid of, the facial paralysis improved, so that the power of incitation was recovered. The grasping strength of the right hand, as tested by the dynamometer, increased from 79 lbs. to 126 lbs., whilst the nervous incitation had notably augmented.

Having discussed various diagnostic symptoms, Dr. Sigerson concluded by directing attention to several inferences of pathological and physiological interest.

Transactions of Societies.

DUBLIN MEDICAL SOCIETY.

The second meeting of the session was held on Wednesday, December 5, 1877.

Dr. Gordon, President, in the chair.

Dr. Sigerson read a paper on

ALTERNATE PARALYSIS,

which will be found at page 3.

Dr. M'Swiney ventured to say that the paper they had just heard read belonged to a class of communications which it would be very desirable to have more frequently submitted to the members of the Society. The paper of Dr. Sigerson, dealing, as it did, with obscure lesions of the nervous system, must, to those engaged in active practice, be regarded as a great acquisition. Physicians knew that it very frequently occurred that, notwithstanding the most perfect diagnostic skill in regard of ordinary maladies, they often found that cerebral affections baffled investigation, and they knew how frequently the *post-mortem* examination failed to reveal the precise nature and extent of lesions which they had, during life, been led to expect existed. The investigations of Charcot, Ferrier, Hughlings Jackson, and others had served to point out the perfect state of chaos existing in regard to cerebral physiology and pathology. The memorable lectures delivered in Dublin by Browne-Séquard were more remarkable for one feature than anything most of his audience had listened to. In those lectures the able and celebrated physiologist employed himself in demolishing ruthlessly the entire structure which had been laboriously erected by previous investigators in cerebral pathology. Dr. Browne-Séquard gave abundant reasons for at least fearing that the basis upon which those investigations and deductions had been built was an unstable, an uncertain, and an unwarranted one. He, however, did not add to that destructive work of his—the work as yet of construction; and those who were in the habit of attaching importance to the views of the distinguished physiologist were now in the position of waiting for the new view which it would be correct to take regarding that subject—the ancient views which he had so mercilessly dissipated and destroyed. It must be satisfactory to find an affection such as that which the author of the paper had brought under their notice this evening, rendered by his labours more easy of recognition. Dr. Sigerson had shown them the means whereby, if they closely followed them, they might be enabled to more frequently and with more certainty detect the nature of particular lesions present in the various forms of alternate paralysis to which he had called their attention. For that, he (Dr. M'Swiney) was sure every practising physician — more especially those whose avocations and pursuits did not enable them to study the minuter diagnostic signs of those obscure affections—must feel grateful. He felt, of course, that the subject so elaborately treated by the essayist was too extensive a one to be minutely criticised. He fancied the communication was one that they must read in their studies, and ponder over with more advantage than they could derive by attempting to criticise or deal with it at present.

Dr. Henry Kennedy regretted he was unable to add anything to the exhaustive paper they had just heard. The truth was, cases like those detailed by the author were very rare. On only two points would he speak. The first was that the difference in temperature between the two sides of the body, alluded to by the author, was not due solely to disease in or about the pons. Dr. Kennedy had noted cases where the same difference occurred, and yet where the mischief was entirely confined to the corpus striatum and optic thalamus; and in one case brought before the Pathological Society during the past spring the difference of the temperature on the weak side was constantly 1½ or 2 degrees below that of the opposite or healthy side, as ascertained by Mr. Wilson, his clinical clerk. On *post-mortem* examination of this case, the disease, which proved to be a large tumour of the nature of glioma, was situated in the roof of the ventricle. The second point he would notice was the interesting case last given by the author, in which he thought it very possible that gout was the origin of the symptoms detailed. In many cases this poison gives rise to very anomalous symptoms of cerebral disease, and it may even happen that they will disappear on the occurrence of gout in the extremities. Dr. Lynch, of Loughrea, had published a series of cases of this kind, which were well worth reading. He would wish to know the present state of the patient, and whether any of the symptoms, which had been so well described, had in any way altered or disappeared.

Dr. Sigerson, in the course of his reply, said he was anxious not to detain the Society at any length. With regard to the question of the co-relation between the lesions and the temperature, to which Dr. Kennedy called attention, that was a subject upon which he (Dr. Sigerson) had avoided entering. It had been opened up by a quotation from Browne-Séquard; but beyond giving the quotation, he had not data sufficient to enable him to proceed further, neither could he give any opinion upon the probability of gout being a predisposing cause. He had very carefully tabulated all the causes alleged in the cases recorded in the home and foreign papers, but he did not find gout mentioned amongst any of them; therefore he could not enter it upon his notes, though he admitted, on Dr. Kennedy's experience, that gout might be inculpated here, yet, from all the precautions he (Dr. Sigerson) had taken, he was as certain as he could be that the lesion was in the pons varoli. He was almost as certain as possible that the lesion was a blood clot. It was possible that gout might have helped to get up a lesion of this form. In conclusion, he thanked the Society for the kind manner in which his paper had been received.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
AND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter VI.—Incubation, Frequency of Transmission, and other Kindred Subjects.

(*Continued.*)

The Theories on Incubation.

The virus being introduced through the skin, or through any abraded surface, the natural questions suggest themselves: Does it remain hermetically locked up for a time?

Does it produce a change in the system before the development of the symptoms? Is it a slumbering germ which may be roused into action by various exciting causes?

We have settled the fact of how rabies is caused, and we have arrived at tolerably definite ideas as to the period it takes before revealing its fatal effects; and we must now unfortunately enter the region of hypothesis, and see if we cannot arrive at some satisfactory explanation. We need not give the theories of very old writers, though they are interesting and instructive, and afford ample illustration, of how difficult it is to evolve a new idea. An endless field for speculation is opened out, and we must limit our selection of the theories advanced.

Faber imagined the contagious principle became encysted on its introduction, and that it entered the blood under the influence of certain favourable conditions.

Brown Séquard is of opinion that an alteration takes place in the part of the body bitten by a rabid animal, before the characteristic phenomena of rabies appeared; that the convulsions follow a kind of *aura* starting from the wound or cicatrix. He therefore lays the *locus in quo* in the wounded nerves.

This theory is negatived by the facts that the nerves have been excised, and the limb amputated without results, after the symptoms have appeared, also by the fact that in the majority of cases, the wounded part shows no evidence of alteration.

Zinthos and Marochetti suggested that the virus was first localised, and subsequently within a period varying from the 2nd to 28th day, was absorbed, and formed secondary "lyssi," consisting of a pustule or vesicle beneath the tongue.

Magistel says he saw these lyssi in different individuals on the 6th, 11th, and 20th day.

Marochetti asserted that these pustules were pathognomonic; that the virus accumulates, and is temporarily retained about the orifices of the sublingual ducts, on the sides of the frænum of the tongue, and on the lower aspect of that organ. In these places, several ephemeral pustules show themselves, whose fluctuation can be perceived by means of a probe. The time at which they appear is not certain, but they usually correspond to the interval between the third and ninth day after the bite, though they have been seen so late as the thirty-fourth day. If the virus in these pustules is not destroyed within twenty-four hours after they appear, it is re-absorbed, and the disease soon manifests itself. It is therefore necessary during six weeks, at least, to examine carefully, several times each day, the lower part of the tongue of a person who has been bitten (*a*)

If the pustules appear, open and cauterise them promptly; but if they do not form, it is certain that the individual will not suffer from hydrophobia.

Trousseau believed in the possibility of their appearance.

Romberg considered them a hoax, practised by a Ukraine peasant; the majority of observers have not discovered them.

We mentioned on a former occasion, a theory suggested in the *Lancet*, of 1827, under the name of "Mysotoxicos,' which offers a reasonable explanation of part of the phenomena. That the poison is localised for a time, we know from the result of excision.

Jesse Foote (*b*), in 1788, published a very valuable pamphlet, on the value of excision, dedicated to Pott. He reasoned from analogy, from the bite of a viper, and from experiments made on the guinea-pig, that excision would be useful before absorption had commenced. He also drew his inferences from the experiments of the Abbé Fontana, who had made 6,000 experiments on the effects of the bites of vipers.

We shall have occasion when dealing with preservative measures to return to Jesse Foot again.

(*a*) "Aperçu Historique sur les Lysses." *Recueil de Med. Veter.*, vol v., p. 658. Fleming, "Rabies and Hydrophobia" p. 169.

(*b*) "An Essay on the Bite of a Mad Dog," by Jesse Foot, Surgeon, Lond., 1788.

Dr. Anthony Todd Thompson (*a*) in his comments upon a case of rabies from the bite of a cat, in 1826, threw out the hypothesis that the virus remains dormant in the part where it is deposited by the tooth of the rabid animal, until a certain state of habit rendered the nerves in its vicinity susceptible of its influence, and this being communicated, a morbid action is begun in these nerves, and extended to the respiratory nerves, which induce the whole train of symptoms constituting the disease.

Mysotoxicos (*b*) tells us that everything leads to the belief that the virus, which has afterwards to contaminate the circulation, is generated in the wounded part from the germ first deposited there by the tooth of the dog, just as we see take place in variola, vaccinia, and syphilis, the period of assimilation being different in all these. But as soon as absorption of this assimilated matter commences, the symptoms of the disease begin to show themselves. He also says that modern and well authenticated experiments have proved that when a poison, whether mineral, vegetable, or animal, is applied to a wound, the animal is not affected until absorption has taken place, for if an exhaustive cupping glass be placed over the poisoned part, but one minute before the expiration of the time at which the poison is known invariably to produce its effects, the animal exhibits no symptoms whatever. The experiments of Jesse Foote (*c*) prove that a guinea-pig might be bitten by a viper, and five minutes allowed to elapse before amputation of the part bitten was effected, when the animal survived.

Mysotoxicos (*d*) also suggested, under the presumptive impression that in rabies, as well as in all other varieties of poisoning, the transport of the deleterious matter from the wound into the system, and the appearance of the symptoms followed, as cause and effect, some special precautions might be taken, even when the symptoms were pronounced.

When the cicatrix begins to feel at all tender, he advises:—

1. The immediate application of a cupping-glass for an hour.
2. The dissection out of the bitten part.
3. The re-application of the cupping-glass for another hour.

Whoever this writer may be, who fifty years ago adopted this pseudonym, and whose individuality is just as much lost as that of Junius, his views are rational; and though we cannot endorse them in full, yet they present as satisfactory an hypothesis as we can expect on part of the phenomena. They somewhat resemble the views of Todd Thompson, which have been revived by some modern writers, as Sir Thomas Watson.

The wound in the majority of cases does not asssume any inflammatory action, nor can we, by the naked eye, discover any alteration in the appearance, at the time of the development of rabies.

The action of the virus seems most to resemble that of syphilis, in which we have a period of latent action a period of absorption by the lymphatics, and a subsequent incubatory period of syphilisation. Further research is necessary, and experiments with the virus, as dissecting or excising the bitten part, and introducing it into some animal, and then watching its effects day by day.

Now that *bacteria* play such an important part in disease, we shall expect some results in this direction, and a further explanation of the remaining part of the phenomena.

Virchow, we know, was of opinion that the contagium of rabies has an action similar to that of ferments (*e*); that

(*a*) "Medico Chir. Transactions," vol. xiii., 1826.
(*b*) *Lancet*, vol. ii, p. 809, 1827.
(*c*) Jesse Foot. *Loc. cit.*
(*d*) *Lancet*, 1827. *Loc. cit.*
(*e*) This view is a return, to a certain extent, to an old theory. Etmullerus, in 1683, said: "The cause of this disease consists in a certain peculiar ferment, which affects first the spirits and then the blood. This ferment is carried along with the saliva into the wound."

the new elements introduced at the point of inoculation are being continually introduced into the blood, by means of which they act on the nervous system ; and that rabies only appears when these elements have accumulated in an excessive quantity (*a*)

As Fleming says there may be a double zymosis, first in the part, and afterwards in the system, the result of which is either to multiply the poison, or to increase its virulency.

There are many other ingenious speculations, as for instance, whether the virus is present in the secretion of the generative organs. For man we may answer by the following statements :—

Chabert relates that a female, the wife of the executioner, contracted the disease. She had cohabited with her husband up to the evening of his being attacked with rabies, due to his having been bitten by a rabid dog.

Hoffman relates a similar case ; but Bandot mentions the case of a young woman who had cohabited with a soldier for a month, from the day when he had been bitten by a mad dog, until rabies manifested itself, without becoming affected.

Bouteille, Boissiere, and Rivollier, mention cases in which sexual intercourse took place within only six hours of the appearance of rabies, without transmission.

We may dismiss this idea as only a speculation for the curious, and negative the possibility of infection by any such source.

We may summarise then, our knowledge of the theory of incubation.

The smallest quantity of the virus is potent, and being introduced, *probably* remains localised for a period, and *probably* zymosis explains the subsequent action. This action may be excited by many internal or external influences, as excitement, anger, fear, injury to the cicatrix, &c.

Frequency of Transmission.

As we have said, the majority of persons who are bitten escape, and hence the success of vaunted specifics which have been in vogue from the days of Mithridates down to the present day. No bad result can follow, as we have said, from the bite of a healthy dog, except an unpleasant injury, though every wound should be attended to promptly, and all reasonable precautions adopted. The animal which inflicted the bite should be watched, in order to ascertain accurately the state of its health ; when proved healthy, the patient will be relieved of the feeling of suspense, and will know with certainty that rabies cannot follow. Dogs will bite if they are teazed, and we are apt too often to forget this. They are loving, affectionate, and much-enduring animals, but their endurance is oftentimes sorely taxed ; we have many times felt astonishment that dogs have so patiently allowed their tails or ears to be pulled, and other torments inflicted on them, without retaliation, and we cannot too strongly impress the duty, dog owners owe to these animals, of treating them with kindness and consideration. If dogs are kept for use they are valuable—if for pleasure, they are a source of enjoyment, and on either ground we should have a personal interest in their well-being; they should be regularly fed, and supplied with water, and it is greater cruelty, than was ever performed by any vivisectionist to keep an animal for months in a half-starved condition. Statistics show that a large number are bitten annually without any bad results, and also that a large number are bitten by rabid animals with immunity, and that this immunity is secured by attention to the wound. The older writers, as Etmullerus (*b*), recognised two periods of time in this affection—

1. That of receiving the first hurt or wound.
2. That of the supervening rabies.

Etmullerus also recognised that if taken at the beginning it may be cured with proper remedies.

Preservative measures will subsequently receive our attention ; at present we shall confine ourselves to some statistics bearing on the proportionate number of persons bitten and the comparative mortality.

From Zurich (*a*) we have returns of 233 persons who were bitten by rabid animals in a period of forty-two years. Of this number only 4 died, 2 of whom were bitten in parts where preservative measures could not be adopted.

The Zurich plan of treatment consisted, in scarification of the bite, application of pulvis lyttae, mercury. The wound was kept open for the space of six weeks.

Wendt, of Breslau, treated 106 persons bitten by mad animals between the years 1810 and 1823. Out of this number 2 died. He also attended 78 others who were bitten by animals not rabid.

Wendt kept the wound open for six weeks, and filled it with powdered cantharides.

Ekstrom (*b*) reported an epidemic of rabies at Stockholm, which occurred in the year 1821. The account was drawn up at the request of Henry Earle, and is interesting as Ekstrom also suggests the idea that the poison is not received into the system until a short time before the symptoms of rabies became manifest. He also starts the ingenious speculation, that a portion of the poison may be detained in the original wound, in consequence of condensation of the cellular membrane.

Ekstrom affords some other interesting information, as that a patient spat into his eyes, and into those of the house surgeon, without any bad result. The only remedy employed was tepid water. The same patient bit the nurse in the hand. The hot iron was immediately applied, and she suffered no further inconvenience.

Ekstrom informs us, in the spring and summer, 1824, rabies was epidemic in Stockholm, and 106 persons presented themselves at the Royal Hospital, with wounds received from the bites of animals rabid, or supposed to be so ; out of the entire number, only one afterwards suffered from the disease.

This unfortunate did not attend to his wound, and did not comply with the conditions laid down by the medical authorities. The treatment consisted in deep incisions in the wound and surrounding parts, which were then washed with water, or dilute muriatic acid, or a solution of muriate of lime. The hot iron, or *potassa fusa*, or strong muriatic acid, was then applied so as to touch every point of the bottom of the wound and incisions.

The suppurating surfaces were kept open for weeks and months by means of cantharides ointment.

Earle, surgeon to St. George's Hospital, told Youatt that nearly 4,000 persons had undergone the operation of excision, having been bitten by rabid or suspected dogs, and it was not known than any of these subsequently developed the disease.

Youatt (*c*), as we have mentioned, was bitten himself five times; and he also cauterised the wounds of 400 persons, who had been bitten by rabid animals, all of whom escaped.

John Hunter states that he knew an instance in which 21 persons were bitten, and only one died. And Vaughan, another instance in which between 20 and 30 persons were bitten by a mad dog, one of whom only perished.

Aitken (*d*) states that out of 153 persons bitten by a rabid dog, 94 are said to have died.

Tardieu mentions that in 99 individuals bitten by animals manifestedly rabid, 41 became ultimately affected.

Bouly (*e*) in his report published in 1870, has collected the histories of 320 persons bitten by rabid animals, and of these 129 perished from rabies.

According to Renault the percentage amounts to 33.

The injuries inflicted by wolves seem to have been much

(*a*) "Rabies and Hydrophobia," p. 167
(*b*) Etmullerus, "Practice of Physic," 1683.

(*a*) *Med. Chir. Review*, vol. vi., p. 265, 1826.
(*b*) *London Med. Gaz.*, vol. vi., p. 689.
(*c*) Youatt, "Canine Madness."
(*d*) Aitken, "Practice of Medicine."
(*e*) Fleming, "Rabies and Hydrophobia."

more serious and fatal; according to Renault, out of 254 persons bitten by these animals, 164, or nearly two-thirds, died of rabies; and Troilliet (*a*) relates that out of 23 persons bitten by a wolf, 13 died.

In these cases preservative measures were not adopted, and hence the great fatality.

The letter from the secretary of the Home for Lost Dogs, Battersea Park Road, furnishes facts which should remove the fears of nervous people. Mr. Scoborio (*b*) states that nearly 95,000 dogs have been seized in the streets by the police since the enactment of the Traffic Regulation Act. Many of these animals were more or less intractable. These animals were conveyed by hand to police stations, and afterwards to the Dogs' Home, and Mr. Scoborio is authorised by Chief Inspector Harris, of Scotland Yard, to state that notwithstanding the great risk of rabies incurred by the officers engaged, and the frequency of severe bites, that dreadful malady, rabies, has never occurred in the metropolitan police, as shown by the medical returns. Furthermore, at the Home for Lost Dogs, where a stream of 1,500 dogs per month passes through the premises, and where upwards of 400 dogs are constantly kept in kennels, bites (sometimes of serious nature) are of daily occurrence; yet not once during the last seventeen years has hydrophobia resulted from any of such injuries. The head keeper (Mr. Pavitt) has been employed at the Home since its foundation, and has informed Mr. Scoborio that he has been bitten, more or less severely, hundreds of times, without ever feeling any symptom of madness, or any pain except natural suffering arising from the injury.

Since the establishment of the Home for Lost and Starving Dogs, 200,000 animals have been brought to the kennels. Not one of those dogs has been affected with rabies, although most of them were stray, starving, or vagabond animals. He thinks this disposes of the popular theory that the terrible disease alluded to is cherished only by stray dogs. It is important to note this point, because it proves that the cry of death to dogs found in the streets without owners is unjust and unreasonable. It is nevertheless true that many hundreds of "mad dogs," so called, have been brought to the home, where they have been isolated, kindly treated, and fed with appropriate food. In not one instance has rabies been discovered in such animals. Some of the cases at the time of their arrival were designated as "raving madness," and stories were told of bites by the dogs which had already resulted in hydrophobia, yet without the slightest foundation in reason. There were found symptoms of disease, but not of rabies; while proofs of alleged hydrophobia consisted of the usual vague assertions, without verifications of any kind, so far as could be ascertained. This circumstance has an important bearing on the prevailing panic. Ignorance of the real symptoms of rabies and terror of its consequences will inevitably lead to atrocities in our streets. A fit is not a symptom of rabies, as is popularly supposed, and no alarm ought to be felt by the public when they see a convulsed dog in the street. Unfortunately, people do not stop to reason, but give way to their fears when they see such an occurrence, and the poor brute is consequently driven up one street and down another at his utmost speed, kicked, stoned, terrorised, and maddened into fury, until he bites some one obstructing or pursuing him, whereupon without further evidence, he is pronounced to be mad.

We must ask for consideration for our friend the dog, and for our readers to calmly weigh this sensible letter. Goldsmith evidently must have witnessed, or imagined, some such panic, as we are now passing through, when he wrote the following satire, a satire so gentle, and yet so true, that probably a large number will have read it, without ever seeing its point. We need hardly make an excuse for reproducing it:—

(*a*) "Nouv. Traité de la rage," 1820.
(*b*) Letter, *Standard*, Nov. 19, 1877.

AN ELEGY ON THE DEATH OF A MAD DOG.

Good people all of every sort
Give ear unto my song,
And if you find it wondrous short,
It cannot hold you long.

In Islington there was a man
Of whom the world might say,
That still a godly race he ran
When'er he went to pray.

A kind and gentle heart he had
To comfort friends and foes;
The naked every day he clad
When he put on his clothes.

And in that town a dog was found,
As many dogs there be,
Both mongrel, puppy, whelp, and hound,
And curs of low degree.

This dog and man at first were friends,
But when a *pique* began,
The dog to gain his private ends,
Went mad and bit the man.

Around from all the neighbouring streets
The wondering neighbours ran,
And swore the dog had lost his wits
To bite so good a man.

The wound it seemed both sore and sad
To every Christian eye;
And while they swore the dog was mad,
They swore the man would die.

But soon a wonder came to light,
That showed the rogues they lied;
The man recovered of his bite,
The dog it was that died.

Influence of Sex and Age and Seat of Injury on Transmission and Mortality.

We have already mentioned that the male sex appears most exposed to the dangers of rabies. The following brief statistics will still further confirm this. (*a*) In England from 1847 to 1858, 133 deaths took place from rabies—viz., 103 males and 30 females. From the Departmental Reports compiled in France, from 1850 to 1859, we also learn that the proportion was as follows:—Males, 175, females, 64. In Bouley's analyses of 320 persons bitten, 206 belonged to the male sex, and 81 female, the sex not being indicated in the remaining 33.

Age.—We have already alluded, in the last chapter, to this subject, in connection with the mortality, and add a further contribution to it. In England in 1866, the number of deaths being 36, the ages were as follows:—

Under	5	years		-	6
From	5	to	10	-	9
,,	10	,,	15	-	2
,,	15	,,	20	-	4
,,	20	,,	25	-	4
,,	25	,,	30	-	5
,,	30	,,	40	-	2
,,	50	,,	60	-	2
,,	60	,,	80	-	2

Boudin gives the following ages of 136 persons who died from rabies in France:—

Under	5	years		-	7
From	5	to	15	-	30
,,	15	,,	20	-	15
,,	20	,,	30	-	12
,,	36	,,	60	-	54
,,	60	,,	70	-	8
,,	70	upwards		-	6

Bouley gives the ages in 124 cases, from which we find that the largest number of accidents, 97 out of 174, occurred between the ages 5 to 15.

(*a*) Fleming, "Rabies and Hydrophobia."

Children we know thoughtlessly and imprudently play with animals and tease them, and even with strange dogs they are inclined to endeavour to make friends.

Seat of Injury.—Statistics afford ample evidence that bites inflcted by rabid animals upon uncovered parts of the body, such as the face and hands, are much more disastrous than when the teeth have had to penetrate the clothing.

Wounds on the face, especially, seem most dangerous ; hence the mortality from the wounds of rabid wolves which generally fly at the face of those persons whom they attack. French statistics on this point are almost conclusive.

In forming our prognosis, we shall have to consider these circumstances, as the nature of the animal, the structure of the teeth, the size of the wounds, number, extent, and depth, as well as the nature of the parts involved. (*a*) These shall receive more extensive consideration when we are speaking of the preservative measures necessary in every case, where the bite of an animal has been received. We now leave the theoretical, and must next consider the practical questions : when the diagnosis of rabies in the human being is clearly established, can we hold out the faintest hope of recovery, or must we, as Romberg says, advise the patient to make "meditationes mortis?"

As "heirs to all the ages," with the wealth of medical literature we possess on this subject, with the accumulated experience of some thousands of years, with the facts and evidence we have collected, must we confess that medicine is impotent, and that a case of recovery has never been recorded?

Can we only endorse the opinion that death is the physician that cures, ἰατρος ιατρει θανατος, and that we can only promote the patient's euthanasia, in a manner certainly more scientific and more humane than the smothering practices of our ancestors—that our only resort is to poison the patient, *cito tuto et jucunde*, by chloroform or chloral hydrate?

We must emphatically assert that cases of recovery have been recorded, and have taken place ; that the evidence on this point is as conclusive as the evidence that such a disease as rabies exists ; and to deny the existence of such records of recovery, is simply to deny the existence of the disease. We can only know rabies by the symptoms, and by the description we have furnished by those who have had cases under treatment.

If the evidence is satisfactory and conclusive that rabies has existed, and unfortunately been too fatal, it is also equally satisfactory and conclusive that Dr. Offenberg has described the disease, and attended a patient who recovered ; that Dr. Austin Flint has offered similar testimony ; and that Professor Polli has contributed his quota to this gratifying and consolatory register.

We are not enthusiastic on the subject of the efficacy of *curara ;* but we feel it our duty, with the utmost deference, to enter a protest against statements which are not verified by fact, and which strike at the root of medical progress and medical science. The injurious tendency of such teaching we have had already occasion to animadvert on, and we have attributed much of our ignorance on the subject of this disease, to the influence exercised by some of the older physicians. We have demonstrated how much progress has been made even since 1870 in the morbid anatomy and pathology, and this alone should be an inducement to encourage further research.

We have shown how much we know, how much we have yet to learn ; we are willing to acknowledge our ignorance on many points, but we cannot admit the impossibility of discovering a remedy, and we are not disposed to write over the door of the patient's room the despairing and well-known lines of Dante,

Lasciate Speranza.

The treatment in the past has been, in the majority of cases, irrational and unscientific ; the majority of he deaths may be attributed as much to the bad treatment and the action of the medicines administered, as to the virus introduced into the system. Encouraged by the recoveries that have taken place, we venture to prophecy future successes, if not with *curara*, still with some other remedy, wrested by the skill of the scientist from the grand laboratory of nature. We believe that there is not a poison in existence for which there is not an antidote. We have faith in our profession, a faith not resting on the changing quicksands of medical theories or opinions, but built on the sterling triumphs of medicine over diseases, which were pronounced by our ancestors incurable.

We cannot recognise, then, in rabies any special conditions which preclude us from hoping, that the beneficence of the Evolver, which enables us to grapple with other diseases, will grant us similar power over this sad scourge of humanity and in this spirit we lay before the profession our views on treatment, curative, preservative, and preventive.

(*a*) "Rab es and Hydrophobia."

Case CXXV.—Madame M., æt. 46, bitten on her lip by her lap dog, which was rabid. Wound not cauterised for some days.

Result and Time of Attack.—Five days after. Recovery.

Treatment.—Baths, salivation, calomel.

Remarks.—"This is another doubtful case, the symptoms being such as might be expected from fright working on the imagination of a nervous hypochondriacal female."—Ed. *M. C. Review.*

Reference.—Med. Chir. Review, vol. ii., p. 499.

Case CXXVI.—Dom. Brizzi, bitten by his own dog. Wound cauterised.

Result and Time of Attack.—Six days after symptoms appeared. Recovery.

Remarks.—The dog bit master, son, and servant ; the servant's wound was not cauterised, and he died of hydrophobia in the course of two or three days.

Reference.—Med. Chir. Review, vol. iii., p. 299, *Storia Medica Ch. un Caso Raro.* Dr. L. Emiliani.

Case CXXVII.— ——, male, bitten on wrist and hand. Wound excised. He was desirous of having the arm amputated. He was able to swallow liquids almost to the last.

Result and Time of Attack.—Eleven months afterwards. Fatal in three days.

Treatment.—Opium, colchicum.

Post-mortem.—A most minute and faithful account given of *autopsy*, part of which we copy :—The dura mater was preternaturally vascular, the arachnoid opaque, and the pia mater presented a complete mass of highly injected blood-vessels. The medullary structure of the brain showed a number of bloody points, the theca vertebralis was vascular. Neck and arm : The par vargum manifested a general blush of inflammation, the sheath of the nerve injected with blood-vessels, and small vessels were observed running parallel. The fourth, fifth, sixth, and seventh cervical nerves highly injected, and some of them were so much altered in character as to resemble muscular fibres ; their external surface was almost scarlet, while the internal was of a pink colour. The branches of the cutaneous nerves leading up from the cicatrix, which was vascular, and had been painful, presented the same appearance. The lining membrane of the mouth inflamed. The larynx, pharynx, trachea, fauces, uvula inflamed. The œsophagus, especially near the cardia, was very vascular, the lungs congested. Some patches of inflammation were seen on the surface of the stomach. The intestines were natural, the other viscera natural. Spine : The theca vertebralis was covered with injected blood-vessels. The medulla spinalis was natural, but evident appearances of inflammation were visible at the origin of all the cervical nerves in it. The pelvic nerves did not present the appearances found in the other nerves. The autopsy was made by Mr. Bickersteth and Mr. Hatton, and lasted six hours.

Reference.—Med. Chir. Review, vol. iii., p. 534. 1825. Dr. Bickersteth.

Case CXXVIII.— ——, male, bitten by a mad dog in Nov., 1823.

Result and Time of Attack.—Eleven months afterwards. Fatal, in twenty-four hours after the first symptoms appeared.

Post-mortem.—The vessels of the brain injected, sinuses filled with blood. There was half an ounce of serous effusion

in the ventricles. Perforation of the stomach capable of admitting the closed hand, from which a clear coloured fluid had escaped into the abdomen. The pericardium was highly vascular, the whole pharynx inflamed, and the back of the throat was covered with bloody frothy mucus. The lower part of the œsophagus was deprived of its mucous membrane.

Treatment.—Injection of morphia and warm water into the veins after the system recommended by Mr. Booth, of Birmingham, and practised by Majendie "on a case now allowed not to have been hydrophobia at all, but a spontaneous disease resembling rabies canina."—ED. *M. R. C.*

Reference.—*Med. Chir. Review*, vol. iii., p. 571-575. Dr. Brandreth.

CASE CXXIX.— ——, boy, æt. 14, bitten by a dog, state unknown. Wound cauterized with red-hot iron; blister kept on the parts.

Result and Time of Attack.—Seven weeks after. Fatal.

Treatment.—Injection of vinegar per rectum, and also given by the mouth.

Reference.—*Med. Chir. Review*, vol. iv., p. 264. 1826.

CASE CXXX.—Richard Cheshire, bitten on the hand badly by a mad dog.

Result and Time of Attack.—One month after. Fatal.

Remarks.—Dr. Iles said: I first saw deceased on Saturday afternoon. He was then lying upon his bed partially undressed. He complained of suffering from a spasmodic difficulty of breathing, which he said came on occasionally, and and from an inability to swallow liquids. I remained with him half an hour, during which time he tried to swallow a little milk. He took the vessel containing it into his hand and raised it to his mouth, but the moment the liquid touched his lips he pushed it from him and exhibited great repugnance to it, shortly after which he suffered from a spasmodic attack in the throat. On recovering, he told me, in a perfectly rational manner, that he had been severely bitten on the hands and left wrist by a dog on September 27th. He told me he was walking along the St. Alban's Road, when a black retriever dog passed him, and after it had run a few yards it turned back and walked by the side of him, smelling at his coat tails, and presently jumping on his back. He told me that he then shook a small cane he had in his hand at the dog, and said, "Get down, you brute," upon which the animal flew at him, and before he could recover or help himself in the slightest degree he had been severely bitten in the hands and wrist. Cheshire then walked on to Watford, where Mr. Rudyard, one of the resident medical men, cauterised his wounds and recommended him to go at once to University College Hospital, in London, where the operation was repeated. The only symptom of which Cheshire complained to me at this time was severe pain in the right arm extending to the shoulder. I saw the deceased later on, at 8.30 p.m. He was then raving violently, and spitting up frothy mucus. He knew the people around him, and he knew me. He tried to swallow some brandy and water, and managed to take a mouthful, but immediately ejected it with great violence. He quieted down a little after morphia had been injected under the skin, but he had a very rapid pulse, and his pupils were widely dilated. I saw him later on at 11.30 p.m. Since my last visit he had been able to swallow with great effort a little milk and a little brandy and water. He was perfectly sensible at this time, and comparatively cheerful; but his pulse was much weaker. When I left him he was trying to compose himself to sleep. I was sent for again at 4.30 a.m. on Sunday, but the poor fellow had died before I could reach his cottage. There is no doubt whatever that his death arose from hydrophobia.

Reference.—Report of inquest, Oct. 31st, 1877.

CASE CXXXI.—Elizabeth Webber, bitten through the nail of the middle finger of the right hand by a pet dog. Some boys teased the dog in the street until at last the animal, goaded to anger, turned and bit six persons. Five of them had the wounds cauterised.

Result and Time of Attack.—Died three months after in the Boston Hospital, America.

Reference.—*New York Mercury.*

PROFESSOR ALLEYNE NICHOLSON, of St. Andrew's University, has been appointed Swinly Lecturer at the British Museum for the year 1878. The post is a valuable one.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 2, 1878.

ANNUS MEDICUS, 1877.

THE time has again come round when it is our custom to briefly review the more important events in medical politics, literature, and science which have signalised the year just past. What has been done within the last twelve months to maintain the practice of medicine in that honourable position which it has always taken among the learned professions—what has been done to improve the standard of medical education and the position of those who have adopted the lower walks of medical life—what important discoveries or facts have added to our knowledge of the nature and treatment of disease—what medical works have enhanced the value of a literature, already rich in works of acknowledged merit?—these are some of the questions to which a brief answer must be given on the present occasion. Not that we shall be able to make any startling statement, or recall any incidents that will greatly distinguish the *Annus Medicus*, 1877, from those that have preceded it. Neither the doings of the medical world nor the progress of medical science are marked by any events that can attract much attention from those who are outside the profession. They pursue their humble course unnoticed amid the greater events of which they form so inseparable but insignificant a part. They run like streamlets amid a scene of imposing grandeur, undisturbed by the political and social tempests that rage around them, yet fertilising the ground, and contributing their mite to the "increase of man's estate." Medicine, indeed, may be said to resemble one of those great but unfinished coral reefs which have been in the course of time gradually built up by innumerable hands which have long since disappeared

from the scene of their labours—a reef, in the history of which twelve months is too short a period to have made any appreciable addition to the growth of so vast a superstructure. It is only when we take a number of years into consideration that we become sensible of the great changes that have taken place in the development of either the physical or intellectual world.

With regard to medical politics, the proceedings of the Medical Council ought first to claim our attention, not so much for what it has accomplished, as for the position it holds with regard to the medical education and registration of medical students. To promote, as far as possible, the cause of medical education, to be responsible for the teaching and examinations of the various licensing bodies, to enable the public to distinguish between educated and uneducated practitioners, to watch the progress of events which affect the public health, and to advise the Government in various questions that arise in the dominion of medical politics—these are, said the President, Dr. Acland, in his address, the chief aims for which members of the Council meet together. That they have done much towards the attainment of the object they had in view cannot be denied, but the time they have wasted in discussions on petty amendments, the wording of resolutions and irrelevant matters, has justly exposed them to the censure of their critics. During the first few days of their session they took into consideration the subject of foreign and colonial degrees, the education and registration of midwives, the territorial range of titles to practice, and Dr. Lush's Medical Acts Amendment Bill. With regard to the first of these questions, it was resolved that the Council should have authority to establish, under conditions, in the Medical Register, a distinct alphabetical section for foreigners practising in the United Kingdom with qualifications granted in foreign countries, and entitling to practise in those countries respectively; and that in this section of the Register such qualifications may be registered as the Council may judge to be sufficient guarantees of the possession by the candidate of the requisite knowledge and skill in medicine. With regard to Dr. Lush's Bill, it was resolved to postpone the introduction of more stringent penal clauses into the Medical Acts until such time as those Acts shall have received all legislative amendments in the provisions relating to the profession itself, and shall then be in readiness for consolidation. Nor was any satisfactory decision arrived at with regard to the education and examination of midwives. The Council merely resolved that means, under legal sanction, should be provided for giving credentials of qualification to competent midwives, and that the lives of women in labour should, as far as practicable, be protected from the incompetent. The most important resolutions the Council adopted were those relating to the preliminary and professional education of medical men; and which, if carried out, will have a very wholesome influence upon the education of those who are thinking of entering the medical profession. That no person can be registered as a medical student unless he has passed one of the preliminary examinations sanctioned by the Council; that these examinations should be left to the universities, and such other bodies engaged in general education as may be approved of by the Council; that the licensing bodies should themselves have an eye upon the preliminary knowledge of their candidates;—these are recommendations which, if acted upon, would certainly prevent many getting into the profession, who have hitherto been able to enter it on much too easy terms. As respects the professional education of students, it was recommended "that the professional examinations be arranged in two divisions, the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year; but the second division not till the expiration of two years after passing of the first division, nor before the completion of the fourth year of study.' The advantages and disadvantages of this recommendation, we have exposed on a former occasion. Although this plan will compel the student to acquire by the end of his second year a more thorough knowledge of the elementary subjects, it at the same time allows him to think no more about them after he has passed his first examination, so that the last two years of his curriculum will be occupied in learning one half of his subjects and forgetting the others. It was also recommended that there should be an examination at the end of the first year; that students should be required to produce evidence of having had six months experience in the charge and treatment of patients in a hospital, dispensary, or elsewhere; and that no student should be required to attend more than one course of lectures on the same subject.

Intimately connected with the subject of medical education, is that of the Conjoint Scheme, the slow progress of which has almost exhausted the patience of the most zealous advocates of medical reform. Perhaps, however, more has been done during the past year towards the advancement of this scheme than at any previous period. At the beginning of the past year there remained a good deal of opposition and many obstacles to overcome before any unanimity could be arrived at respecting the formation of a conjoint Examining Board for England. Chief amongst them were the objections raised by the College of Physicians and the University of Cambridge. These two have been since got over; the scheme, as finally amended, was laid before, and was accepted by, the last meeting of the General Medical Council; while, within the last few days, all the co-operating bodies have severally elected their representatives on the Committee of Reference. The constitution of this Conjoint Board has been on a previous occasion explained in the columns of this journal; but we may here remind our readers that the scheme is to terminate at the end of ten years from the date of its sanction by the Medical Council, "and do then cease, unless renewed," and that the experiment is likely to be restricted to England. It is, however, to be hoped that Scotland and Ireland will soon follow the good example that has been set them by the sister country, as otherwise the object of the English Conjoint Board will be partly defeated by the liberty students will still have of getting a licence from some Northern examining body. It is to be hoped, also, that the Board will not raise its examination to too high a standard, or forget that nine-tenths of the candidates that come before them will be entering the profession with the view of practising as general practitioners.

One of the most extraordinary medical and social innovations of the present era is certainly that of the admission of women into the ranks of the medical profession. The subject has caused a good deal of embarrassment to those who have had at heart the interest of the medical profession on the one hand, and that of the public on the other. Rightly or wrongly, the fair sex have, during the past year, done much towards the realisation of their hopes and aspirations; and it is impossible to ignore the fact that the admission of women into the profession, and their eligibility as candidates for all the degrees and licences of our universities and examining boards, have almost become *un fait accompli*. And here we may briefly recall attention to one of the little episodes that have occurred in the battle that has been recently raging between the lady doctors and their rough and ungracious opponents. That there are few quarrels in which there is not a woman at the bottom of it, it is pretty generally acknowledged; but who, fifty years ago, would have thought that the gravity and harmony of the Senate and Convocation of the University of London would be grievously upset by a question involving not only the right of women to enter the medical profession, but to share all the privileges accorded to the male graduates of the University. The extraordinary dispute that has been going on for some time between the Senate and Convocation arose out of the determination on the part of the Senate to disregard both the opinions which Convocation had expressed on the matter, and a memorial that had been presented to them by the medical graduates of the University. At one of the meetings of Convocation Mr. Savory had moved an amendment, the propriety of which few will be inclined to dispute—viz., "That this House is of opinion that it is undesirable for this University to admit women to degrees in medicine before it shall have considered the advisability of admitting women to degrees in all the faculties." This amendment was well supported, and carried by 144 to 116; but, nevertheless, the Senate disregarded the decision of Convocation, and decided to take advantage of Mr. Russell Gurney's Act, 1876, and admit women to examinations for its medical degrees. The question then very naturally arose as to whether the Senate was to take the lead in coming to a decision of so much moment, and whether the privileges of Convocation had not been infringed by the action of the Senate, by which action "the constitution of the University would be materially altered, without consultation with Convocation." Consequently a general meeting of Convocation was held in July, which resulted in its condemning by a large majority the adoption by the Senate of a permissive Act of Parliament without reference to Convocation, a condemnation that was strengthened by a legal opinion to the effect that the Senate by acting upon their decision would be changing the constitution of the University, contrary to the spirit of its charter. Subsequently, after a meeting of the Annual Committee, and after much correspondence, and one or two deputations on the subject, the Senate expressed their willingness to apply for a supplemental charter which should admit women to degrees in all faculties, and hoped that Convocation would co-operate with the Senate in carrying their proposal into effect. The dispute, however, is even now, far from having been satisfactorily settled; for at their last meeting in December the Senate, in reply to a message received from the Annual Committee, said that although they hoped the question would be settled in a manner that was satisfactory to both parties, they "at the same time felt it necessary to point out that they have not taken any resolution as to their future course of action."

The Legislature gave so little attention last year to sanitary legislation that a very few remarks will suffice on this point. Unquestionably, the most important measure was the appointment of a Select Committee to inquire into the operation of the lunacy laws as regards the security afforded against the violation of personal liberty. A large Blue Book containing the evidence of the Committee was issued at the end of the session, but on account of time being required to digest its voluminous and contradictory contents, the Report of the Committee was deferred to the present year. A Bill to Consolidate and Amend the Acts relating to Public Health in Ireland was so far successful as to pass through a Select Committee, chiefly in consequence of the praiseworthy exertions and representations of the King and Queen's College of Physicians, the Royal College of Surgeons of Ireland, and the Irish Medical Association. Unfortunately, however, it failed to get into Committee of the House of Commons. The only measure that did pass was the "Canal Boats Act, 1877," which will certainly do some good by checking the diffusion of infectious diseases by the constant movement of those boats. Some experimental steps were also taken with respect to the registration of infectious sickness, Bolton (Lancashire) and Greenock being the localities in which the experiment is to be at first tried.

Nor is there much to say with regard to the changes that have taken place in respect of the Army and Navy Medical Services. In the beginning of the year an order was issued exempting medical officers in the Army from all contributions to regimental messes and bands, and they were also authorised to draw staff instead of regimental allowances. In September, also, the new Royal Warrant for regulating the organisation of the Army Medical Corps contained a clause which, for the time, gave the medical officer the right of commanding in the military hospitals, of commanding the "non-commissioned officers and the privates of the Army Medical Corps, and all patients in military hospitals, &c." The medical officer in charge of a hospital is also not now expected to look after its necessary equipment and supplies, as this duty is to be henceforward entrusted to the officers of the Army Hospital Corps.

We can only briefly allude to the transaction of the Royal College of Physicians and Royal College of Surgeons. The former body has passed an important and favourable by-law, with regard to the admission of foreign candidates to its examinations. A new and revised edition of the "Nomenclature of Diseases" is in course of preparation; and its Leprosy Committee has made some valuable reports on the treatment of that disease. The College of Surgeons has approved a Bill for the registration of all dentists irrespective of any qualification, except that of having been engaged in the practice of dentistry for a certain time. The proposed alterations in the by-

laws relating to the Fellowship have been postponed in deference to the wishes of a large number of Fellows; and on the proposal of Mr. Marshall, the Council has agreed to elect each year two members to the Fellowship, subject to certain conditions.

A glance at the last meeting of the British Medical Association, may well usher in the few remarks we have to make on the scientific aspect of the past year. Undoubtedly, the most interesting address delivered on that occasion, was that of Dr. W. Roberts on "The Doctrine of Contagium Vivum, and its Application to Medicine." In this address he endeavoured to prove that organic matter has no inherent power of generating bacteria, and no inherent power of passing into decomposition, that bacteria are the actual agents of decomposition, and that those organisms which appear as if spontaneously in decomposing fluids owe their origin exclusively to parent germs, derived from the surrounding media. To Mr. Spencer Wells' Address on Surgery we have already drawn special atttention, and another suggestive address was that of Dr. Barnes, on Obstetric Medicine, in which he protested against the tendency now-a-days to "split up the study of the healing art into sections, to the neglect of those grander lights which can only be caught by a well-balanced study of all in their mutual relations." Several other valuable papers or addresses were read, and altogether the last meeting of the Association was a successful one. It is scarcely within our province to notice here the British Association for the Advancement of Science, but we cannot help reminding the reader of the able address of its President, Dr. Allen Thomson, the well-known embryologist, in which the author stated his conviction that the investigations of the last seven years have been unfavourable to the doctrine of spontaneous generation (thus endorsing the opinion of Dr. W. Roberts aboved noticed); but that, on the other hand, there were few naturalists now living, who did not believe in the doctrine of evolution.

The work done at the Medical Societies can scarcely be ignored in an annual retrospect of scientific medicine. It is remarkable that the papers read at the Royal Medical and Chirurgical Society, dealt chiefly with rare and obscure questions of pathology. A rare form of Neurosis without suppuration (Morrant Baker); the pathology of Tetanus and Hydrophobia (Coats); a case of Noma in which moving particles were found in the blood (Sansom); a rare condition of the skin called Myxœdema (Dr. Ord); and the pathology of Sclerema (Dr. Harley); these were the kind of subjects which last year chiefly engaged the attention of the Society. On the other hand, the work done at the Clinical Society, of which full reports have been given in these columns, has been more of a surgical than medical or therapeutical nature. Good papers, however, were read by Dr. Murchison on a case of enteric fever treated by Salicylic Acid; by Dr. Broadbent on the value of Bleeding in Convulsions; by Drs. Herman, Weber, and Cavafy, on the treatment of Rheumatic Fever by Salicin; and by Dr. Southey on a method of draining anasarcous limbs by means of a small trocar and tube. Cases of sub-periosteal surgery, the merits of the carbolised catgut ligature, and cases of unilateral injury to the spinal cord (Gowers); hydatids of the lung (Greenfield); and hysterical anæsthesia (Dr. Henry Thompson), were likewise subjects of discussion before this society. Unquestionably the most important subject that received the attention of the Pathological Society was that of Visceral Syphilis. We have already commented on the valuable information that was given on this obscure department of pathology, and to our articles on this interesting subject we must refer the reader who wishes to become more particularly acquainted with the morbid anatomy and symptoms of cerebral and pulmonary syphilis. The consideration of arterio-capillary fibrosis (Gull and Sutton); of the arterial changes in chronic Bright's disease (George Johnson); of the early changes in scarlatina (Klein); of the nature of contagium (Braidwood and Vacher); and, very recently, of lactic fermentation (Lister), also occupied the attention of the Society. Lastly, we may mention that many valuable papers were read at the Medical, Obstetrical, and Harveian Societies, which want of space prevents us from particularising.

The general advancement of medicine and surgery has been accelerated by much valuable work and many careful researches. In pathology fresh light has been thrown upon the relation of minute organisms to acute infectious disease, by the experimental researches of Dr. Burdon Sanderson, Pasteur, and Dr. W. Roberts; upon diseases of the brain and nervous system, by the researches of Charcot, Brown-Séquard, and others; and upon the pathology of pernicious anæmia of the arterial lesions in syphilis, of certain changes in the minute structure of the kidneys, &c. In the domain of therapeutics there is much upon which the profession can look with satisfaction. During the past year a large amount of evidence has accumulated in favour of the therapeutic efficacy of salicylic acid or salicin in rheumatic fever, while it has also been found useful in some cases of ague, typhoid fever, coryza, and neuralgia; the administration of ergot by the hypodermic injection of ergotine; the value of this medicine in labour, and in the treatment of hæmoptysis; the value of cold baths in the treatment of rheumatic fever, and other diseases attended with hyperpyrexia; a more exact and temperate estimate of the efficacy of chloral hydrate in the treatment of disease; these are among the more important additions to our knowledge of practical therapeutics. It need scarcely be said that the most brilliant and practical department of medicine—Surgery—would be behind-hand in its contributions to the past year. In the hands of Mr. Spencer Wells and other surgeons, the operation of ovariotomy has been brought to a state of great perfection, and has been attended with greater success; while various methods of successfully dealing with aneurisms, and several new, rare, or bold and successful operations have shown that surgery continues to take the lead in effecting those surprising cures which have always made it the most admirable and most popular department of the healing art. We intended to have specified some of the more important works that have been recently added to our medical literature, but the length to which this article has already been brought, forbids us doing more than mention the fact that very few great or valuable works have been published within the last twelve months. Nor should it be forgotten that the most valuable additions to our knowledge of disease are not to be found so much in the published works whose names figure

in the advertising columns of this and other journals, as in those numerous and valuable paper, lectures, and monographs that are scattered through the pages of our periodical literature.

Before concluding this brief and imperfect notice of the medical history of the past year, we cannot help mentioning one or two minor incidents that have recently attracted a great deal of public attention. We allude more particularly to the prevalence of hydrophobia, to the "Bradlaugh Trial," and to the Penge case. The epidemic prevalence of hydrophobia is one of those events which remind us that there are some diseases to which the profession has not given so much attention as was desirable. Naturally enough, a great deal has been said and written on the subject, but without adding much to our previous knowledge of the disease. In consequence of the public excitement on the subject, we have deemed it advisable to issue a Special Report on Hydrophobia, which, we hope, will be found as complete and exhaustive as the importance of the occasion demanded. Some special experimental researches are also being conducted on the pathology of the disease, under the able superintendence of Dr. Burdon Sanderson; and therefore, while the recent outbreak of this terrible malady has already given an impetus to original research into its nature and treatment, it has also induced the authorities to adopt more stringent preventive measures than have hitherto been obtained.

The Bradlaugh Trial was one of those ugly blots which, from time to time, disfigure the face of modern Society. In a leading article on the subject, we gave expression to our opinion of a pamphlet, the obscenity and immoral tendency of which did not prevent a woman personally defending it in open court; and all we have to say now is to express our satisfaction at the fact that the doctrines so shamelessly advanced by Mr. Bradlaugh and Mrs. Besant were all but unanimously repudiated by the profession.

The particulars of the Penge Case must be so fresh in the memory of our readers that any further comments than those we made at the time are scarcely necessary. From the very first we took that view of it which was most in accordance with the whole evidence adduced at the trial, and although this view was directly opposed to that which was taken by most of our contemporaries, as well as by several eminent pathologists, we were not surprised to find that a similar view of the case was taken by the Home Secretary himself, and the learned judges whom he consulted. Consequently, although one of the convicts was set at liberty, sentence of penal servitude for life was passed upon the three other defendants.

Lastly, we must not forget the gaps which Death has made during the past twelve months in the ranks of our profession. The first to go was Dr. Snow Beck, whose work on jurisprudence was long a standard work on the subject. Then followed Professor Murphy, the able and accomplished obstetrician; and after him Alfred Smee and John Adams, both eminent surgeons. But, perhaps, the greatest loss of all was that of William Fergusson, of whom it might be said, we shall "ne'er look on his like again." It will be long before practical and operative surgery has such a representative as it had in him. We might also have mentioned the names of Dr. Robert Lee, Dr. Basham, Dr. Francis Hawkins, and several others, some of whom died at a ripe old age, while others were called away in thir prime.

> "He was a man, take him for all in all,
> We shall not look upon his like again."

THE EXCESSIVE MORTALITY IN DUBLIN.

We informed our readers a fortnight since that the extraordinarily high death-rate of Dublin had moved the Dublin Sanitary Association to stir up the Public Health Committee of the Corporation, who in turn had applied to their Medical Sanitary Officers for their opinions on the subject, and that these reports, though we have reason to believe them emphatic as to the causes of the excessive mortality, had not been made public by the Corporation Committee. The Sanitary Association has, however, sent to the Committee a very important report, in which the appointment of a commission of inquiry was suggested, and this report has been answered by a counter-statement from the Superintendent Medical Officer of Health and by a resolution of the Committee, in which they decline to encourage any inquiry into the subject. The report of the Sanitary Association is substantially as follows:—

The average death-rate of Dublin city for the 47 weeks ending 24th of November, 1877, is 28·6 per 1,000, and ranks second among 13 large towns of the United Kingdom—Salford exceeding it by ·2 per 1,000. The average death-rate of the Dublin Registration District for the same period is 26·6 per 1,000, and ranks third among these 13 large towns, being exceeded by Manchester (27·3), and Salford (28·8).

The average death-rate of Dublin City for the past ten years (ending 1877) has been 27·9 per 1,000, and ranks fifth among 13 large towns of the United Kingdom. The average death-rate of Dublin Registration District for the same period has been 25·9 per 1,000, and ranks eighth among these towns.

It will be thus seen that during the present year the death-rate of Dublin City has risen from an average, during the past ten years, of 27·9 to 28·6 per 1,000 and from the fifth place, in point of mortality among thirteen large towns, to the second, and that the rate of the Dublin Registration District has risen from an average, during the past ten years, of 25·9 to 26·6 per 1,000, and from the eighth place to the third place among these towns; while, on the other hand, the death-rates of the twelve other large towns for the present year are less than the average rates of those towns for the past ten years by an average of 2·8 per 1,000.

It is to be observed that in calculating the death-rate of Dublin for the year 1877, the deaths of persons admitted into public institutions have been for the first time omitted. If, therefore, the rates had been calculated on the old basis, they would have been considerably higher.

In addition, it is notorious that the registration of deaths in Dublin is extremely defective, so much so that the average per-centage of deaths unregistered for the seven years ending 1870 was 9·8; while in the other towns of the United Kingdom this imperfect registration is almost impossible, as the burial laws require a certificate of registration of death before interment.

It will be seen from page 65 of your Report for 1875, that during the visitation of epidemics Dublin suffers with exceptional severity. Thus, in the epidemic of cholera in the year 1866, the zymotic death-rate in Dublin was 9 0 per 1,000; in London, 7·8 per 1,000. Again, in the small-pox epidemic (1871-2), the zymotic death-rate in Dublin was 8·4 per 1,000, and in London, 7·0 per 1,000. This fact argues a low state of health among the inhabitants of the city.

It was necessary, of course, that so alarming a statement as this should be specially dealt with by the Medical Superintendent Officer of Health, and accordingly a report was submitted by him, of which the following are the principal paragraphs:—

In the Report of the Sanitary Association, the mortality by the cholera of 1866 is quoted as comparatively high, but it is forgotten that our pure water supply was not then available, and that your Committee was only then formed.

The other unfavourable instance called up is the death-rate during the small-pox epidemic of 1871-2, but it is not noted that during the present year, although there have been several scattered cases. it has not assumed an epidemic character.

Another favourable item, the really crucial test of the effective action of sanitary authorities, escapes attention, namely, the lowering of deaths by zymotics in general, which, if deaths by measles be substracted, is most remarkable.

The zymotics of 1876 were 468 less than those of the average of the ten previous years, and those of the first nine months of the present year 207 less than the average of the corresponding period for ten years. Measles caused nearly one-third of the fatal zymotics of the present year ; there are no practical means of checking its spread, but its mortality can be lowered by the same measures which control the fatality of lung diseases.

Fevers and diarrhœa are the maladies which point to bad water, imperfect sewerage and neglect in removing nuisances, the chief shortcomings of sanitary authorities.

For the past and present years these diseases are below average. Our water supply and improving main sewer system must be credited with this result, which would have been more striking if individual householders gave aid in the improvement of private sewers.

The evident causes of our high death-rate are diseases of the breathing organs, and measles and whooping cough, which kill in the same way. The past summer, unprecedented for inclemency, was especially fatal to the poor in the extremes of life. Nearly one-third of the whole deaths of the first nine months of 1877 were due to the maladies just named, including pulmonary consumption.

The conditions of poverty, which are more active in Dublin than in English cities, are dilapidated, ill-constructed houses, which prevent easy passage of air and shut out sunlight, and which it was impossible to control for want of a Building Act, such as other cities possess ; scanty clothing, especially at night, neglect of ablution, insufficient food, and, it is to be feared, intemperance. A drunkard getting inflammation of the lungs surely dies. Moreover, there is no town in which there is a greater congregation of the poor and infirm from districts outside it.

The criticism on this report, which will at once occur to the reader, is that it affords no answer at all to the statement of the Sanitary Association, and not only suggests no remedy for the melancholy loss of life in the city but seems to pooh-pooh any effort to mitigate evil. This is a policy quite characteristic of the Public Health Committee, who have always been wont to answer all remonstrances by saying that their sanitary organisation was as nearly perfect as possible, and quite above criticism, and that if the dirty people of Dublin would die by hundreds the Committee could not really be expected to help them—that, after all, such people had no business to die of little ailments like pneumonia and bronchitis, and, as for fevers and such other diseases, Dublin was not much worse off than other very dirty places ; and—to make a long story short—they wish that Associations and other fussy people would not bother them with any of their nasty statistics or uncomfortable reminders.

It will be observed that Dr. Mapother, in his report, carefully avoids extending his vision beyond the present condition of things, which he endeavours to show represents only a temporary perturbation of the sanitary atmosphere. He takes credit for the non-extension of the small-pox during 1877, and for a decrease of zymotics as compared with 1876, but he does not seem to realise that the excessive mortality of Dublin has existed for twenty years or longer, and has gradually and steadily increased during the last ten, and, therefore, that this fact cannot be upset by any argument as to the special mortality of 1877.

Moreover, to plead that the zymotic fatality of Dublin is less than it was twelve months ago is of no value as an argument, for we are not comparing Dublin with Dublin, but with thirteen large towns elsewhere, and we want to know why the city should be constantly and obviously worse in health than these? If Dr. Mapother answers that it is because the city has no Building Act, we ask, whose fault is it that it has none? The Corporation's. If he pleads that great things will be done by the Artizans' Dwellings Act when it is made use of, we want to know who is responsible that it is *not* made use of? The Corporations.

There are, however, causes of disease more easily understood, and remedies less expensive and more easy, than the getting or application of Acts of Parliament, to which we invite the attention of the Public Health Committee and Dr. Mapother.

A few occur to us :—

1. Want of zeal and activity in the Public Health Committee in dealing with the money-grinding tenement farmers, who from year to year omit and refuse to provide sanitary accommodation for the miserable tenants from whom they screw exorbitant rents.

2. The leaving of street filth and offal festering under the summer sun for days together, especially in the lanes and alleys in which scavenging is most needed and least visible.

3. The omission to ventilate the sewers and keep them properly cleaned.

4. The utter neglect of ash-pit cleaning and the ludicrous impracticability of the attempt of the Corporation in that direction.

A Building Act would be valuable—in fact, it is a disgrace to such a city as Dublin to be without one ; improved artisan's dwellings would be a most important item in sanitary reform, but neither of these, nor both of them, would produce a sensible result on the health of the city unless the Public Health Committee can be first made to understand that the sanitary state of Dublin is simply abominable and disgraceful, and admits of no real defence, and, secondly, induced to attack the evil with vigour, and to put all the resources at their command into active work to remedy it. It is too evident that, at present, they are in no such frame of mind. If they were, they would be thankful for the co-operation of the public—desirous of investigation,—ready to look the evils in the face and to see their extent,—and disposed to grapple with them by a steadily-sustained effort. Instead of this, we regret to find them looking at every suggestion offered to them as an encroachment upon their privileges, and, as such, to be resented and resisted—fishing out pleas for the excessive mortality and reasons for thinking it not so bad as it might be—opposing all extraneous inquiry, and omitting to inquire themselves, and habitually contenting themselves with the most lethargic discharge of their duties.

THE DUBLIN UNIVERSITY MEDICAL SCHOOL AND SIR PATRICK DUN'S HOSPITAL.

THE proceedings of the Irish College of Physicians, to which we referred some weeks ago—their decision that it should no longer be necessary for a King's Professor in the School of Physic to resign any hospital which he may hold at the time of his professional appointment—and their subsequent reversal of that decision at the bidding of the Board of Trinity College—these matters are the subject of a long editorial article in the *British Medical Journal* of last week, in which the views we then expressed are endorsed. Our contemporary says :—

There need be no objection to the intimate association of the School of Physic in Ireland with a clinical hospital, but there is an obvious objection to the greatest school of medicine in Ireland being weighted by so incomplete a clinical hospital as that of Sir Patrick Dun to suit the views of a few college dons and the protests of those who happen at present to hold professorships in the School of Physic. Since the rule was passed, there have been two elections for King's professorships. The result of the competitions has been to show that the physicians to the Dublin hospitals will not abandon their large clinical experience to accept (with their honours and emoluments) the King's professorships, subject to the incubus of Sir Patrick Dun's Hospital. It is remarkable that three-quarters of a century ago it was considered essential to have at least thirty beds for clinical instruction in medicine alone at Sir Patrick Dun's Hospital, to be increased to one hundred to make it complete; but now no more than fifty are considered quite a sufficient field for instruction by the professional board of Trinity College, Dublin. The medical students of Trinity College, however, are wiser than their masters, and all, except a few, go elsewhere to obtain clinical knowledge; thus, of three hundred students in medicine stated to be attending Trinity College, we hear that but forty or thereabouts are satisfied with the experience afforded by Sir Patrick Dun's Hospital. If Trinity College wishes for a school of clinical medicine, let her contribute to found a hospital similar to those of King's or University College, and then there will be no need of a coercive law to prevent her professors from accepting appointments outside her walls. It is with great regret that we find a medical corporation like the King and Queen's College of Physicians lending itself to support the whims of the old Board of Trinity College, Dublin; and it would be well for the College to consider that the action they have just taken is tantamount to the expression of the opinion that the highest class physicians—namely, the university graduates—need only the smallest amount of clinical instruction.

Since the above remarks were written, a report has reached us that the Board of Trinity College, rightly calculating that their victory over the party of progress in the College of Physicians must be short-lived, and admitting the inefficiency of the clinical school of Sir Patrick Dun's Hospital, have determined to increase the accommodation at the expense of the funds of Trinity College. We hear, however, that the proposed increase will amount to thirty beds only. Such a small addition will be quite inadequate, and cannot remove the objection to the smallness of the field of clinical experience. It is argued that eighty beds will place Sir P. Dun's in a better position than several other clinical hospitals of Dublin. Such an argument is quite invalid, as the School of Physic should equal the best, not merely reach the mediocre clinical schools of Dublin.

Our own view on this subject is wider than that adopted by the *British Medical Journal*, for we object strongly to the perpetuation of a special compulsory connection of *any* hospital, however efficient, with the University School, and we deprecate the handicapping of the professors in that School by insisting that they shall confine themselves to a particular hospital and disconnect themselves for ever from other institutions where their opportunities for work may be far greater.

The affiliation of Sir Patrick Dun's with the School of Physic is a relic of the time when clinical teaching was not to be had, and when the School had no resource but to make and maintain an hospital for itself. That time has passed away, and the University students can now obtain the required instruction in much larger, and, at least, as well officered hospitals elsewhere; and we submit it is not at all to their advantage that they should be encouraged to follow the same teacher from lecture-room to bedside and back again, or to confine their learning within the narrow circle of his attainments. Free trade in hospital teaching is a golden principle, and, we fancy, the Medical Registrar for Trinity College would be the first to overthrow a special monopoly maintained in favour of any hospital, if that monopoly existed in connection with any school but his own.

The Board of Trinity College have taken a retrograde step if they have decided, as our contemporary says, to subsidise Sir Patrick Dun's for the purchase of additional beds; for they may be assured that if an hospital fails to attract students by the value of its teaching when enjoying such exceptional advantages as Dun's possesses, the addition of a few beds to its wards will not make it more popular. On the contrary, the best stimulus to such an institution would be to throw it solely on its own resources, and thus impose upon its teaching staff a supreme inducement to "give value" to the pupil.

An important lesson which may be learned from the controversy is, that the legal tie between the Board of Trinity College, a conclave of eminently respectable but dictinctly unprogressive elderly clergymen, and the Fellows of the Irish College, numbering many of the most intelligent and liberally-minded of the new school of physicians in Ireland, cannot be long maintained. The time has passed when divided empire can continue to exist in the administration of a great medical school or in the appointment of its professors, for it seems to us a *reductio ad absurdum* that the deliberate judgment of long-headed and experienced physicians and teachers in a matter which vitally concerns the efficiency of medical teaching in Ireland should be subjected to the veto of seven gentlemen of gravely academic but somewhat unpractical mind, whose interest in medical teaching is confined to maintaining all that their fathers maintained before them.

The College of Physicians is humiliated by the revision of its decisions by so unsympathetic a tribunal, and its interests are imperilled by the drag thus put upon its onward progress. If that obstruction cannot be otherwise removed we are decidedly of opinion that, by another School of Physic Amendment Act, the grounds ought to be cleared of every existing hindrance to perfect freedom of either hospital or professional tenure.

ANOTHER step in relative rank will, according to the *Army and Navy Gazette*, be shortly given to senior medical officers of the Royal Navy.

Notes on Current Topics.

The Liquefaction of Oxygen.

THE *Journal de Geneve*, furnishes some interesting particulars of one of the latest scientific achievements—the reduction into a liquid form of one of the principal constituents of the atmosphere. In an age fertile in new discoveries, the successful efforts of M. Raoul Pictet may be considered as one of the most important; and though the *telephone* may to a certain extent, by its novelty, and by its adaptability to the ordinary requirements of life, attract more popular attention, yet the scientific world will fully appreciate this latest acquisition of science. The conjecture of to-day may become the fact of to-morrow, and the mechanical theory of heat thus receives further verification, as the tendency of this new discovery is to prove, that all gases are vapours, passing through three stages—solid, liquid, and gaseous. M. Pictet has thus obtained this curious result:—By a double circulation of sulphurous and carbonic acids, the latter is liquefied, at a temperature of 65°, with a pressure of four to six atmospheres. The liquefied carbonic acid is conducted into a tube of the length of four metres; two pumps in action produce a barometric vacuum on this acid, which solidifies under the influence of pressure. In the interior of this tube, containing the solidified acid, a tube of smaller diameter is passed, wherein circulates a current of oxygen, produced, by chlorate of potass, in a generator, the form of which is an *obus*, so thick and strong as to bear a high pressure without explosion. At a pressure of 300 atmospheres a liquid jet of oxygen sprang from the extremity of the tube when the compressed gas was exposed to atmospheric pressure. The alchemists of old must have watched with feverish anxiety for the transmutation of the baser metals into gold, and with some such intense suspense must M. Pictet have waited for the appearance of the few crystal drops, which revealed to him that science had obtained another triumph.

The revelation of this event was soon known in England, for availing himself of another of the marvellous appliances of modern life, which joins country to country, and continent to continent, bringing them even within speaking distance, M. Pictet *transmitted* a *telegram*, which must have gladdened the heart of Professor Tyndall. Thus, by scientific means, unknown to, undreamt of, by our ancestors, a new scientific fact was revealed almost at the moment of its discovery, to not only the scientist in his study, but even to the civilised world.

The laws of Nature are each day being more perfectly understood; the limit of science cannot be fixed when dealing with the purely material, and we must congratulate M. Pictet upon his painstaking researches, crowned as they have been by success. Two gases yet remain for reduction into a liquid form—hydrogen and azote. We may reasonably expect a somewhat similar result in their case; if not in the laboratory of M. Pictet, at least by some of the numerous eminent chemists, who have in the present age contributed so much to the improvement of our chemical knowledge.

Drinking Fountains and Typhoid Fever.

IT is generally admitted that nervous and timid people act very imprudently when they indulge their curiosity by reading medical books. For the same reason it is equally improper for the public in general to allow their minds to be too much influenced by all they hear about the spread of contagious diseases by means of water, milk, and other vehicles of infection. A well-known daily newspaper has been taking a very hypochondriacal view of the drinking fountains of London, and because a lot of mud and filth was cleared out of the basin of a fountain near Park Lane (which was not a drinking fountain at all, but merely a disused ornamental one), it has come to the conclusion that all the drinking fountains in the metropolis will be a prolific source of typhoid fever. It is well, therefore, that the General Manager of the Metropolitan Drinking Fountains Associaton has written to say that the fears to which our contemporary had so rashly given way, were perfectly unfounded. He very properly showed that any tricks or dirty habits displayed by the London *gamins* could not possibly interfere with the purity of the water passing out of the nozzle of the fountain jet; and that the six hundred drinking fountains in London were under the almost daily inspection and superintendence of the above Association. Besides, we may remind the public that the usual position and structure of these fountains preclude them from having their water contaminated with the contagium of typhoid or any other fever. That these fountains have done a good deal towards promoting habits of temperance amongst our itinerant working population we have never for a moment doubted. Therefore, we regret that any organ of the public press should be misled by the sensational announcements that are from time to time made respecting the origin and spread of infectious disease, and that it should run the risk of prejudicing the mind of the public against one of the best sanitary improvements in the metropolis.

Arsenical Colouring of Dress.

AT this moment cotton goods printed in blue, rose, and grey colours, which contain large quantities of arsenic, are on sale in many of the drapery establishments of the Continent and this country. Examinations of them made in the laboratory of the Imperial Health Department, says the *Revue Allemande*, have established the fact that the arsenic contained in these stuffs does not come from the use of arsenical colouring matter, but from the mordants and other substances employed in their preparation.

According to the receipts deposited in the office, the preparation used for a blue, rose, or grey colour, contains a sixteenth of its whole quantity of arsenite of soda. Inasmuch as such goods may be very dangerous to the public health, the Health Department has thought it necessary to warn calico-printers and dyers against the use of such preparations, and to point out to them that there is an abundance of completely inoffensive chemicals available for the same methods of dyeing. We trust now that the danger is proved to be a real one, the inevitable lesson will not be lost upon the dyers and calico-printers of our own country.

Foucault's Pendulum.

Our readers may recollect the experiment made in 1860 at the Pantheon in Paris, by the learned Leon Foucault, upon the pendulum. A great metallic globe, which hung by a fine wire from the summit of the dome, demonstrated that the oscillatory movements of a heavy mass freely suspended in space, remain independent of the rotation of the earth. This pendulum swung very slowly in consequence of the length of the wire, and at the end of each oscillation a point attached to it ate away by degrees a little wall of sand placed there for the purpose of showing the apparent alteration in the plane of oscillation.

This experiment, by which—as we may say—the world can be seen to move round, is to be repeated in the Exhibition of 1878, with such new arrangements as to make it comprehensible to the crowd. The pendulum will be 300 killogrammes in weight, and will hang from a wire 70 metres long, the object of the experiment being to instruct the public in a visible physical phenomenon.

Isolation of Diphtheritic Patients.

The following proposal has been submitted to the Municipal Council of Paris:—Considering that for the last twenty years representations have been made by hospital surgeons in favour of the isolation of children attacked with diphtheritic diseases, which representations have had their origin in the great mortality of the little patients who have been operated often in the same apartment, in presence of other children, and exposed consequently to all the contagious diseases which exist in the general wards; considering also that a diphtheritic epidemic has existed for the last two years, which renders imminent similar unfortunate results; therefore the Council is asked to vote the establishment of isolation wards for such diseases specially reserved for children and notably in the Hospital of the Rue de Sevres.

Dr. Darby, of Bray.

The recent retirement of Dr. Darby, of Bray, from the Surgeoncy to the Rathdown Workhouse, which he had held for over thirty-five years, was, on the 22nd of December, made the occasion for the expression of kindly feelings and of respect towards him, both by the medical officers of the union and by the lay officers of the workhouse. The address from Dr. Darby's medical brethren, illuminated in an artistic and suitable manner, was presented to him, on behalf of the signatories, by Drs. Whistler, Leney, Usher, Mayne, Rice, Boyce, O'Flaherty, and Wright; and the presentation from the workhouse officers, which took the form of a handsome clock, was handed to Dr. Darby by Mr. Cope, the clerk of the union, Mr. Thompson, and the Reverend E. W. Burton.

The occasion was necessarily a touching one for the veteran surgeon, whose response was impressive and affecting. It is but scant justice to him to say, on our own behalf, that there is not a man in Ireland who has deserved better of his brethren, or enjoys their esteem in a higher degree. He has earned that esteem by nearly half a century of active sympathy with his profession, and liberal aid to the advancement of its interests; and it is gratifying to know that he lays down his official duties enjoying the uniform respect of those in whose midst his long professional service has been performed.

The Title of Doctor of Medicine.

A medical student writes from Dublin to the *Student's Journal* asking whether a College of Physician's licentiate can lawfully call himself doctor, and write himself down M.D. "To me," he says, "it seems ludicrous in the extreme that, because a man hasn't got the highest degree which it is possible for him to get, he has no title to the recognised designation of his profession."

These are words of wisdom, and the valuable principle they express ought not to be confined to the medical profession! For instance, is it not also "ludicrous in the extreme that because a (soldier) hasn't got the highest rank which it is possible for him to get" he should be denied the privilege of calling himself Field-Marshal. Perhaps this wiseacre could explain to us what might be the return which one should get for the trouble and expense of obtaining an M.D. if every general practitioner were entitled to palm himself on the public as a Doctor of Medicine. Heaven knows M.D.'s are cheap enough in certain universities just now, and no one need grumble at not being allowed a decoration which can be purchased much cheaper and more readily than a College of Physicians license. Not solid gold to be sure, but it looks quite as well, and will last until its nature is discovered.

Vaginal Hæmorrhage during Parturition.

In the current number of the *Obstetrical Journal*, Dr. Paul Budin has, through the Obstetrical Society of London, drawn attention to the fact that profuse, and even fatal, hæmorrhage may take place from the vagina after parturition, and that it may be mistaken for post-partum hæmorrhage. He had seen an artery in the perinæum spurting freely twelve hours after delivery. Lesions about the clitoris were another cause, but easy to detect. But distended veins in the vaginal wall might also burst, and this was less easy to diagnose. A case was mentioned in which a flow of vivid blood was due to a laceration in the right lateral region of the clitoris. Another case was mentioned, arising from ruptured varicose veins at both sides of the vagina. One of the members, Dr. Edis, also mentioned an instructive case which occurred in the Middlesex Hospital, in which, eight hours after delivery, flooding still continued. The patient was blanched, and the Obstetric Resident was at a loss what to do. A rent, an inch in length, was found under the clitoris, and an artery spurting. Torsion of the bleeding vessels not being practicable, the parts were plugged with perchloride of iron, with pressure.

No more Beer for Paupers.

The Medway Board of Guardians in England, enjoy the distinction of having been the first to lay the axe to the Upas trees of paupers' beer. They have ordered its total discontinuance in the case of the able-bodied, and have laid on tea as a substitute, a change in which we expect, the able-bodied will not concur.

By the will of Mrs. Julia Ann Dobie, late of No. 7 Houghton Place, Ampthill Square, who died Sept. 14, the following charities receive £300 each:—The Hospital for the Paralysed and Epileptic, Bloomsbury; the Royal Asylum of St. Anne's Society, Streatham; the Victoria Hospital for Children, Chelsea; the Royal Free Hospital, Gray's Inn Lane; University College Hospital, Gower Street; and the Seaside Convalescent Hospital.

The mortality last week was at the rate of 26 per 1,000 of the population in London, 27 in Edinburgh and Glasgow, and 28 in Dublin. Birmingham and Manchester showed the highest rate with 32 and 33 respectively, whilst Portsmouth was in the most favoured position of all the large towns in the United Kingdom, giving a death-rate of only 18 per 1,000 of the population.

We are pleased to observe that the registered mortality of Dublin has dropped down, for the week ending December 22, to 27·6 per 1,000 of the population—a fall of 10·0 per 1,000 below its highest point. The improvement is too sudden, we fear, to be permanent, but still the rate is higher than that of many of the large English towns. The deaths from zymotics have risen during the week from 30·4 to 37 per cent. of all the deaths, 4 of them being from small-pox.

There were 31 deaths from small-pox last week in London. None were reported from any other part of the kingdom. The deaths from the seven principal zymotic diseases in London last week were 301, being 27 above the corrected average, chiefly due to the prevalence of whooping-cough.

Dr. R. T. Harvey, Assistant-Physician to the House of Industry Hospitals, and Lecturer on Anatomy and Physiology in the Carmichael School of Medicine, has been appointed Pathologist to the Coombe Lying-in Hospital.

Dr. M'Gregor Croft, late staff-surgeon H. M. Army, has been chosen as Guardian Inspector of Hanwell, Colney Hatch, and Banstead Lunatic Asylums; also of the Asylums for Imbeciles at Leavesden, Caterham and Clapton.

THE MANCHESTER WATER-WORKS SCHEME.—THE DUTY OF MEDICAL MEN IN RESPECT TO IT.

The Lake district is, and should be, a source of pride to every Englishman. Switzerland, Ireland, Scotland, and other countries can boast of lake and mountain scenery, excellent of their kind, varying in degree of beauty and grandeur. Without invidious comparison or detracting from their merits, we may claim for the English lakes a strong individuality. Nature has, within a small extent of country, lavishly and profusely exercised her powers, and condensed into a compass—almost miniature—all those charms which delight lovers of the beautiful and sublime, affording subjects for the pencil of the artist and the pen of the poet.

The lake district is the national property of the people of England. It is the bounteous gift of Providence to them, all the more valuable in the present day for its rarity and its unique features. We know the value set on parks when in the neighbourhood of large towns. They are places for recreation, where our working classes can secure diversity of occupation, and pleasure, from the artificial imitation of nature's handiwork, in the terraces, vistas, arrangements of flowers, shrubs and trees, artificial lakes, and those other surprises which the landscape gardener so well contrives. But a still greater value should be set upon a succession of parks, fresh from Nature's hand, not the property of one town, but where every man can resort for change of scene, for the invigoration, in pure air, of his overtasked energies; where the hardy son of toil and the fortunate possessor of wealth can extract equal pleasure, equal enjoyment, equal benefit from the contemplation of scenery unrivalled in its class.

Independent of its physical and natural charms, the lake poets have filled the atmosphere of the locality with their influence, and the associations in connection with the district are rich in historic interest, so that every lover of Nature and every admirer of the school of Wordsworth must have a reverence for this garden of England. We hardly believe we have yet arrived at such a state of progress, that we can only regard as the greatest good, multiplied or quadrupled numbers of mill chimneys, multiplied factory operatives, multiplied misery, disease, and death for the dwellers in monster cities, and multiplied wealth in the hands of a few. The greatest happiness of the smallest number is not yet the guiding principle; the heart of the whole nation has not become so concentrated upon wealth and money, that everything has to be utilised for the benefit of the enterprising speculator and trader. There yet exists a love of nature and sentiment, without which life would hardly be worth living for, and this love of Nature is not alone confined to the educated or upper classes, but permeates through all ranks of society. Of this we have convincing proof, when we see the avidity and eagerness with which the Londoner, after his week's work, repairs to our public parks and suburbs; in the number of naturalists, geologists, and botanists, we know exist in all large towns, and in every part of England medical men must have noticed the pure, genuine love of the country, possessed by nearly all Englishmen.

Though we knew the spirit of the age was inclined to utilitarianism, yet we never deemed it possible that a scheme would be introduced to destroy the beauty of the fairest portion of England. This scheme is all the more monstrous as it is not a national one. It is a selfish, sordid, local speculation, and we feel sure, when the people are fully informed of its character and consequences, they will resist to the utmost of their power such an invasion and usurpation of their rights.

Manchester has decided to apply to Parliament in the session of 1878 for power to convert one of the most beautiful of our English lakes into a reservoir, so that the corporation may sell the water to neighbouring towns, and thus realise a handsome profit, to the relief of their local taxation. If Manchester required *water for health purposes* no objection could be raised, as the wants of man stand paramount to all other considerations, but such is not the case; there is an ample supply for health purposes, and this attempt to secure for a particular locality and for a small portion of the community, benefits, at the expense of the interests of the whole country, should be resisted, as a matter of principle and duty.

We have looked at the question from its sanitary side, as it affects the toiling millions of our great cities, for whom we must preserve some part of England, where they can escape from man's work, and from the incessant din, and turmoil, and polluted atmospheres of our large towns and cities. Pure water is, we know, an essential, but Manchester is not suffering from a dearth of water, nor is there any danger in the future of such a calamity. She has other sources of supply, as our contemporary, the *British Architect and Northern Engineer* points out, as accessible, more abundant, preferred by its engineer, with water as pure, pressure as great, or greater, in every way as suitable, and which Manchester can obtain by improv-

ing the country or district where it may be had. Pure air, delightful scenery, the preservation of one district in its primitive state of nature, are as necessary for the preservation of health as water supply, and when we put in the balance the Imperial interests of the whole country on its sanitary side, with the local and commercial interests of one town, there can be no question which should be preferred. We are convinced Manchester has not shown a case, and we must ask the profession to support the Thirlmere Defence Association, which numbers on its committee such men as Thomas Carlyle, Professors Seeley, Adams, Clark, Ruskin, and Knight, the Right Rev. the Lord Bishop of Carlisle, the Earls of Bradford and Bective, and other names well known, high in the social, as well as in the scientific and literary worlds. The committee have published full particulars of their claims to a hearing, and we can heartily lend them our support, and agree with their very moderate request. The Secretary to the committee, Mr. Robert Somervell, Hazelthwaite, Windermere, will furnish statistics and public proofs of the unjust and injurious nature of the proposed undertaking, which, if carried out, will be nothing less than a national blot upon England's beauty. He will also supply petition-sheets for those anxious to assist, by obtaining signatures for presentation to Parliament, and last, though not least, he will be glad to acknowledge the receipt of any sums towards the heavy expenses necessary for exposing the Manchester scheme. It is a question between the monied interest,—between speculators and the overworked classes, who love, not only the Beautiful and the True, but who value health and health-resorts.

Correspondence.

RESULTS OF THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last week's number I observe two more letters, one from Dr. Birkbeck Nevins, of Liverpool, and one from Mr. Caruthers, of Kegworth, criticising my remarks on the operation of the Contagious Diseases Acts, to which I must ask you to allow me an opportunity to reply.

Dr. Nevins objects to my statement that primary venereal sores have been reduced by more than one-half in the protected stations in the army, and that this is to be attributed entirely to the Acts. He says, "the army report for 1873 shows that they fell from 140 to 107 before there were any Acts whatever, and that during the years the Acts have been in the most complete operation, primary sores have only fallen at the protected stations at the rate of 6 per cent. yearly, instead of 9 per cent. yearly, which was the rate when there were no Acts." I have not verified these percentages, but admitting them to be correct, I deny that they have any real relevancy. What is the value as against the Acts, and where is the fairness, of a statement that the reduction per cent. per annum was not maintained at the protected stations at precisely the same rate as was observed for all the stations during the four years before the Acts, when no mention whatever is made of the fact that at the unprotected stations not only was this percentage of reduction not maintained, but a considerable percentage of increase took its place? It is only an ingenious mode of avoiding the main issue, which is whether there has been any marked diminution of disease at the protected stations when compared *for like periods* with the unprotected.

The argument that disease was steadily diminishing from independent causes has long been a favourite one with the opponents of the Acts, and this is not the first time it has been advanced by Dr. Nevins. Its fallacy was fully demonstrated in 1874, by Dr. Parkes, (*a*) who clearly pointed out its real cause, as shown by the yearly Army Medical Reports. In 1860 the number of troops in the United Kingdom was 83,386, and this was reduced between 1860 and 1866 to 59,758. During this time recruiting was almost in abeyance, bad characters were got rid of as far as possible, and the steadier men retained. Coincidently, the ratio of primary sores fell from 130 to 78 per 1,000. In 1866 the numbers were again increased, recruiting became active, and the force was gradually raised from 55,758 in 1866 to 85,722 in 1872. There was, therefore, as might have been expected, a considerable increase of disease in 1867 and 1868, which was not counteracted by the Act of 1866, for it had not yet been brought into efficient working order. But this increase was not maintained; on the contrary, by 1872 the ratio per 1,000 *for the whole force* was reduced to 68·9. Now if this reduction were due to any cause other than the Acts, it should have been tolerably uniform at all the stations, whether under the Acts or not. It is important, therefore, to note the contrast. Comparing the 14 stations under the Acts with 14 stations not under the Acts at which the force was 500 men and upwards, the result was a fall at the protected stations from 87 per 1,000 in 1866 to an average of 52 per 1,000 for the 4 years 1870-73; while there was a rise at the unprotected stations from 79 per 1,000 in 1866 to 108 per 1,000 for the same 4 years. (*a*) Therefore the decrease on the whole force was entirely owing to the decrease at the protected, and in spite of the increase at the unprotected stations. The theory that the reduction was due to independent causes is therefore absolutely untenable.

Since 1873 there has been a great reduction at both sets of stations, owing, probably, to concealment of disease arising from an order stopping the men's pay while in hospital for these complaints. But the relative proportion is the same, the rates for 1876 being 33 per 1,000 at the protected, and 82 at the unprotected stations.

It is only by comparing large numbers and by taking the average of several years, so as to counteract casual fluctuations, that any reliable data can be obtained. In the face of the contrast which I have pointed out, it is idle for Dr. Nevins to publish the long statistical table which forms part of his letter, to show the separate ratios at 28 stations, 14 of which were under and 14 not under the Acts, and to suppose that he proves anything by pointing out that the two highest and two lowest ratios were at stations not under the Acts, and that there is a wide difference in both classes between the ratios at the different stations. Tables comparing one station with another, irrespective of size and other attendant circumstances, look imposing on paper, and are admirably adapted to throw dust in the eyes of careless or unreflecting readers, but when examined into they are obviously fallacious, and in no way invalidate the aggregate result.

With reference to the navy, Dr. Nevins comments on the Parliamentary return moved for by Sir Harcourt Johnstone in July 1877, and recently published. This return shows the number of cases of venereal diseases in ships stationed at 5 ports under the Acts, and of ships stationed at 5 ports not under the Acts, from 1860 to 1875, with the ratios per 1,000, &c.

From this return Dr. Nevins has "compiled" two statistical tables comparing the ratios of disease in different ships at different stations, or of one ship before the Acts with another ship after the Acts, but without noticing their complement of men or anything else connected with them; and he thinks he advances his case by showing that the ratios "vary from nothing per 1,000 to several hundreds, whether the ships were under the Acts or not."

It is unnecessary to examine these tables in detail; whether correctly calculated or not, they are in their essence fallacious, and nothing relevant can possibly be proved from them either one way or another.

The real point of issue rests upon a comparison of the aggregate results obtained at the two groups of stations. This is made perfectly clear in the return, and the only effect of these tables is to mystify the question by enveloping it in a dense cloud of figures.

Dr. Nevins says, with reference to the general results, "the navy report shows that in the five ports under the Acts venereal diseases fell from 101·53 to 77 per 1,000 *before* the Acts, and have risen from 77 to 106·66 per 1,000 since they have been in force."

This is only so far true that by adding syphilis and gonorrhœa together, the result for the years 1860-63, *before* the Acts, is a ratio of 101·53, and for the years 1871-75, *under* the Acts, it is 106·65; but the return does not show that it ever fell before the Acts to 77. It states that the

(*a*) See *British Med. Journal*, Dec. 19, 1874.

(*a*) See "Parliamentary Return," 1875, No. 265.

rate for 1864-5, under the Act of 1864, was 101·49, and that for the years 1866-70 it was 75·42.

What, then, is the real meaning of the aggregate increase of 5·12 per 1,000 between the first and last period? Dr. Nevins only arrives at it by adding syphilis and gonorrhœa together, although they are carefully separated in the return. It was necessary for him to do this, in order to avail himself of the great increase in the number of gonorrhœal cases latterly recorded—an increase from 26·51 to 63·08, while he suppresses altogether the explanation of this *apparent* increase, which is given by the Director-General, Sir Alexander Armstong, on the very same page of the return from which Dr. Nevins takes his figures, and which is as follows :—

"Previous to the passing of the Contagious Diseases Acts it was not the practice of the navy to place cases of gonorrhœa upon the sick list; thus, the majority of the cases were not recorded. Since the passing of the Acts the attention of the medical officers has been more closely directed to venereal diseases, and a large number of cases of gonorrhœa have been brought under their notice which would otherwise not have been seen. The apparent increase of gonorrhœa, which, it may be remarked, has taken place at all the stations, whether under the Acts or not, may be attributed to the greater number of cases recorded, rather than to any real increase of disease." (See p. 15).

I never expected any very marked diminution in the frequency of gonorrhœa; though I am pleased to see that the recent army returns show a very considerable improvement, and no reasonable person will believe that the great increase of that disease which has been *recorded* in the navy can have been *caused* by the careful seclusion in hospital of all prostitutes found to be suffering from purulent vaginal discharge.

But though availing himself fully of the increase of gonorrhœa, Dr. Nevins does not think it necessary to take any notice of the great diminution of syphilis shown in the return. It would not suit his argument to do so. This is, nevertheless, by far the most important part of the question, and the figures relating to it must have been staring him in the face at the time he wrote. I will, therefore, supply the omission by briefly pointing out the leading facts.

In the years 1860-63, before any Acts were passed, the ratio of syphilis was 75 per 1,000 (omitting decimals) at the five ports since placed under the Acts, and 70 per 1,000 at the five ports not placed under the Acts.

In the years 1871-75, with the Acts in full operation, the ratio was 43 per 1,000 at the protected, and 96 per 1,000 at the unprotected ports. There was, therefore, a fall of 32 per 1,000 at the protected, coincident with a rise of 26 per 1,000 at the unprotected; so that latterly the amount of syphilis at the former has been considerably less than half of that recorded at the latter. Surely, it is futile to argue that the Acts have nothing to do with the production of this very striking result.

If any of your readers will take the trouble to compare the plain and intelligible statements in the Parliamentary return with the complicated jumble of figures "compiled" out of them and published in your journal of last week, they will be enabled to form their own opinion of the candour and fairness with which the question of the Contagious Diseases Acts is treated by Dr. Birkbeck Nevins.

Your other correspondent, Mr. Caruthers, tells us that he has been studying the Contagious Diseases Acts under the auspices of Dr. Bell Taylor, of Nottingham, who is one of the most inveterate opponents of these Acts. It is not surprising, therefore, that his views should be somewhat one-sided in character.

I am not concerned with his vulgar abuse of those whom, on mere hearsay, he chooses to call "the low vulgar executives who are engaged in carrying out these obscene laws in our garrison towns." It is in the style which the agitation against the Acts has made familiar. There is, however, one point in his letter which I shall be glad, if you will allow me, to notice. Mr. Caruthers quotes the evidence given by me twelve years ago before the Admiralty Venereal Commission, when I said "the best way of diminishing disease would be to establish lock hospitals; much more good would be done by lock hospitals than by police regulations—voluntary hospitals would reach all who disseminate disease, whereas, the police would reach very few." I must have seen this answer of mine in print at least a dozen times in publications issued by the opponents of the Acts, but they have never, so far as I know, done me the honour to quote any of the evidence which Igave before the Royal Commission in 1873.

In 1865 I had had no experience of what might be done by proper regulations, and I did not then anticipate that a well considered measure, like the Act of 1866, was at all likely to be introduced. All I then knew was derived from a few months' experience of the Act of 1864, under which patients were received in the London Lock Hospital, and I had good reason to believe that very few of those who were actively disseminating disease would be reached by it, for the majority admitted were broken-down prostitutes with inveterate venereal disease, who must otherwise have become inmates of a workhouse infirmary.

Since then I have had a large experience of the Acts of 1866 and 1869, under which all known prostitutes are periodically examined, and *all* who are diseased are effectually reached. I could not have believed, had I not witnessed it, how great a change can be brought about in the condition of women of this class under the influence of regular inspection and early treatment. In the Government wards of the Lock Hospital, phagedæna is almost unknown, suppurating buboes are rare, primary sores are, for the most part, mild, and even secondary affections have shared in this general change for the better. In all these respects the contrast between the patients under the Acts and those in the voluntary wards is most striking.

From what I have thus seen I have come to the conclusion that voluntary lock hospitals will always have the radical defect that women of the prostitute class will not apply for admission until the aggravation of their disease compels them to do so; in its early stage they will widely propagate contagion. Besides this, a large proportion will insist on leaving hospital before their cure is complete. For these reasons the voluntary system can never be effectual in mitigating the prevalence of venereal disease, the women will not come in soon enough, and will not stay in long enough. These defects are avoided under a system, such as that of the Contagious Diseases Acts, the essence of which is periodical examination, early treatment, and compulsory detention; and it would be a great sanitary advantage if it could be applied to all large centres of population. It is required for the protection of the public, which numbers so many innnocent victims, while it would at the same time protect the women from themselves, and save them from all the lamentable consequences of neglect.

Your obedient servant,

Dec., 1877. JAMES R. LANE.

[Pressure upon our space will not allow us to continue this discussion.—ED.]

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.—In our present Number we have given eight pages extra, so that the half-yearly Index may not take from the ordinary number of pages of matter. Correspondents who do not find their communications inserted or referred to will please attribute the omissions to want of space. We have at least a hundred columns of matter waiting insertion, and if our friends will kindly bear our difficulties in mind, they will, we are sure, confine their communications to the shortest space consistent with perspicuity. A little forbearance also on the part of those who have complained of the delay in the insertion of their papers will greatly assist us.

AN IMPOSTURE.—We desire to caution our readers against a firm of advertisers, styled Bentley, Kemp, & Co., of 325 Broad Street, Birmingham, whose announcement appeared in our last number, also in other medical and lay journals. Upon receiving the said advertisement in the ordinary way, our Publisher had no suspicion that it was not of a perfectly *bonâ fide* character, especially as the advertisement has already appeared in the *Lancet*. Having since ascertained that Bentley, Kemp, & Co. are swindlers, and that one of them is already under arrest, and his confederates subject to the careful attentions of the police, he is anxious that our readers should be put on their guard against sending money to the said firm, and desires at the same time to express his regret if the appearance of the advertisement in our columns has caused any one the annoyance of finding himself the victim of misplaced confidence.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.—This (Wednesday) evening, at 8 o'clock, Communications by Dr. Walter Smith, "On Facial Paralysis, with remarks on the Action of Induced Currents and Interrupted Voltaic Currents;" Dr. J. W. Moore, "A Fatal Case of Typhus with Hyperpyrexia;" Dr. Grimshaw, "On the Distribution of Cholera in Dublin in 1866, and its Relation to the Geological Formation of the Dublin District."

HARVEIAN SOCIETY.—On Thursday next, at 8 p.m., Annual General Meeting.—9 p.m. Conversazione.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 9, 1878.

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 2.)

Case VII.—*Syphiloma involving the Cortex of the Superior and Middle Frontal Convolutions of the Left Hemisphere—Alternate Pseudo-hemiplegia, first of Left and then of Right side (cross Paralysis, but not due to Disease of the Crura or Pons Varolii)—Hallucinations, &c.—Dementia.*

This case has some important points about it, and is well worth recording. It shows clearly the migratory and stealthy action of syphilitic changes, subtle in their development, and erratic in their mode of procedure. It was evident that a growth existed, or that pressure was exercised in the *left* cerebral hemisphere, yet it was followed by a *left* hemiplegia. This would accord very nearly with Dr. Brown-Séquard's recently attempted demonstrations, and I must say that in this case, although absolutely in opposition to my usual experience, I am inclined to the belief that this patient had a paralysis on the same side of the body as the brain lesion, and which was due to it, and I regret that my practice in cerebral physiology and pathology has not been so extensive as to allow me to clear up the following question with anything like definition; namely: Has the periphery of the cortex, which covers certain convolutions conducting fibres which do not enter into the decussation at the anterior pyramids, but travel along independently of them, and by an ndirect channel. I have for a long time, from clinical experience alone, entertained such a view, but I have great pleasure in stating here that both my knowledge and belief are in direct contradiction to those who maintain that a complete paralysis of one half of the body can result from a gross lesion (hæmorrhage, for example,) of the centrum ovale or of the mass of a convolution of the motor centres or tracts in the brain of the same side of the body. Yet I shall detail a few cases where there has been slight peripheral cortical compression (not irritation), which has given rise to an ill-defined paralysis of the extremities on the same side.

M. W., æt. 60, admitted Nov. 10th, and died in the month of May following. A strongly-built woman. She admitted that when between forty and fifty she contracted the disease, and that she suffered from sore throat, but quite recovered, and had good health until a month previous to her coming under my care. About this time she wanted proper food, became much reduced in health, and had an attack of what she termed erysipelas, which was soon succeeded by violent neuralgic pains over the *left* half of scalp, face, neck, and upper extremity (nothing relieved these pains like a hot solution of chloral). The whole of the *left* half of the forehead was considerably enlarged, extremely painful and boggy, which was attributed to inflammation of the periosteum and the bone. There was no objective paralysis, excepting that the *left* arm felt heavy and was not so responsive to voluntary movements as the *right*.

The countenance was dull, heavy, and dejected, her memory failed as well as reasoning power, and she talked of doing the most improbable things. It was two months after she came under my care that the paralysis became evident, yet a weakness of the left limbs had been gradually coming on. When she was getting out of bed on Feb. 4th, 1875, she found that she was unable to use either the *left* leg or *left* arm, but power to move them was by no means absolutely lost, and sensation was little affected. It is interesting to note that from this time the acute pain in the head gradually became of a dull aching character, and then permanently ceased. When spoken to about herself, she complained of having an empty space in the left side.

On April 10th, it was noted that there was marked right facial and general paralysis of the *right* half of the body. The paralysis of the *left* side had now passed off,

leaving an intense hyperalgia. Urine was acid, gravity 1012, no albumen.

On April 30th she was much weaker in every way, although she possessed voluntary power over all the limbs. The speech was unaffected, no control over sphincter. The temperature of the two sides of the body is now about equal, but the *left* at one time exceeded the *right* by more than two degrees. There were neither convulsive movements, tremors, or contractions from first to last. She died from exhaustive diarrhœa.

Post-mortem Examination.—Upon removing the scalp, the frontal bone was found to be devoid of periosteum and carious. The same condition was observed of the internal table.

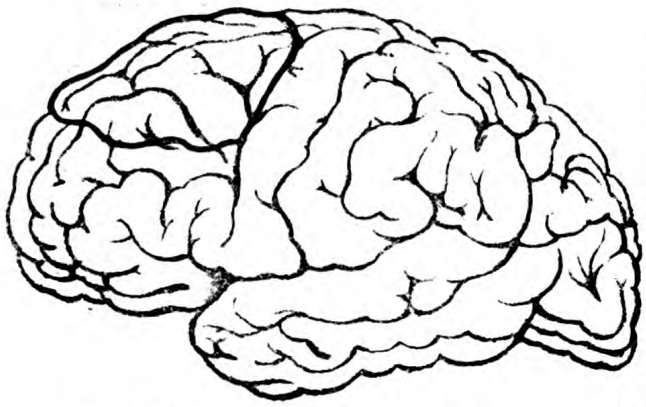

FIG. 2.—Showing outline of growth of convolutions of left anterior lobe.

The dura mater was adherent to the skull over the *left* anterior lobe, where it presented a yellowish appearance and was much thickened. It was also firmly adherent to the first and second frontal convolutions of the *left* side (as shown in fig. 2). Upon making a section through the grey matter of these convolutions, it was seen to be almost entirely replaced by the growth which had evidently taken its origin in the endosteal layer of the cranium, the surrounding substance was purplish in colour, and softening, although not advanced, had commenced.

There was general opacity of the arachnoid over the hemisphere, with a considerable amount of fluid, and the vessels at the base were atheromatous. The brain substance otherwise was quite normal in appearance.

The capsule of the liver towards the free border of the lobes was thickened and opaque. There was evident sclerosis of the visceral parenchyma.

If clinical and pathological deduction in reference to the motor and physiological functions of the brain are of the value which I have always supposed them to be, this case must stand prominently forward as an example, and also as a proof of the value of experimental research, because we have here a slowly growing tumour gradually giving rise to an objective paralysis according to the brain substance invaded.

We know that the anterior lobes as well as the anterior portion of the frontal convolution are without the domain of the recognised motor area, but within that of intelligence. The growth took a course upwards and backwards, involving the anterior part of the anterior central convolution, and to it succeeded the *right* hemiplegia, but no aphasia. And for what reason? Because the third inferior frontal convolution was in no way implicated. To say the least, this isnegative evidence in favour of M. Broca's well-ascertained facts, that the speech centre is in the third *left* frontal convolution.

CASE 8.—*Progressive Right Hemiplegia—Right Facial Palsy—Very sensible Atrophy of the Muscles of the Upper Extremity and Thorax, with Muscular Fibrillations on the Right Side—Hemikinesis with marked Muscular Hypertrophy of the Muscles of the Extremities and the trunk of the Left Side.—Atrophy of the Muscles of the left half of Tongue, the Pillar of the Fauces, and Vocal Muscles of this, the Left Side.*

J. C., æt. 29, by occupation a lawyer's clerk. His health was excellent until about five years before he came under my care. There was no history of either paralysis or fits in the family. At the age of 24 he not only contracted syphilis, but became gay and dissolute in his habits; and four years after he experienced a want of normal power over the right arm, which increased gradually, so that this extremity was almost powerless before the right leg became affected, six months after.

When I first saw him the following notes were made. Is lying upon his back, quite helpless and unable to perform one single movement co-ordinately; his reason is only to a slight extent impaired, but it cannot be defined with anything like precision.

Beginning with the cranial nerves, we find: 1. The sense of smell to be normal. 2. Sight good, no diplopia, ophthalmoscope shows an atrophic change around the margin of left disc. 3. Ptosis of left and right eye-lid, very marked of the former, but slight of the latter, and a similar state exists in reference to a divergent squint. The muscles of the left eye were generally less co-ordinate than those of the right, the left pupil being more contracted. 4, 5. The motor branch of the fifth nerve is only slightly involved, neither is sensation to any great extent. 6, 7. There is marked palsy of *right* facial muscles, rather more pronounced than that usually attendant upon convolutional disease of the opposite hemisphere. The auditory nerve is affected on the *left* side, where, be it remembered, the third nerve is chiefly involved, and not at all on the *right*, where the facial palsy exists. 8. The glosso-pharyngeal nerve is decidedly involved upon the *left* side. But the fauces generally are devoid of common sensation and reflex excito-motion. The left palato-glossus and palato-pharyngeus act very imperfectly, and form a kind of curtain on this side. The *left* vocal cord does not act so freely as the *right*. Respiration and deglutition are affected. At times the breathing becomes hurried and almost panting, and the act of swallowing is considerably interfered with from involvement of the pharyngeal plexus. 9. It is somewhat interesting to note how far the hypo-glossal nerve is affected; I mean whether it is indirectly or partially involved at its centre of origin. The tongue is protruded and pushed well over to the *right* side, but its *left* half has undergone considerable *atrophy*. This is in striking contrast with the muscles of the *left* half of the body, which we have noted to be considerably hypertrophied. The speech is drawling and jactatory. There is no aphasia. Of the *right* extremities, the arm is completely powerless, he cannot even move the fingers but sensation is only slightly affected. Electro-muscular contractility is increased. The muscles of the trunk on this side are in like manner atrophied, both those of the thorax and the abdomen. The *right* leg is in the same state of paralysis as the arm, but the former is rigidly extended, while the latter is flexed and the fingers well contracted into the palm. Electro-muscular contractility normal. The *left* half of the trunk and *left* extremities present a marked contrast to the *right;* for instead of the shrunken, passive, immovable limbs, they are seen to be greatly increased in size, the muscles standing out in bold relief, and far beyond their normal development; they are in a state of continuous passive movement, which simulates that of chorea more than the spasmodic jerkings as described by Saltorini, or those which have been noticed by some other observers under the name of athetosis. Rest of posture does not alter them, but they cease during sleep. Now and again he has controlling, but not co-ordinating, power over them, and like other inco-ordinate muscular spasms, they are always increased when ideation is brought to bear upon voluntary motor acts; even the effort to speak increases their force considerably. It is interesting to compare also the intrinsic muscular fibrillations of the *right* half of the body with the gliding snake-like muscular

movements of the *left* half of the body, each condition having its physiological and pathological significance. He often complains of severe nocturnal pain over the *left* brow, as well as in the tempero-sphenoidal regions.

From these signs it was inferred that he was suffering from a cerebral growth, which, from the history, was considered to be of a syphilitic character, and that in all probability it existed in the left half of the pons varolli, and left half of the fourth ventricle involving by degenerative change the optic and striate bodies, internal capsule, and *right* half of the pons and crus.

Antisyphilitic remedies were tried for nearly six months, and with some good result; he regained some power in the *right* leg, and the movements of the *left* arm decreased, so that he could carry a cup to his mouth, and sensation became normal all over the body.

Beyond this, however, he never got better, and on the day of his death the following note was made:—

Has been gradually losing power for the past six months, but for the past fortnight he has become so weak that the voice was scarcely audible, and swallowing extremely difficult. Sphincters incompetent, bed sores upon buttocks, no convulsions, no loss of consciousness until within an hour of his death. For some time he has suffered from attacks of prostration, difficult breathing, partially stertorous, with profuse sweating and flushing upon the *right* half of the forehead and face, divergent squint and complete ptosis of the left eye. In all other respects his physical condition, up to the time of his death, corresponded to the notes previously made.

The inability to obtain a *post-mortem* examination in this case is greatly to be deplored, as in its clinical and other aspects it presented a series of phenomena of unusual interest and scientific and pathological importance.

Hornsey Lane, N.

(To be continued.)

TRACHEOTOMY IN DIPHTHERIA. (*a*)

By W. H. QUILL, M.D.,
Surgeon, A. M. D.

My reason for drawing attention to this debateable subject is, the strong conviction I have of its *importance*, combined with the pleasing fact of my being able to detail a successful case, the happy result of which will, I trust, help in strengthening the opinion of those who advocate the justifiableness of the operation in the disease in question upon the advent of the symptoms of threatened asphyxia.

It will readily be granted me that the subject is one of no mean importance, involving, as it obviously does, an attempt to elucidate the best means of snatching from the jaws of a most painful death a human life; consequently, I feel it to be incumbent upon all who have the power, to help in throwing light upon the question, so that we may, on the one hand, not unnecessarily betake ourselves to a serious operation; *nor*, on the other hand, allow an ill-founded diffidence as to the benefit likely to be derived from the operation, to deter us from operating once we are satisfied of the evident failure of medicinal measures in checking the fatal progress of the disease.

Without further preamble, I will now detail the following case in point, and afterwards will append to it such general observations as may appear to me requisite and instructive.

On the 12th June, 1876, while in medical charge of the 17th Lancers, I was asked by one of the officers of that regiment to see his child (a boy aged 5½ years), who was supposed to have a *sore throat*.

At my visit, I found the child to be suffering from what was, to all appearances, a severe attack of *Tonsillitis*. Both tonsils were much enlarged, almost meeting in the middle line; at this period of the case there was not the slightest appearance of false membrane, nor was respiration interfered with in any way, and in point of fact, the child felt so well that his parents found it a difficult matter to keep him within doors, more especially as he was by nature headstrong and obstinate.

My recommendations were that the boy should be at once put to bed and kept there; that hot linseed meal poultices should be kept constantly applied round his throat; and in addition prescribed a few grains of calomel and James's powders, to act on his bowels and skin; diet to consist of liquid nourishment, such as milk, chicken-broth, beef-tea, &c.

Before going further in the case, I should like here to interpolate that I had no grounds for supposing that my case would possibly turn out something more serious than the trifling tonsillar affection; there were at the time no cases of diphtheria or other throat affection in barracks, nor *had* there been any, so far as I knew.

Apologising for this digression, which, however, I think was necessary, I will now proceed with my notes of the case:—

On the 13th inst (*i.e.*, the next day), there was no appreciable change for better or worse in the progress of the case; but on the following day, the 14th inst, there was, for the first time, *slight dyspnœa*. On examination of the throat, I found nothing to account for this symptom, except the excessive tumefaction of the tonsils, which now so completely blocked up the faucial passage that it was impossible to see the condition of the pharynx. There was no cough, and the nourishment ordered was taken without much difficulty.

June 15th.—The dyspnœa was found to be much increased this morning; the respiration being in fact *stridulous*, leaving no doubt in my mind of the inflammation having extended to the larynx.

Examination of the throat (which was effected with great difficulty) revealed that the still tumid tonsils were now spotted here and there with whitish patches. I lost no time in seeing my friend Surgeon-Major Johnston in consultation, who agreed with me as to the serious nature of the case, and in the necessity that existed for the employment of more active treatment than had hitherto been adopted, owing to the case having been apparently "tonsillitis," an affection requiring time and nursing more than medicine for its removal.

The treatment decided on was, the constant inhalation of steam, by means of a special apparatus; the alternation of hot stupes and hot linseed meal poultices to the throat; the application to the tonsils and larynx of a very strong solution of nitrate of silver; and, looking to the lusty, plethoric child we had to deal with, we thought it judicious to prescribe the administration of ¼ of a grain of tartar emetic every third hour, until nausea was produced.

We also recommended that the child should be placed in a *hot bath*, whenever a dyspnœic paroxysm of more than ordinary severity occurred.

16th.—The treatment employed failed to exercise any check on the progress of the disease, the child being, on the contrary, considerably *worse;* (*a*) for now the face was somewhat congested; (*b*) the air was drawn into the lungs with an intensely stridulous sound; and (*c*) the paroxysms of dyspnœa were steadily increasing in length and severity.

Under these circumstances, we had the advantage of bringing to our councils Dr. Banks; and careful consideration unanimously decided—the child's parents not objecting—on the necessity that existed for the immediate performance of tracheotomy.

No time was lost in proceeding to operate, but before any step in the matter could be taken, a fearful paroxysm of dyspnœa came on, during which the face and lips became completely livid, the eyes protruded, respiration ceased, the child became insensible, and was, apparently, dead. At this anxious movement, Dr. Johnston (with the assistance of Dr. Banks and myself), opened the

(*a*) Paper read before the Surgical Society of Ireland, Dec. 7th, 1877. The discussion will be found on page 27.

trachea (the child being quite unconscious to the proceeding); immediately out rushed with great violence the pent up air, bearing with it a quantity of bloody mucus, and several unmistakable pieces of diphtheritic false membrane.

The change which now took place in the child's appearance was something marvellous; the livid purplish aspect of the face gave place, like magic, to the hue of returning life; with a long-drawn inspiration the child opened his eyes (which we all had feared were closed for ever), and gazed wildly about him, trying apparently to comprehend what had happened.

Without loss of time, the operation was completed by Obré's double tracheotomy tube being introduced into the trachea, and securely tied in there by tapes passing round the neck.

The child now breathed freely through the tube, and on being put to bed, almost immediately fell into a calm sleep.

18th.—Until the 18th of June, *i.e.*, the second day after the operation, the progress of the case was in every respect most satisfactory. On that day, however, an alarming paroxysm of dyspnœa *suddenly* supervened, the child, in the space of a few seconds, becoming almost moribund. Dr. Johnston, most fortunately, happened to be present, and succeeded after a few anxious moments in freeing (by means of the feather end of a long quill pen), the obstructed tube; a violent expiration followed this manœuvre, during which "a perfect cast, in false membrane, of the lower portion of the trachea and upper portion of right bronchus was forcibly expelled," immediately upon which the dyspnœtic paroxysm ceased.

This cast of false membrane measured some four inches in length, but, I regret to say, it was not preserved. It was a most faithful model of the lower portion of the trachea and adjoining portion of right bronchus, and would, I think, convince the most sceptical of the diphtheritic nature of our patient's disease.

I will not, sir, take up your time by detailing the subsequent daily progress of the case, inasmuch as it was, so far as could be expected, in all respects satisfactory.

Nor will I relate in *extenso* the treatment carried out after the operation; it would be tedious my doing so; consequently, I will only say that the most assiduous care on our part was bestowed on it, *especially* in the matter of not admitting to the lungs any air before it was duly warmed, and the constant keeping of the tube sweet and clear.

The tube was removed on the evening of the 5th day after the operation, but had to be re-introduced on the following day, owing to a slight return of dyspnœa.

Having to accompany the 17th Lancers to England on the 23rd inst., Dr. Johnston kindly took charge of the case during my absence, and I am indebted to him for the notes of the further progress of the case to a happy termination.

25th.—On the 25th inst., difficulty of swallowing gradually came on, and increased to such a degree that the child had for several days to be nourished entirely by nutrient enemata.

28th.—The tube was finally removed to-day, without the respiration being in the least interfered with.

My note on the 10th July is:—

"The dysphagia has entirely ceased; the tracheal aperture has almost completely closed, articulation is rapidly become quite distinct, and the child's general health is excellent."

22nd.—On the 22nd July, the boy accompanied his parents to England quite convalescent, and is (so far as I know) at the present time perfectly well.

In recording the case just read, I must confess to a feeling of intense satisfaction at its happy result.

The facts of the case, accepted with all proper reserve, possess in my judgment a practical value which deserves to be earnestly enforced, inasmuch as they ought to help in dispelling the idea, far too prevalent I fear among our profession, "that tracheotomy must be looked upon as simply *palliative*, when false membranes have extended into the trachea."

Objections to the Operation.

On this point, I will with your permission, read the following extract from one of our most valued text books.

The author, while enumerating various objections to the operation of tracheotomy in diphtheria, says:—

"If the false membranes have extended *below* our incision, the operation being purely mechanical, can afford no relief, but may seriously add to the danger." (*a*) In answer to this statement, I would direct your attention to the three following points:—

1. That it seems to be a clinical fact that the existence of the disease (by which I mean the further formation of the false membrane), seems *to be arrested by the operation.* As I look upon this opinion as one of deep importance, I beg permission to quote the following passage from Trousseau's Clinical Lectures:—

"It is a remarkable fact (says Trousseau), that when once tracheotomy has been performed, there need no longer be entertained any anxiety regarding the diphtheritic manifestations of the pharynx and larynx, which formerly it was imperative to attack by very active measures; they disappear spontaneously. It appears that by the time the disease has reached the air-passages, it has exhausted itself; and that if by admitting air to the lungs, by tracheotomy, the patient be prevented from dying, recovery will take place."(*a*)

2. I would point out that the introduction of a large tube, close to the seat of the disease, enables the choking false membranes to be discharged with far greater facility than if they had to traverse the entire length of the trachea and larynx in the attainment of that object; moreover, the presence of an artificial opening in the trachea, through which respiration is carried on, gives "physiological rest to the larynx," a point of no mean value when we remember the important structures it contains, and the ill-effects that must result to them from the abnormal constant activity of the connecting muscular apparatus, and the frequent forcible contact of pellets of diphtheritic deposit.

Lastly, I would direct your attention to the case I have just read, in which beyond the possibility of doubt, false membranes *did* extend below our incision, notwithstanding which the operation not only afforded immediate relief, but was followed by complete recovery.

I do not intend attempting to answer all the objections that have been urged against the operation in question; many of them I look upon as frivolous, and my attempting to combat them would only be taking up your time and testing your patience unwarrantably. I will therefore content myself with criticising some of the objections advanced by the late Dr. Cheyne and the late Professor W. H. Porter, both distinguished authorities on the subject.

Dr. Churchill quotes Dr. Cheyne as remarking, "that in all cases *he* has observed there is a sufficient space for the passage of air to the lungs, and consequently that if the larynx be closed it must be by *spasm* in addition to exudation, and that therefore to attempt relief by a mechanical operation would be superfluous."

Much as I respect the opinion of this eminent physician, I cannot bring myself to acquiesce in the soundness of his conclusion. For argument's sake, we will suppose his data to be correct, *i.e.*, that the larynx is closed by *spasm* as well as by exudation: surely it would not follow from this, as a necessary sequence, that the *spasm* is propagated to the trachea, or that it would be on the introduction into it of a tube. Remembrance—

a. Of the greater comprehensive size of the trachea;

b. Its greater expansibility; and—

c. Its lack of what I may call spasmodically inclined muscles, might prevent such a conclusion being arrived at.

(*a*) "Diseasees of Children," by Dr. Churchill, page 344.
(*b*) Trousseau's Clinical Lectures, vol ii., page 607.

I would further say (and I do not think the remark to be far-fetched), "that I deem it by no means improbable that the presence of a small amount of false membrane in the larynx may produce fatal asphyxia, where a similar amount in the trachea would produce few, if any, serious symptoms." The possible truth of this conclusion will, I think, be apparent, on our remembering the various *obstacles* (so to speak) which exist in the narrow larynx; by *obstacles* I mean the vocal cords and various muscles which traverse it. Surely it is not improbable but that one or more of the powerful inspirations which are rapidly recurring may double back, and so entangle, as it were, on one or more of these *obstacles* loose flakes of false membrane, so that complete occlusion of the glottis results, and consequent death by asphyxia; but if in such a crisis we rapidly and skilfully introduce a tube into the trachea, the present imminent danger to life would be, I apprehend, safely tided over, at least for the time being, inasmuch as we have now respiration carried on through a larger tube, free from such natural obstacles as exist in the larynx, and consequently far less likely to be choked up by existing false membranes, an event rendered still less likely when we remember the lessened force of the inspirations, now carried on through the introduced canula.

Professor Porter says the great contra-indication to the operation is "the false membranes having extended below the larynx, and that as it is impossible to ascertain whether this be so or not, we should not attempt to operate except in very exceptional cases." In point of fact, he says we should only operate in such a case as this: "If the infant is (to all appearance) dead, and the surgeon is called to him within any reasonable time, he should then, with the least possible delay, open the trachea or larynx."

Regarding this summing up of Professor Porter's, I most sincerely trust no surgeon of the present day believes in the wisdom of it. I do not here combat the Professor's statement as to its being compulsory on us not to surgically interfere in any case unless we are certain the false membrane has not extended below the larynx, inasmuch as I have already replied to this objection.

Professor Porter, in his published writings, I find strongly opposing the justifiableness of the operation except in very exceptional cases, but I remember at the same that his opinion was written some forty years ago, at a time when there was not the same abundance of data for arriving at sound conclusion regarding the justifiableness or unjustifiableness of the operation as there is now; had the Professor's life been spared until the present time, I am convinced we should hear his voice advocating instead of condemning the operation.

An objection to the operation that Professor Porter lays *stress* on is the "uncertainty of the result." I do not for one moment attempt to deny the attendant uncertainty, which I fully acknowledge largely exists, but would, once and for all, bring out clearly before you this salient point.

That in all cases in which tracheotomy is indicated, death is, I may safely say, certain if the operation be not undertaken, while it by no means follows that such will be the result if the operation is carried out. No one can make such an assertion in the face of the many successful cases that have been from time to time recorded.

It seems to me, indeed, that those who, without any further reflection, allow themselves to be influenced against the operation by taking into account the large proportion of deaths which follow it, are apt to forget the fatal results which commonly follow all serious surgical procedures.

A correct Diagnosis important.

Though having no desire to discuss the vexed question of the identity or non-dentity of the diseases respectively termed (*a*) Diphtheria, and (*b*) Croup, I nevertheless am anxious to touch upon *two* points bearing some connection with this subject which I deem well worthy of notice.

a. One is the paramount importance of distinguishing between *Diphtheria* and *Stridulous Laryngitis*, or, as some prefer to call it, false croup.

To avoid being misunderstood, I would here say that I make no difference between diphtheria and the so-called false croup, inasmuch as I believe them to be one and the same affection, true croup being nothing more than diphtheritic laryngitis.

b. The other is the benefit which is likely to accrue to our patients by our adopting the belief "that diphtheria (though in some cases a constitutional malady from its commencement) is in most cases *primarily local*, and subsequently constitutional."

In regard to the first of these points, I would say that the importance of not confounding diphtheria and false croup (*i.e.*, stridulous laryngitis) lies in the fact "that the proper treatment of the one would be most injurious in the other, and *vice-versâ*."

False croup is only dangerous from its position, and requires for its removal active lowering measures; *but* in diphtheria we have, sooner or later (if the local manifestations have not been energetically attacked by proper applications), a powerfully depressing blood-poison, dangerous in itself quite irrespective of its local signs, and the fatality of which would be greatly increased by any lowering treatment.

Speculation on the second point I consider in no way less worthy your attention.

I am quite aware of the existence of much difference of opinion on the subject of the primary *local* or *constitutional* origin of diphtheria, but I am persuaded we shall be acting best for our patient's interest, as well as for our own reputation, by looking upon the disease as being "*primarily local and subsequently constitutional.*"

The outcome of such a belief would necessarily be a constant watch on our part to catch the disease at its commencement, and having done so, to use with vigour and intelligence some of the many powerful topical agents at our disposal. I feel sure by so acting we shall, in many instances, *cut short the disease*, while if we fail in doing so no harm results from our interference.

I would also mention another special benefit to be derived from the early topical treatment of diphtheria. I allude to the disinfection and destruction of the specific diphtheritic poison-virus, which the false membrane is universally allowed to contain, and the consequent lessened danger of communication of the disease to others, as well as propagation of the disease to the patient's larynx.

Tracheotomy advocated.

I will now state as my earnest conviction, that it is the imperative duty of the surgeon to betake himself without hesitation to tracheotomy in all cases of diphtheria, where assiduous, well-directed medical treatment is evidently failing to exercise a decided check on the progress of the disease, evidenced principally by the—

1. More or less lividity of the face; by—
2. The epigastrium being strongly and deeply depressed at each inspiration; and by—
3. The working of the nostrils.

I would further add, that I hold it to be incumbent upon the surgeon to perform the operation, even though the chance of ultimate recovery be *infinitesimal*. I am here alluding to those cases of so-called "bronchitic diphtheria," *i.e.*, where the bronchi are blocked up by the morbid deposit; for even in these dreadful cases more than one recovery has been recorded after false membranes, manifestly moulded to the bronchial tubes, have been ejected.

In these dreaded cases we may see our patient in a state of absolute frenzy, casting himself at one moment on to his mother's neck, at another on to the bed or floor, and clutching convulsively at his throat, in the vain effort to remove the cause of suffocation; the face is livid, froth issues from his mouth, and from his haggard, terror-stricken eyes shoots an appealing look for help which cannot but melt to softness the most marble of hearts. In such a pitiable case I am unable to understand how anyone deserving the name of surgeon could stand with folded arms, and see "the mortal coil shuffled off" in such dire distress; surely, even

if the only result of the operation was the *euthanasia*, it would be his duty to lessen the agonising death-throes of the writhing child by opening the trachea, and so admitting to the poisoned blood the air it so grievously required.

Respectiug the *operation* in the case which has been read to you, I may mention that no difficulty was experienced in its performance. The hæmorrhage was very trifling, owing, I apprehend, to the care taken in not wounding any of the numerous distended veins which lay in the line of incision. But on this portion of the case I will not dilate, as I am happy to see my friends Dr. Banks and Dr. Johnston present, who will, I am sure, with your permission, give full information on the operative procedures, and enrich the case by many practical remarks. I cannot, however, refrain from saying that I consider the successful issue of the case was in a large extent due to the admirable coolness and skill with which Dr. Johnston carried out the operation under circumstances which I can testify were most painful and trying.

Importance of After-treatment.

Before concluding this paper, I am desirous to touch on the "after-treatment of tracheotomy cases :"—While fully allowing the importance of the operation being performed with skilfulness, and more especially, with coolness, I am, nevertheless, convinced that a large portion of its ultimate success will depend upon the *after-management* of the case. This opinion is to a great extent borne out by a knowledge of the interesting fact that a large proportion of those who die after tracheotomy succumb, *not to the disease for which the operation was undertaken*, but to *bronchitis* or *pneumonia* developed after the operation. Now as these affections are in great part attributable to the admission to the lungs of air which has not received that degree of warmth which normally it would receive in its circuit through the nostrils, mouth, larynx, and trachea, I hold it to be a matter of the utmost importance that no air should be allowed access to the lungs before it has received the essential degree of warmth. I will not take up your time, sir, by pointing out how this may be accomplished, as the obvious steps to be taken will naturally suggest themselves, but will rest content in drawing attention to a point which I believe to almost equal in importance the keeping clear of the tube.

I will now close this paper by the following quotation (in which I heartily agree) from the writings of Trousseau, one who has done more than anyone I know of towards establishing the justifiableness of tracheotomy in diphtheria. (*a*)

"For my part (says Trousseau), I am quite determined not to allow myself to be discouraged, but to preach tracheotomy with the greater conviction in proportion as its success increases ; and did the proportion remain what it was ten years since, I should still proclaim the necessity for the operation, nor cease to say that it becomes a *duty*, a duty as imperative as the ligature of the carotid artery after a wound of that vessel, though death follows the operation as often certainly as recovery."

Before resuming my seat, I must most gratefully thank you all for the attention with which you have listened to my paper, on which I cordially invite discussion.

ON THE INJECTION OF HOT WATER INTO THE UTERUS IN CASES OF POST-PARTUM HÆMORRHAGE. (*b*)

By LOMBE ATTHILL, M.D.,
Master of the Rotunda Hospitals, Dublin.

Dr. Atthill first commented on the means ordinarily used for the control of *post-partum* hæmorrhage, namely, cold water, which he contended, while most efficient in those cases where the loss occurred rapidly, and in patients whose vital powers were not lowered by any cause, was insufficient and often positively injurious in women who were debilitated by disease or other depressing cause, this being the class amongst whom fatal cases most frequently occurred. Dr. Atthill gave the details of cases illustrating this.

He then referred to the fact that for some years past he had been in the habit of treating some forms of menorrhagia by the application to the spine of Chapman's Hot-Water Bags, and had obtained good results ; that therefore when he saw in the American journals reference to the treatment of *post-partum* hæmorrhage by the injection of hot water, he at once decided to put the treatment in practice, and test its value by personal experience. The first favourable case which occurred was that of a woman, æt. 33, admitted into the Rotunda Hospital on the 28th Nov., in labour of her fourteenth child. Profuse hæmorrhage set in immediately on the expulsion of the placenta ; this was checked by the application of cold to the vulva and the intra-uterine injection of cold water ; nevertheless the uterus would relax, and the hæmorrhage, though in the shape of a little trickling stream of blood, continued ; the patient was now almost pulseless, and the body cold. She was in this state when Dr. Atthill saw her ; he at once proceeded to inject hot water at the temperature of 110° into the uterus, taking care to pass the tube of the syringe well into the uterus ; the effect was instantaneous. The uterus contracted firmly, and did not again relax, the pulse returned to the wrist, and the patient expressed herself as feeling most comfortable. Another case occurred on the 30th Nov. In this case the hæmorrhage was at first mainly internal, there was no external loss, but three hours after delivery the patient complained of being very weak, and on removing the binder the uterus was found to be distended with blood. On using pressure, an enormous quantity of clots and fluid blood was expelled, and hæmorrhage continued, which the use of cold failed to stay entirely. When Dr. Atthill saw her she was very pale and faint, in fact in a condition of great danger. He proceeded promptly to inject the hot water, and in passing his fingers within the os uteri with the view of guiding the tube of the syringe into it, he detected the existence of a tumour, probably a fibroid, in the anterior wall of the uterus. Nevertheless, he proceeded with the hot water injection, and with the same good results, as in the former case ; the effect on the pulse was very marked, and the patient subsequently stated that at the moment of the injection she experienced great relief from very severe pain from which she had previously suffered.

Dr. Atthill, in conclusion, pointed out that hot water was, by the experience derived from these cases, proved to be a safe and efficient remedy in *post-partum* hæmorrhage ; and had the great advantage of being always at hand. It was not intended to supersede the use of cold, but to supplement it. Dr. Atthill further urged practitioners to give the method a fair trial, assuring them of its safety, and expressing his belief that it would be the means, if brought into general use, of saving many lives.

(*a*) Trousseau, "Archiv. Gen. de Méd. Mers." 1855, p. 259.
(*b*) Read before the Dublin Obstetrical Society, Dec. 9th, 1877.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

The second meeting of the Session 1877-78, was held on Friday evening, December 7th, 1877.

Dr. Robert McDonnell, F.R.S., President of the College, in the Chair.

VESICAL CALCULUS.

Mr. H. G. Croly exhibited a calculus of the mulberry variety, which he removed on Tuesday week last from a boy six years old, by the ordinary lateral operation. The stone was extremely rough, and produced great torture, the little boy suffering more than he had ever seen a patient suffer before.

OVARIAN TUMOUR.

Mr. W. I. WHEELER laid before the Society a solid ovarian tumour, developed in the right ovary and broad ligament. The patient stated that she was unmarried, and had never borne children. She was forty-five years of age, and had always enjoyed good health up to ten or eleven months ago, when she observed that her left side had gradually got larger. The catamenia now became irregular, and she then consulted Dr. Lyster, whose diagnosis was exactly the same as that made in hospital. Under the medical treatment she had in the country, the catamenia were for a time again produced, and became regular. The abdomen measured round the umbilicus fifty-two inches, and from the umbilicus to the right anterior superior spine, nine inches, and from the umbilicus to the left anterior superior spine, eight and-a-half inches. There was a considerable amount of resistance given on feeling the tumour. The integuments moved freely over the tumour, which appeared to be more prominent on the right side than on the left, and it was an interesting point that the patient always complained of having first felt the enlargement on the left side, and the pain entirely on the right side, although the tumour, as we afterwards found, and proved by examination before the operation, was one that must have originated in the right ovary and the right broad ligament. There was considerably more resistance on palpation in the right than in the left side; and on percussion in certain positions, there could be found a sense of fluctuation, while in others it was absent. On making a vaginal examination with the finger, it was found that the entire space known as Douglas's space, was fully occupied. On pressing the abdominal parietes with his finger in the vagina, a sense of movement was distinctly conveyed from one portion of the tumour to the other. On examining with the sound, the uterus was not found at all enlarged. As to length, it was normal; but the os uteri was rather larger than that of a woman who had not borne children, and when traction was made upwards towards the ensiform cartilage, the sound appeared to be drawn up, as if the tumour was attached to the uterus. A second examination, when the patient had been placed under chloroform, was made, with the assistance of Dr. Macan. There did not then appear to be the same amount of adhesions that were found before they placed her under the influence of ether, and on passing in the sound they were able to get the fingers directly round the fundus of the uterus, showing that there was no attachment whatever of the tumour to it. The fundus of the uterus was pushed over to the left side, evidently showing that the tumour was not originally growing from the left side. That day he had performed the operation in the City of Dublin Hospital. The patient was, as he had said, forty-five years of age. They found considerable adhesions. The reason that there was the idea of its implicating the place at which the tumour was attached, which could be seen, would almost give the idea of a fibrous tumour of the uterus, from the way in which he had taken it off, it showed so little of the pedicle. The tumour appeared to be a solid tumour of the ovary and broad ligament, and portions of it showed an increased development of the fibrous stroma of the ovary, that he believed had been described by many authors under the name of cystic sarcoma; but that it was not a pure fibrous tumour of the ovary was plain, for the reason, that they had found cysts in that tumour, and those cysts appeared to be blocked up or encroached upon by tissue, which was evidently an increased development of the fibrous stroma. In this portion of the tumour there was a little cyst, and the reason that some of the fluid did not flow, appeared to be because the trachea was blocked up by this fibrous matter. The tumour was ten pounds in weight, and at six o'clock that evening the patient's pulse was 80, and she was doing as well as could be expected. In conclusion he had to thank Dr. Kidd, who kindly examined the patient with Dr. Macan. Their opinion coincided with the diagnosis previously made, and with what was found after the operation.

ŒDEMA OF THE GLOTTIS.

Dr. THOMSON exhibited the larynx and part of the trachea of a man who died in the Richmond Hospital two or three nights ago. The history that he could give the Society of the case was a very bald one, from the circumstances that the man was admitted late at night, that they were able to get very few particulars, and that he died very shortly after his admission. So far as could be learned it appeared that the patient was at work on the day before and got a very severe wetting, and was complaining on that evening of some tenderness about the throat. Next morning, the morning of the day of his admission to hospital, he went to work as usual, but about mid-day his throat became so bad that he found it necessary to give up work and go home; but as his symptoms became more urgent, he was admitted into hospital that night. When admitted he was suffering from very severe dyspnœa. The resident surgeon of the hospital applied certain remedies, leeched him, and had nitrate of silver applied to the glottis, which he examined at the time. Passing his finger back he found the epiglottis quite erect, and the parts around it were tumid. The diagnosis was that the man was suffering from œdema of the glottis, for sometimes he seemed to be relieved of his symptoms; but later on they got more urgent, and he (Dr. Thomson) was sent for at about four o'clock in the morning, but when he got to the hospital the man was dead. He had been sitting up in bed with the resident surgeon sitting beside him and talking with him, when he asked to be put round upon his side, and that having been done, he suddenly died without a struggle. An opening was immediately made into the air passages, and every effort possible was made with the view of restoring respiration, but the attempt was ineffectual. On the next day the specimen now exhibited was obtained, and it was a rare one. The erect condition of the epiglottis, which was previously noticed, was preserved, and there was a great deal of serous infiltration of the sub-mucous tissues of the glottis, and passing down towards the rima they found the chink almost obliterated. The right laryngeal ventricle was almost obliterated, and there was a slight deposit of lymph upon the membrane. After the trachea and larynx had been removed, he placed them in position, and passed some water down from the tracheal extremity, and it passed through the rima simply in drops, so that possibly scarcely any air had been passing through it for a considerable time before death. The sub-mucous infiltration was limited, as could be seen at the usual point at the chords, where there was no sub-mucous tissue; but where there was a considerable amount of sub-mucous tissue the infiltration was considerable, the whole of the parts being thickened and having a velvety feel. Below the chords the lining membrane was of the ordinary character.

Mr. B. F. M'DOWELL asked how soon, after respiration had ceased, was the operation performed?

Dr. THOMSON—Immediately afterwards. I simply report what was told to me, that the moment the man dropped off, when it was thought he was dying, the resident surgeon passed the knife into the trachea. On examining the body we found a large *ante-mortem* clot in the right ventricle of the heart; this, which had passed up into the pulmonary artery. The immediate cause of death was, I believe, the sudden driving up of this clot into the artery.

TRACHEOTOMY IN DIPHTHERIA.

Surgeon-Major QUILL read a paper on "Tracheotomy in Diphtheria," which will be found at page 23.

The PRESIDENT said that before calling for any discussion he would ask Surgeon-Major Johnston to be good enough to say a few words about the operation.

Surgeon-Major JOHNSTON said he rose with much diffidence to say anything about the case, as Dr. Quill had given the Society full details of it, and had also expressed his opinions very vigorously. He was glad, however, that Dr. Quill had had an opportunity of bringing the case under the notice of the Society, because he believed it to be a case worthy of record, especially at the present time, when the subject was still one of difficulty to all practitioners. The difficulty always beset them, whether they were to cling to their medicinal treatment to the end, or whether they were to conclude with the operation of tracheotomy. They had been very fortunate in the case under notice, the child being a strong lad, one who had inherited a good sound constitution. As Dr. Quill had mentioned, whilst they were consulting as to the propriety of the operation, they had all doubts as to its necessity removed by the severe paroxysm that came on, and Dr. Banks, with great coolness, wrapped the little fellow in a blanket and laid him upon his shoulder, and throughout the operation, which was very short, there was not an inspiration; indeed, he (Dr. Johnston) hesitated to complete it, and if it had not been for Dr. Banks and his friend Dr. Quill, who both told him to go on and finish the operation, he really thought, from the dreadful appearance

of the little boy and the suspended respiration, he would have been inclined to desist. However, it was very gratifying to see the change afterwards in the patient, and he (Dr. Johnston) quite agreed with Dr. Quill when he said that every surgeon should, in a case of diphtheria or croup, in the treatment be ready with a tube for immediate insertion. There was only one or two points of special interest in the present case, and the first was as to the size of the tube. They began with a large tube, and they found what a great advantage it was to them, for on the second day, with much difficulty, a large tracheal cast was expelled, and it would have been perfectly impossible with an ordinary tube to have saved the boy's life. It was with great difficulty the cast was expelled through the large tube. They tried afterwards to diminish the size of the tube, but they were always obliged to return to the large one. They regretted very much at the time that they destroyed the diphtheritic cast; it was such a large one that they would have liked to show it to the members of the Society, as it would have removed all doubts which might have attended the case. The point which Dr. Quill mentioned as to the paralysis which followed in the case, he (Dr. Johnston) would like to refer to. Within two or three days after the operation the patient had complete paralysis of the fauces and of the pharynx, so that every drop of fluid he tried to swallow came through the tube. He (Dr. Johnston) then tried to pass a little beef-tea into the stomach with the tube; that succeeded for two or three days probably, and then it was always rejected—thrown back by the stomach, and then they had entirely to confine the support of the patient to nutritive and stimulant enemata. That went on for some days, and of course during that time the patient became very much emaciated; but after the tube was withdrawn, and the opening nearly healed, the patient's little sister tempted him with two strawberries, and he made a desperate effort to get over the strawberries. Next day his sister tried him successfully with four strawberries, and that was the crowning point of the case. There was no other case of diphtheria in the garrison at the time. Dr. Quill had taken up a very strong position as regarded diphtheria and croup; he (Dr. Johnston) for himself, would be very sorry to see the word "croup" expunged from our medical literature. It was a domesticated name, and it was one that was now given to express a very definite idea, not only with surgeons but amongst all classes of society. The difficulty, however, was to know whether there was an identity between the two diseases. He thought the majority of people would think that croup was a local affection, and that diphtheria was more or less of a general disease.

The PRESIDENT said, that before he asked the members present to enter upon a discussion of the paper, he wished to say that just before coming to the meeting he had a note from Dr. Banks, who was present at the operation, expressing regret at being prevented from attending the meeting, as he was anxious to express the great satisfaction at being present when a fine boy was rescued from impending death by the prompt operation of Drs. Johnston and Quill. Dr. Banks had given him (the President) a very graphic account of the case, and said it was one of those cases in which a human being had been taken fairly out of the jaws of death—one of the most gratifying cases that a surgeon could ever meet with, or rather where there seemed to be not the slightest doubt that it was operative skill that saved life. Dr. Quill, in his paper, had opened up a great many points that would lead to discussion, for he had by no means confined himself to the mere operative part. The last one alluded to by Dr. Johnston was not one of the least interesting as to the identifying or distinctness of what surgeons recognised as croup and what they recognised as diphtheria. He confessed he thought Dr. Johnston had very well expressed it regarding croup as generally a much more local affection than true diphtheria. He would hardly regard the paralysis of deglutition which occurred in that case as the general paralysis which occurred in true diphtheria. If they had nothing else than that remarkable difference between the two, it was enough to show that in the one case there was morbid poison and a universal affection through the system, while the other was much more usually local.

Mr. B. F. M'DOWELL said there could be no doubt at all that, physiologically, rest for the larynx was one of the great objects of the operation. As regarded the particular form of operation to be used he did not think Dr. Quill had directed himself to that branch of the subject. There could be very little doubt, indeed, in this case—speaking of the operation as an operation when discussing the vexed question whether the operation should be performed at all or not in diphtheria or croup so-called—there could be no doubt in this case that the operation succeeded, and that the child would have died if it had not been performed. He hoped Dr. Quill, in his reply, would mention what form of operation was adopted by Dr. Johnston. He (Mr. M'Dowell) presumed it was that of laryngo-tracheotomy—that it was not the deep operation. Dr. Quill, in his paper, had spoken of the after-treatment of those cases in which the operation became a necessity, and he had adverted to the late Mr. Porter's remarks on that subject. Mr. Porter stated, as well as he (Mr. M'Dowell) could recollect his writings, that all his cases died from bronchitis or pneumonia—that was, that the great majority and large percentage of his cases died either from bronchitis or pneumonia; and Dr. Quill spoke of those complications—bronchitis or pneumonia—as a result which would follow from not warming the atmosphere. He did not think that Dr. Quill had said anything about vapourising the apartment.

Dr. QUILL—Yes, I did.

Mr. M'DOWELL thought Dr. Quill had only spoken of warming the atmosphere; but there was much more importance he (the speaker) should think in steaming the air than in warming it. In several cases in which he had performed the operation he had considered it of very great importance that that should be attended to—that the air should not only be raised to a certain temperature—say, 70° or 73°—but that it should also be charged with moisture. As regards the tube, he thought Dr. Quill had said he used the double tube of Obré. He (Mr. M'Dowell) preferred Fuller's bi-valve tube, which could be got much easier into the trachea, and the inner tube was much more easily removed. Dr. Quill's paper was a very admirable and a most important one. He (Mr. M'Dowell) would not, at this late hour, enter into the question of the advisability of the operation in diphtheria or croup, but there was no doubt that the paper was an eloquent example of the advantage of the operation of tracheotomy in certain forms of disease.

Mr. W. I. WHEELER said he also had listened with very great pleasure and interest to the paper, and without going into the question of whether there was a difference between croup and diphtheria (he might say in passing that he believed there was a very considerable difference) he might mention that some time ago he also listened with interest to a paper by Dr. Thomson on tracheotomy in croup, and from what he knew of tracheotomy in croup, from his experience, he was entirely opposed to the operation, so much so, that he spoke against it in this Society. Although he had not advocated the operation, however, he had had to perform tracheotomy in croup, and the case was a successful one. He did not perform laryno-tracheotomy, nor would he do so in croup. He thought it was better to perform the operation lower down—what he might call the low operation. He would not perform laryngo-tracheotomy in croup because he thought it would not be advantageous. It was a very difficult question to decide when it was that medical remedies had ceased to act—when it was that they were called upon to have recourse to operative interference, and it was a question upon which he would be very glad to hear the opinions of others on the subject, for his mind was not made up as to when tracheotomy should be performed, and when they should say that medical remedies had ceased to act. Another question appeared to him to be of great importance, and that was, how long the surgeon should wait—to give a reasonable time—until he could perform tracheotomy with, what to his (Mr. Wheeler's) mind, could be called comparative usefulness to the patient. He thought in those cases in which they had a false membrane, so to speak, thrown down, the earlier they operated the better; but where they had got the false membrane and the broncho-pneumonia together, he thought there was but little chance of the patient's recovery. In reference to those cases recorded by Trousseau—and he had recorded a great many cases—the question had occurred to him (Mr. Wheeler), might it not be something of climatic influences which had caused the success in Trousseau's cases, which they had not got in this country?

Dr. THOMSON said a session or two ago he had the honour of bringing before the Society the subject of tracheotomy in croup, basing his paper upon some little experience he had had of the subject, and upon the observations which he had been able to make upon the cases of some of his colleagues. So far as he himself was concerned he had not been so fortu-

nate as Dr. Quill in being able to boast of a success, for in the three cases in which he had operated, although he had been able to afford considerable relief, extending over several days, to the patients, this had been uniformly followed by death. Nevertheless, he had not been in the least changed in his opinion as to the reasonableness and the propriety of this operation, and he entirely went with Dr. Quill when he so strongly urged upon all surgeons that it was not alone an unsurgical proceeding to refuse to operate under such circumstances, but that it was illogical also. It seemed to him that whether they had to deal with a disease which was local or with a disease which was constitutional, whether they held the opinion that croup and diphtheria were distinct diseases or were the same, the prominent point that came before the surgeon when he was called in to a case such as that which had been described was, whether he was to relieve that which was the prominent and urgent symptom—dyspnœa. On a former occasion he (Dr. Thomson) described what he still held—that of course in all those cases they were bound to use every medical means they could to overcome the disease; but in a large proportion of cases there came a time at which they found all their medical remedies to be unavailing, and when they had the patient simply dying by slow degrees before them. And it was in such cases as those that he thought the surgeon was bound to make the last effort in his power to admit air into the lungs. The question had been raised by Mr. M'Dowell, and he thought also by Mr. Wheeler. as to the proper moment for the operation. He (Dr. Thomson) thought it was very difficult to lay down any absolute rule as to the proper moment for the operation, and that each case would have to be judged by itself. But he thought that those who had written most on the subject, and who were accepted as the best authorities, held that when, as Dr. Quill had stated, the surgeon saw that the thorax was failing to expand naturally when the substernal and infra-clavicular regions were indrawn, when there was dilatation of the nostrils with livid countenance, and great rapidity of respiration, then, at all events, he should entertain the question whether he might not relieve by tracheotomy. The operation itself was, to his (Dr. Thomson's) mind, one of the most difficult and one of the most serious that a surgeon could have to perform; the whole surroundings of it were so alarming, the suddenness with which the symptoms came on, and the rapidity with which the operation had to be done, all those were disturbing elements, and very often they found that even the most expert surgeons came rather clumsily out of the matter. He had read of one or two cases—one case particularly came to his mind just then—a case reported as having occurred in one of the London hospitals, where the incisions were supposed to have been made in the usual way. However, the patient died; and it was subsequently found that several incisions had been made in the vertebra, but that the trachea had not been opened at all. There was one other point that Dr. Quill laid particular stress upon, and that was one in which he entirely agreed with him, for, from what he had seen of these cases, it was most desirable to use a large tube, as large a one as they could get in. In some of the cases he (Dr. Thomson) had had, the one great difficulty of after treatment had been the blocking up of the tube with hardened pellets, bringing on most violent paroxysms of dyspnœa. Another very important point that occurred in these particular cases was the question of the tracheal and bronchial membrane extending far below the wound. As Dr. Quill had mentioned, the existence of the membrane so low down was held by many writers to set any operative interference out of the question. There could be no doubt that in this instance the tracheal and bronchial membranes did exist, and the best answer that could be given to such an objection was, that the operation succeeded in the case before the Society. It was now so late in the evening that he would not detain the Society with any further observations, with one exception, and that was in reply to Mr. Wheeler's point as to the low or high operation. He (Dr. Thomson) must say that he was entirely in favour of the higher operation, not the laryngo-tracheal, but the operation above the thyroid isthmus. Any one who had done it frequently, or seen it done, would recognise the great difficulty that existed in performing the lower operation. The whole of such cases were surrounded with sufficient difficulties not to induce surgeons to make them more difficult. He would conclude by reading an extract from a letter which he had had from Prof. Spence, who, the members of the Society would remember, had written a good deal upon the subject, and who had himself operated on some 120 or 130 cases. Prof. Spence said: "I assure you it is no small honour and comfort to feel that my practice has assisted in promoting what I believe to be a life-saving operation in many cases, and in alleviating one in all. But I feel I ought to be thankful for the circumstances which led me first to operate, for I was then much prejudiced against the practice. I have recently operated successfully in a case of diphtheritic croup, so that my average is fully 1 in 3. But I think it would be a pity if averages were too much dwelt on in an operation such as this. I believe that the success will be in proportion to early operation so soon as it is evident that the chest is not expanding naturally. I have no love for the operation, I would rather do any other in surgery, but a sense of duty forces me to give the chance for life." That was the expression of the opinion of a most distinguished surgeon—the Professor of Surgery in Edinburgh, and he (Dr. Thomson) might say that it was one that all who had seen such cases would entirely concur in. He was glad to think that the importance of the question of tracheotomy was forcing itself upon surgical opinion in Ireland, and that the older objections which were urged against it in this country were dying away before the force of facts.

Dr. O'Leary said it was very important to consider the question under two heads: First, the nature of the operation, and secondly the nature of the disease. As regarded the nature of the operation, that came perhaps rather under the head of expediency and advantage in an individual case, than that they could apply a rule, and say particularly in which case it would be more applicable. But the far more important question was the constitutional or local origin of the disease. In many cases there were marked constitutional symptoms, characterised by much evidence of blood poisoning, and followed by a local manifestation in the throat and trachea, and further accompanied by well marked albuminuria, and tendency to general fibrinous deposits. The question of relying upon almost purely local treatment became then one for serious consideration. At all events, he would look more towards a discussion upon the etiology and pathology of the disease and its cause, than to any treatment, whether local or constitutional. He therefore suggested the adjournment of the debate to another night, so that a question of such importance might be dealt with as it ought to be.

After some conversation it was decided to proceed with the debate.

Dr. Henry Kennedy said he would confine his remarks to two points. In such cases of croup as required the use of tartar emetic, he had been in the habit of adding opium in one or other form to it, and he believed with very good effect. There could be no doubt that spasm played a very important part in these cases, and hence some explanation of the value of this treatment; and even the vapour round the child, could be made much more efficacious by the addition of some of the vegetable narcotics. The second point was one to which the author had called the attention of the Society in his well-given paper, viz., "As to the Identity or not of Diphtheria and Croup." On this question, he (Dr. Kennedy) held that the two affections were essentially distinct. The one was a sthenic, and the other an asthenic disease, and the treatment suited for one would be most injurious for the other. Cheyne, who had also his father's large experience to add to his own, expressly stated that in the disease he described—that was croup—the internal fauces were always healthy; and in the specimens placed in the museum of this College, it could be seen that very nearly all were similar. He (Dr. Kennedy) had had his share of fatal cases of diphtheria, but he had not yet seen a case where the child died with the symptoms of croup. He did not deny that such had occurred, though he thought it must be exceptional. Nor had he seen any case of diphtheria confined to the larynx alone, as occurred in croup But he had seen diphtheria attack the eyelids, nostrils, lips and vulva, showing the marked constitutional nature of the malady, and so bearing out what was advanced by Dr. O'Leary.

Mr. H. G. Croly wished to say that he had never listened to a paper, since he became a member of the Society, with more interest than that of Surgeon-Major Quill; and the manner in which the case had been treated, was enough to stir up all who had hitherto been opposed to the operation of tracheotomy in these cases, to at least a reconsideration of their views. With regard to the vexed question of diphtheria and croup, he thought that if they put the two words together they would go very well. They knew there were cases of what was called diphtheritic croup, and they knew there were

ordinary cases of croup. One of the most able papers on this subject was a paper by Mr. Whittle, of Liverpool, who was an advocate of tracheotomy, and who had laid down very forcibly the cases in which he operated successfully. When there was premonitary hoarseness in croup, he had always found false membranes; and when there was no premonitary hoarseness, intense tracheitis. The cases of false membrane, as a rule, were not successful. Trousseau had operated in the very early stages of croup, and had good results, which he attributed mostly to the early character of the operation. He (Mr. Croly) maintained that croup in its early stages was a manageable disease; but if they met it a few hours ahead, it was very unmanageable. He had had a case under his own care (and he presented the specimen to the museum), in which a child got a violent paroxysm of coughing, in which it coughed up a false membrane, which was a perfect cast of the larynx and trachea, and the two bronchi. False membrane, however, reformed, and the child died. The coughing up of the false membrane cured the child, but its return killed it. He had heard that if they opened the trachea they would not have a new false membrane, but that if they did not open it they would have a new false membrane. With regard to the high or low operation, he entirely concurred with the opinion that the high operation was the one in all cases where the operation was thought necessary; but he thought the question whether they performed tracheotomy, high or low, was one that must be left entirely to the discretion of the operator; but in the case before the Society it was not only the skilful, but the rapid, performance of the operation that caused the result to be of so gratifying a character. If they took it all round, tracheotomy was one of the most fatal operations in surgery; but that was no reason why they should be deterred from performing it. With regard to the tube, the larger it was the more successful the case was likely to be. He thought the teaching in Dublin had been rather to avoid tracheotomy in croup and diphtheria. It was a question of such importance that he thought none of more importance could be brought before the Society.

Dr. DOYLE mentioned a case in which he was sent for in the country to see a child suffering from carbonic acid poisoning, the effects of croup. On looking into the pharynx he could see a false membrane coming up and down through the opening of the larynx. Having failed to get a quill, he immediately cut down on the trachea by the light of a candle, cut two or three of its rings, introduced his forceps, and withdrew the false membrane, and then all the symptoms of poisoning went off. He endeavoured to get a piece of tube of some sort, but he failed, and had to leave the child, which was much better that night, and passed a good night; but on his visit next day symptoms of the membrane reforming occurred, and the child died that night. As regarded diphtheria and croup, he might mention that in the year 1875 he was attending a family of five children with measles, and in the convalescent stage secondary croup developed in the youngest, which was about three years of age. It had well marked croup, which it recovered from. He gave it an emetic, which he was very fond of giving in the first stage, tartar emetic and sulphate of copper. It was not at all a bad combination, and acted immediately. He gave generally about 20 gr. sulphate of copper with two grains of tartar emetic to two ounces of water, a teaspoonful every five minutes until vomiting was produced. The other four children, strange to say, all got diphtheria, and three of them died. None of those children had any symptom of croup. There was another symptom that he looked upon as premonitory of croup, when they had the bronchial cough, and on looking into the pharynx they saw a sort of spasm of the muscles, between which lie the tonsils.

Dr. COLLINS thought that Dr. O'Leary had opened up a very important point, as to what were the cases of diphtheria in which this operation was likely to be successful? It appeared to him (Dr. Collins) that in a case where a person was dying from blood poisoning, the operation would be of little avail; but on the other hand, when a child was dying of manifest asphyxia—not from blood poisoning—in such a typical case as that described by Dr. Quill, the operation was likely to be successful. With reference to the occurrence of bronchitic diphtheria, that no doubt was a formidable obstacle to the success of the operation; but it had been found in several cases that the want of success was not attributable to that cause. A very remarkable case of that kind had been recorded by Dr. Richardson, of London, where a child was apparently dying from bronchitic diphtheria, and large quantities of false membrane were constantly expelled through the tube, and the greatest attention had to be paid to the clearing of the tube, so much so that a skilled assistant had to stay with the child three or four nights, owing to the constant blocking up of the tube by false membrane. Notwithstanding all these obstacles to the success of the operation, the child recovered.

Mr. ORMSBY referred to the fact that Dr. Quill had stated that the late Mr. Porter disapproved of the operation strongly. Those who knew the late Mr. Porter well were aware of the fact that he merely disapproved of the operation because he had such poor success in the performance of it; and he (Mr. Ormsby) believed that had Mr. Porter been spared long enough he might have changed his opinion, and those who went by his teaching would not disapprove of the operation so strongly. He (Mr. Ormsby) could corroborate what Dr. Thomson had said regarding Mr. Spence, who the last time he was in Dublin had told him (Mr. Ormsby) that as long as he lived he would recommend the operatian.

Surgeon-Major QUILL, in reply, said that the operation performed by Dr. Johnston was the low one, through the trachea. They found it very useful in their case, and no bad result followed. They took every precaution as regarded the warming and moistening of the atmosphere. They had a blanket formed into a canopy over the bed, and that was kept in a constant state of steam by means of Dr. Wyatt's apparatus, the spout of the tube being introduced under the blanket, and was kept going day and night, the air of the room being also kept in a state of vapour. Oubré's tube was the one used. He (Dr. Quill) did not say it was the best, but it was the only one they had, and there was no time to get another, and probably if they had, the result of the case would not have been so successful as it fortunately was. He would not attempt to enter into the question of the difference between croup and diphtheria; he would only say that he did not believe there was a difference. He thought the two diseases, false croup and true croup, were a great deal mixed up, and whenever a false membrane was formed he was firmly convinced the case was one of diphtheria. Notwithstanding what Dr. Johnston had said, he (Dr. Quill) would like to banish the word croup altogether, because croup was not, in his opinion, a disease itself, but the symptom of a disease. With regard to the local and constitutional origin of the disease, he was convinced that if local treatment was employed at first, it would grapple with the disease: but he laid greater stress on the statement as to the local application preventing the spread of the disease. As regarded the operation preventing formation of the false membrane, he might add in conclusion that Mr. Bryant, of London, was also of that opinion. He was convinced that the performance of the operation in many instances prevented the formation of the false membrane after the operation was performed.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

THE second meeting of the session took place on Saturday, December 8, 1877.

Dr. DARBY, President, in the chair.

FIBROUS POLYPUS OF THE UTERUS.

Dr. M'CLINTOCK exhibited a fibrous polypus of the uterus. The lady from whom it was removed—a patient of Dr. Torney's—was about 45 years of age, and had given birth to three or four children. The only interest attaching to the specimen was the fact that the lady had been the subject of a similar complaint some years before, and about four years ago Dr. Torney and he also removed from her a polypus of the same nature as this, and about the same size. On each occasion the polypus was well marked, and had a well-defined pedicle; and it passed into, and nearly completely occupied, the os uteri, so that there was no difficulty whatever in the operation. It was the first case in his experience, which was pretty extensive, where he had had to remove a polypus that had passed into the vagina on two occasions, and each occasion the polypus being of a fibrous character. He knew it had been remarked by others that the recurrence of polypus in the same patient was extremely rare. Now that recurrence of polypus in the same patient should be rare, was rather contrary to what they would *à priori* expect—that was the recurrence of fibrous polypus; for they knew that nothing was more common than that fibrous and fibroid should

occur in multiple form, and several times in the same patient. Dr. Kidd had shown specimens to the Society which he had removed from the interior of uterus of the same patient. He (Dr. M'Clintock) had forgotten how many——

Dr. KIDD: I removed 29 from the interior of the uterus of the same patient.

Dr. MACAN asked how soon after the removal of the first polypus did symptoms of the second present themselves?

The PRESIDENT mentioned that he had removed two polypi from the lip of the uterus, but he discovered that there was a second one there at the time he removed the first. After removing the first, he had a difficulty in catching hold of the second, which was about the size of a pea, and he was obliged to wait for a few months until the second grew a little larger.

Dr. M'CLINTOCK said the interval between the two operations was nearly four years, and there were no symptoms of the second polypus for a considerable time after the first operation. The patient remained pretty well, and then hæmorrhage gradually set in, and rendered her extremely emaciated by the time it was necessary to perform the operation.

Mr. SWANZY (by permission of the Council) made a communication to the Society on

THE INFLUENCE OF THE UTERUS IN EYE DISEASE.

He said the subject was by no means a completely developed one. It was a very wide one, and its investigation was surrounded by many difficulties—not the least among them was the circumstance that very few ophthalmologists were at the same time experienced in gynæcology, and it was also rare to find a gynæcologist who knew much about ophthalmology. Much of the subject remained hypothetical; but if the interest of gynæcologists could be enlisted, more rapid and more certain progress might be made. The first disease which Mr. Swanzy referred to as probably dependent upon the uterus for its cause was iritis, occurring in otherwise healthy girls of from 11 to 17 years of age—that is to say, from about two or three years before they commence to menstruate to two or three years after menstruation has been established. Mr. Swanzy said he was unable to point to any distinct uterine disorder in these cases. The most he had been able to lay hold of was a somewhat sparse menstrual flow in those instances where puberty had been reached. Still he was strongly inclined to refer these cases to the uterus, for the following reasons:—1. Iritis was extremely rare at such an early time of life, except as the result of congenital syphilis, or as secondary corneitis. 2. He had not yet seen a case of the kind in the male; and, therefore, 3. When such cases were observed, with a certain frequency, to occur at a time of life when the uterus was approaching maturity, or had lately reached it, it was not an unfair conclusion to draw, that the uterus in some way gave rise to the iritis. This was a class of cases in which Mr. Swanzy was much interested, as he believed attention had not before been directed to a connection between the uterus and inflammation of the iris. Mr. Swanzy then mentioned neuro-retinitis, apoplexia of the optic nerve and retina, atrophy of the optic nerve, and an affection called kepiopia hysteria, as dependent upon uterine disorder, and brought forward examples from his own experience and that of others to prove the connection. He had no doubt but that the connection between eye disease and uterine disorder would be found to be even more extensive, but it was important to avoid the error of regarding every eye affection which might be concomitant with uterine disease as attributable to the latter.

Dr. KIDD thought the paper one of extreme importance. It illustrated, to his mind, the importance of medical men not confining themselves to special subjects altogether, but, while devoting their main attention to special subjects, keeping themselves *au courant* with medical science and literature. He was sorry to say that he had not followed out what he recommended, because he knew nothing of ophthalmic surgery. It had often occurred with him that he had to send a patient to an ophthalmic surgeon, with a condition of the eye which depended on uterine disease. He (Dr. Kidd) had invariably found that the diagnosis was correct, and he had invariably found that, as the uterine disease improved, the affection of the eye disappeared. It was right he should bear testimony to the accuracy of ophthalmologists, and he regretted very much that he had n light to throw upon the subject generally. One condition he had specially noticed where vision was impaired, and that was where they had uterine hæmorrhage going on. That day he had seen a lady who had a large fibrous tumour, and who suffered very much for many years from hæmorrhage. She had nearly lost the sight of her right eye; and Dr. Jacob, whom she consulted with regard to her vision, informed him that the vitreous humour was quite opaque in the right eye. He (Dr. Kidd) believed he had in many instances seen the same circumstance, where they had hæmorrhages going on a considerable time, that the eye suffered. They all knew what apprehensions women had during the puerperal state as to the preservation of their sight, and how careful they were to avoid reading or using the eyes during that condition. He believed they were quite correct in that, and that the eye was often seriously injured by reading too soon after a confinement.

Dr. M'CLINTOCK said that, although he had no experience of his own bearing directly on the subject before them, either in support or refutation of what had been advanced that night, he, nevertheless, very willingly bore his testimony to the excellence of the paper, and the care which it bestowed; and, in common with the other members, he felt very much indebted to Mr. Swanzy for having brought such a novel and interesting paper under their notice. He looked upon it that Mr. Swanzy's paper was, perhaps, more suggestive than as establishing anything decided on the subject to which it related. He (Dr. M'Clintock) thought it would require a good deal more exceptional observation to prove and to demonstrate that those diseases of the eye were really and undoubtedly the result and consequence of uterine disease. There might be such instances, and in every instance they could explain them very readily in this way—that they knew that uterine diseases established seats of inflammation in the mucous membrane, leucorrhœa, and ulceration. When women did not menstruate, they degenerated generally in health, and that produced a sort of cachexia; and such a general state of the constitution might go to any particular organ, such as the eye. He did not want, in the slightest degree, to detract from the merit or originality of the paper that had been brought forward, and he was sure Mr. Swanzy would not suppose that such could be his intention.

Dr. MACAN mentioned that Dr. Churchill gave cases in which the loss of sight was unaccompanied by any absolute disease, and where it was entirely put down to the mere occurrence of pregnancy, and which disappeared after the woman was delivered. He believed that only one case was recorded by Dr. Churchill in which a loss of vision remained after delivery.

Dr. M'SWINEY said a practical result of great interest might follow from the reading of the paper, and that was that the treatment of eye affections, which subsequently was to be traced to conditions of the uterus, would be different from what the treatment of those affections would be if they arose idiopathically, as it might be called. Obviously, the treatment was totally different from the treatment that acute affections of the visional organs would require at the hands of the physician or surgeon. Hospital physicians had recognised long since that there was such a relation existing, and other practising physicians must, he thought, have met with cases in which he was clearly aware that the affection of the eye complained of by young females—who, for the most part, were what were called hysterical females—were clearly referable to some disturbance of the uterus; and the treatment indicated quite clearly that such connection was recognised, but it was customary with physicians under those circumstances to refer their patients suffering from eye affections seriously to the care of the ophthalmic surgeon.

The PRESIDENT said that Mr. Swanzy's paper was most valuable, for it pointed out that uterine disease created or iniatiated organic disease of the eye.

Mr. SWANZY, in reply, said he only wished his paper to be regarded as suggestive. The subject was a very large and difficult one, and he hardly thought that the experience of any single observer would be enough to ascertain all that was to be found out. As Dr. M'Clintock had said, a very much more extensive field of observation would be necessary than what he had had to bring the matter to a certainty. As he said, also, it was quite possible that there were a great many cases of eye disease which might be referred to deteriorated general health, produced by the

state of the uterus, so that the eye would only be affected in a secondary way by the uterus. That was a thing which would suggest itself, and was very likely to occur. With regard to Dr. Kidd's observation, he had mentioned a case that had come under his observation of chronic uterine hæmorrhage, where one eye was affected, and where the ophthalmic appearances were those of opacities of the vitreous humour. Possibly this may have been a case of hæmophilia, or allied to that disease, and that the opacities in the vitreous humour depended on a hæmorrhage into it. Dr. Kidd had also referred to the eyes becoming affected in the puerperal state, and some others had spoken of pregnancy as giving rise to defects of sight. Those defects of sight usually depended upon one of two things—either upon albuminuric retinitis, or upon accommodative asthenopia consequent upon hypernutrophia. These affections of vision occurring in pregnancy did not come within the scope of his present paper, and therefore he had not touched upon them.

Dr. ATTHILL then read a paper on

THE INJECTION OF HOT WATER INTO THE UTERUS IN CASES OF POST-PARTUM HÆMORRHAGE,

which will be found at page 26.

Dr. M'CLINTOCK asked, Was the stream of hot water conducted directly into the uterine cavity or into the vagina?

Dr. ATTHILL said that in each case the tube passed fairly into the uterus, and nearly touched the fundus.

The PRESIDENT quite agreed with Dr. Atthill that cold water injections were not reliable.

Dr. KIDD said the Society was extremely fortunate in having brought under its notice that evening two exceedingly suggestive and important papers. The suggestion of injecting hot water into the uterus came before him as something new. He presumed, from the silence of other members when called upon to take part in the discussion, that they were very much in the same position. Theoretically, he could quite see that in many cases the suggestion was likely to be useful. He could quite understand that, in the case of an exhausted woman, hot applications would in all likelihood be useful, as water, heated to 110°, thrown into the uterus, was a powerful stimulus. It was a very important agent, for the very reason that Dr. Atthill had given—that it could always be at hand. It was the practice at the Coombe Hospital, when a patient was very exhausted, to apply over the sacrum hot napkins alternately with cold ones, to make the greater impression on the nervous sensibility. The use of hot water, in the way described by Dr. Atthill, was a very important question for the consideration of members of the Society; and he had no doubt that, when Dr. Atthill had further cases in which he brought his plan into requisition, he would give the Society the benefit of learning the results he had obtained.

Dr. M'CLINTOCK said his experience in this matter only went as far as Dr. Kidd's. They all knew and admitted that cold water was a most powerful means of checking hæmorrhage; yet, like every other remedy, it had its limits of utility, and when it was indiscriminately used, and pushed too far, it had its dangers, too. He thought it was worthy of mention that Beaudilloc, who was a most acute and accurate observer in the treatment of post-partum hæmorrhage, plainly stated that the first means he adopted for its suppression was the external application of warmth, and he said that cold, either in an aqueous or spirituous form, might be applied over the sacrum. He also recommended the application of warmth over the sacrum and over the pubis. He (Dr. M'Clintock) confessed that he would not have recourse to warm water in the first instance; he would use cold first, and then the warmth would come in afterwards.

Dr. ATTHILL, in reply, said the subject was as new to him as it was to the other members of the Society. He would remind those present that he commenced his paper by saying that cold was a most efficient remedy in cases of sudden losses of blood after delivery, where the vital powers were vigorous, and in such cases he would not think of using hot water. He merely brought it forward as an additional remedy, and would class hot water, as far as his experience went, as suitable to those cases in which he would use perchloride of iron. If, however, hot water proved, on further experience, to be an efficient remedy, he would certainly prefer it, for many reasons, to the perchloride of iron, if it were only for the sake of the comfort it gives the patient, and the extreme facility with which it can be used. Cold acted admirably where it was wished to give a shock, but where the patient cannot bear the shock, it should not be used. It seems to me that hot water will be particularly useful in those cases where hæmorrhage comes on some time after delivery, or where it has continued, though only slightly, for a considerable time. Under either circumstances the patient is usually much exhausted, and therefore the warm water is exceedingly suitable, as being a powerful stimulant. If, however, it were used indiscriminately, it would be very dangerous. To inject hot water into the vagina would be useless.

The Society then adjourned.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
AND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER VII.—TREATMENT: CURATIVE, PRESERVATIVE, AND PREVENTIVE.

FROM our statistics it will be seen that almost every known remedy has been tried, and a re-enumeration of all the medicinal agents and all the methods of treatment resorted to, from the days of Celsus, up to the present time is thus rendered almost unnecessary. As Fleming so well tells us, in the early and middle ages, magic, invocations, exorcisms, appeals to supernatural powers, and charlatanism of the grossest character, had to give way to the fatality of the disease.

Bleeding in every degree, mercury, opium, and other cerebral stimulants, chloroform, tobacco, the acids and alkalies, oil of turpentine, cantharides, tar, white hellebore, ceradilla, the salts of lead and those of iron, nitrous oxide, inhalations, the injections of warm water and narcotics into the veins, electricity and galvanism, the hot vapour and hot air baths, even the poison of the viper, have all been tried, and with the same sad results.

Cases of recovery have been recorded, as may be seen from our tables, but the same treatment when employed in other cases has unfortunately failed.

But these instances of recovery, however, as we said in our introductory chapter, should inspire us with confidence in the resources of medicine, and should lead to a rational mode of treatment, especially as we have proved that we have a clearer and more rational comprehension of its pathology. We cannot, then, abandon to their fate those who exhibit indications of the disease, and in the face of our evidence we need not any longer perpetuate the error, that it is infallibly mortal. The time has not long gone by, since, because of the supposed inevitable death of the patient, and the horrible sufferings undergone before dissolution, human beings were destroyed by suffocation, instances of which we shall give in our chapter on the curiosities of the medical literature of this disease. But we are emerging into a clearer light, and we have at the present time some confirmation for our opinion, that the remedy for this disease may probably be at hand. In our issue of June 13th, 1877, we said in the face of so incurable a malady, which has taxed all the resources of the materia medica, and which carries off so quickly and so terribly the unfortunate subjects who are bitten, it was pleasant to record a case of recovery, which we gave, as reported by the *All. Med. Berl. Cent. Zietung.*

We also said, enthusiasm about new remedies was not wise, as but lately another alleged specific, the Xanthium spinosum, recorded in the same number, had not maintained its reputation. (*a*)

(*a*) We had reason to complain that our account of the Xanthium spinosum had been copied by other journals and papers without acknowledgement.

The remedy used was curare, and we observed that one single case did not prove anything, but that the physiological action of curare, reasonably encouraged us to make further experiments with it.

We were then aware of the history of the woorali poison, and of the antecedent efforts made not only by English medical men, but laymen, to use it as a remedy; but unfortunately this had not been done in the past, nor at the present time can we say with certainty that the woorali is a specific, though we have the gratifying assurance of three successful cases, two as reported in the *Veterinary Journal*, one in our own pages. It must be tested scientifically, and under the conditions we shall lay down, by some competent observers, and with the data we have, we may reasonably hope that by its judicious application, rabies may be shorn of its terrors.

We have shown in various portions of our report that there was a shadowing forth in the past of some of the truths, in regard to rabies, and that some of the older physiologists had undefined, though as it has been proved, accurate ideas of its pathology. If the curare should maintain its position, it will again illustrate that we have been forestalled. To a member of the veterinary profession we are indebted for the merit of recommending curare in cases of rabies.

Professor Sewell was the first who suggested the idea, and Waterton who went in quest of the poison, and acquired it in its pure state at his own expense, and at the cost of his own health, has generously given him the credit of the discovery. Sewell, on the authority of Waterton, is said to have declared before Sir Joseph Banks, and a large company of scientific gentlemen, that, were he unfortunate enough to be bitten by a mad dog, and become infected with rabies, he would not hesitate one moment in having the woorali poison applied, as he felt confident that the application of it would prove successful.

The history of this poison is most interesting, and we must linger for a short space on it.

Taylor, in his classic work on "Poisons," quotes Waterton's account, and this offers us some guarantee of the veracity of the much-abused naturalist. We shall give an abridged account from the original work, from the folio edition, 1825.

In the month of April, 1812, Waterton left the town of Stabrock to travel through the wilds of Demerara and Essequibo, with the chief object of collecting a quantity of the strongest woorali poison, and after penetrating into the country where the poisonous ingredients grew, where the composition was prepared and used, success attended his adventure. After 121 days he acquired all the information about it, and a supply, which he brought back with him to England. The poisonous extract is made from the woorali vine, a bitter root, two kinds of bulbous plants, two species of ants, the strongest Indian pepper, and the powdered fangs of the labarri, and counacouchi snake. The Macoushi Indian makes the best preparation. Having found the necessary ingredients, the Indian scrapes the woorali vine and the bitter root into thin shavings, and puts them into a kind of colander, made of leaves; this he holds over an earthen pot and pours water on the shavings; the liquor which comes through has the appearance of coffee.

When a sufficient quantity has been procured, the shavings are thrown aside. He then bruises the bulbous stalks, and squeezes a proportionate quantity of their juice through his hands into the pot. Lastly, the snakes' fangs, ants, and pepper are bruised and thrown into it. It is then placed on a slow fire, and as it boils, more of the juice of the woorali is added, according as it may be found necessary, and the scum is taken off with a leaf. It remains on the fire till reduced to a thick syrup of a deep brown colour. As soon as it has arrived at this state, a few arrows are poisoned with it to try its strength. If it answers the expectations it is poured into a calabash, or little pot of Indian manufacture, which is carefully covered with a couple of leaves, and over them a piece of deer skin, tied round with a cord. They keep it in the most dry part of the hut, and from time to time suspend it over the fire to counteract the effect of dampness. The operation of making it was gloomy and mysterious. No women or young girls were allowed to be present, lest the Zabahout, or evil spirit, should do them harm.

The shed under which it had been boiled was pronounced polluted, the pot must never have held anything before, whilst the maker had to fast as long as the operation lasted. We may now consider that all the ingredients mentioned are not necessary to produce the effects of the poison, but that they were added through the superstitious feelings and custom of the natives. According to Waterton and Taylor—

1. The extract is so miscible with water that the slightest moisture dissolves it, hence it speedily diffuses itself when introduced into a wound.

2. The symptoms are stupor and paralysis; it does not produce any apparent effect, until after the lapse of one or two minutes, and the wounded animal apparently dies without a struggle, and without pain.

3. The flesh of the animal thus killed may be used as food.

4. The dose must be proportioned to the size of the animal.

5. Like the serpent-poison, it is active when introduced into a wound, but almost inert when taken into the stomach (Bernard).

6. Animals poisoned by it have been restored by keeping up artificial respiration, as instanced by the ass "Wouralia," and by the experiments at Nottingham, in which Dr. Sibson took part.

7. The extract retains its power for an indefinite period, but unless kept dry it is liable to become weakened in its properties.

8. The effect is to destroy the motor power of the nervous system, and the observations of Kolliker and Pelikan show that its action is the very opposite to that of strychnia. M. Bernard remarks that there is no direct relation between the chemical character of a substance and its physiological effects. The same, or similar, chemical characters, may exist in two bodies—curarina and strychnia—of which the physiological effects are not only different but antagonistic.

9. We may mention, as a memorandum to be borne in mind, that, according to Taylor, curara, which has but a slight action when swallowed, would, however, give the chemical reactions of strychnia, in the stomach, and thus induce some chemists to swear, that beyond all doubt strychnia was present, and that the person must have died from it.

In taking leave of Waterton and his woorali, we must direct attention to the following remarks made by him in 1844:—

"It is an acknowledged fact that the art of medicine has hitherto been unable to arrest the fatal progress of confirmed hydrophobia. This being the case, it is both wise and expedient to give the sufferer a chance of saving his life by the supposed, although as yet untried, efficacy of the woorali poison; which, worst come to the worst, would by its sedative and narcotic qualities, render death calm and composed, and free from pain; a circumstance not to be expected under the ordinary treatment, or no treatment at all, of this ungovernable and fatal malady."

It is thus with every suggestion and invention; like many diseases, they require an incubative period, before they take shape and form.

The woorali of the present day, is differently prepared from that of the Indian preparation. It is called curara, and has many synonyms: *Ourari*, *Urari*, *Woorari*, *Woorara*, *Wourali*, *Wouraly*.

Besides the writers we have mentioned—Waterton, Taylor, Bernard—who have described this poison, the most recent authority is Schomburgk, who states that it consists alone of vegetable matter, and chiefly of an extract of the bark of *Strychnus toxifera* (N. O. *Loganiaceæ*), a tree found native in Guiana. Waterton, as mentioned,

describes his woorali poison as soft, whilst other writers speak of the necessity of keeping it in a perfectly dry state. Taylor ("On Poisons," 1875) says that "curara is a brownish-black brittle substance, having the appearance of Spanish liquorice. It dissolved slowly in cold water, but rapidly when heated, producing a turbid brown liquid; this became clear upon filtration.

We have mentioned in our chapter of "General Conclusions" the solution which is prepared by Messrs. Corbyn, Stacy, and Co., and we have since received some discs prepared by Savory and Moore, who inform us that curara is an indefinite substance, the botanical origin of which is still uncertain; it is, however, the juice of some plant solidified or dried with variable quantities of extraneous matter. The active principle in this drug is an alkaloid obtained by Boussingault, as a non-crystalline, yellow, horny mass, deliquescent, capable of turning red litmus blue, and uniting with acids to form salts. Although curarine, the alkaloid of curara, possesses some of the characteristics of strychnine, sufficient proof has been obtained (*Vella. Pharm. Journ.*, vol. ii., p. 213) that it is totally distinct from the latter, and that their action is antagonistic.

Preyer was the first to isolate curarine in the crystalline form; according to him it has the formula $C_{10}H_{15}N$. It is very hygroscopic; has a very bitter taste; crystallises in colourless four-sided prisms; dissolves freely in water and alcohol, less easily in chloroform and amyl alcohol; and is insoluble in anhydrous ether, benzol, turpentime, and carbon disulphide. It acquires a splendid and permanent blue colour in contact with sulphuric acid, purple, red with nitric acid, and violet with potassium dichromate and sulphuric acid (like that of strychnia, but more permanent). Its hydrochloride, nitrate, sulphate, and acetate are crystallisable. Dragendorff also finds that curarine is quite distinct from strychnine, and that a very active curara occurs in commerce in which neither strychnine nor brucine can be detected. His "Manual de Toxicologie" contains an excellent chapter on curarine.

(*To be continued.*)

The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 9, 1878.

HYDATIDS OF THE LUNG.

THERE are several diseases which seldom or never come under the observation of the European practitioner, but which are of frequent occurrence in other parts of the world. Such are true leprosy, the fungus foot of India, yellow fever, hydatids of the lung, &c. There are several English works on medicine in which the last-mentioned disease is scarcely noticed. Among modern French authorities, Andral records only five cases. Bricheteau only saw two cases during a practice of more than forty years. Monneret only saw one case, which was detected *post-mortem*. Trousseau has in his clinical lectures devoted several pages to the consideration of the disease, but allows that he has seen only two cases during life. Yet pulmonary hydatids is endemic in some countries, as in Iceland and Australia, and it is so common in Victoria, that any medical man in practice in that town has had the opportunity of seeing many scores of times more cases than any of the leading authorities in Europe. Dr. S. Dougan Bird has recently published a valuable monograph on the subject which is the result of the experience of sixteen years of practice in that colony, and from this we propose to draw attention to the more important points that have been established by the experience of Australian practitioners.

With regard to the diagnosis of hydatids of the lung, the only absolute evidence of their existence is by the appearance in the sputa of the characteristic cysts or portions of them, or fragments of the hooklets of echinococci, but this does not happen till that stage of the disease in which the entozoon has begun to die and to be expelled from the body. The general symptoms may be very slight even in cases where the cyst has attained a great size, but usually some signs of pressure or irritation, dyspnœa, and duskiness of the skin, or more or less phthisical cachexia, progressive loss of flesh, cough, mucus, and afterwards purulent and hydatid expectoration are noticed in the course of the disease. Visible venous engorgement from pressure is rare, and often forms the distinguishing characteristic of intra-thoracic cancer from hydatid. The physical diagnosis of the disease is given with more precision by our Australian authority than by any European physician. In the opinion of the latter there are no means of distinguishing solidification of the lung from unbroken hydatid cyst, the sputa alone being characteristic of the disease. But according to the large experience of Dr. Bird, the physical signs are:—Expansion more or less deficient in the affected side, mensuration but little affected, absolute dulness on percussion, with absence of respiratory sound over a space of the chest wall not smaller than the palm of the hand, generally in the lateral or intra-clavicular regions, with absence of vocal fremitus in most cases. This dull space always presents a rounded outline, is limited by a line of demarcation so exact that it can be mapped out with pen and ink, and is unaltered by position. Beyond the boundary line percussion is clear and normal. The respiratory sounds, though inaudible over the dull surface, commence immediately beyond the pen line, and though probably rather harsh and puerile in character, are indicative of healthy lung tissue. Besides this, the distinctive vibratile thrill of fluid may sometimes, but not always, be detected by percussion over the intercostal spaces. A localised pleuritic effusion, confined by adhesions, would fulfil the above physical signs; but such a state of things is very rare, and would probably be preceded by a history of pain and febrile symptoms. In fact, one is reduced to the conclusion that there is a sac containing fluid within the chest wall, slowly enlarging, causing little or no pain or local irritation, not the result of any inflammatory effusion, but foreign to, though growing in, the thoracic viscera. A hydatid cyst alone combines all these characters, so that the diagnosis may be reduced almost to a certainty. Nevertheless, when the cyst is only of moderate size, and does not impinge on the chest wall so as to give the physical signs of fluid, the diagnosis may be impossible unless the sputa are characteristic of hydatid.

Whatever may be thought of the confidence which the

Victorian physicians have in their ability to recognise the presence of a pulmonary hydatid cyst, the prompt and heroic measures, they take for its treatment is quite in accordance with the precision of their diagnosis.

"Of the specific treatment of pulmonary acephalocysts," says Dr. Walshe, "little is known."

Dr. Fuller remarks that "treatment is of little avail in cases of intra-thoracic hydatid." Other authorities, English and Continental, entertain a similar opinion, and, therefore, it is gratifying to hear that in a country where the disease is so prevalent operative treatment is frequently and successfully practised. The tapping of the cyst by Dieulafoy's pneumatic aspirator is not in favour with the Victorian surgeons. The operation is performed with a very fine trocar, not less than six inches in length, furnished with a very sharp stylet. As soon as the diagnosis is determined on, and after a small incision in the skin has been made, the trocar is "introduced with a firm and fearless hand" till fluid is reached. Care must be taken to avoid the neighbourhood of the main vessels and bronchi, but one or two failures to reach the hydatid are not attended with any subsequent mischief. After the cyst has been emptied the only and almost uniformly successful treatment advised is to employ internal remedies, the bromide or iodide of potassium and kamela, or turpentine by the stomach or inhalation, and to tap again with the fine trocar if the cyst re-fills. No interference is recommended when the natural rupture of the cyst has taken place unless it is very large, old, and in close proximity and probably adherent to the chest wall. In the latter case the cyst is treated as an abscess, and an opening is made between the ribs to allow of the evacuation of its contents. Of this radical cure of old suppurating cysts by their entire removal through an incision between the ribs several interesting cases are recorded in the monograph to which we are now drawing special attention, and to which we must refer the reader who is desirous of more information on the subject. Altogether the extensive and very satisfactory experience of Australian practitioners with regard to the diagnosis and treatment of pulmonary hydatids has certainly added much to our previous knowledge of the subject, and has, at all events, afforded fresh evidence of the fact that the puncturing of the lung with a fine trocar, and even the extirpation of the cyst from without, are not attended with the danger that was formerly attributed to operations of this nature.

UNIVERSITY OF LONDON.—ADMISSION OF WOMEN TO DEGREES IN ALL FACULTIES.

During the ensuing week Convocation will meet to consider a supplementary charter for the University of London, which will, if granted, enable women to become candidates for the examinations in all faculties. It may be interesting to recall the actions of Convocation which have directed the Senate to frame this supplementary charter. The members of Convocation passed a resolution in favour of the admission of women to degrees in medicine, and the Senate, acting upon the resolution sent up to them, resolved by a majority of two to one to take advantage of the Russell Gurney Act, an Act which enabled any examining body to admit women to the examinations, and to grant them the registrable degree or diploma, as the case might be, *sans* all other rights which such degree or diploma conferred upon men. To this action of the Senate the medical graduates, perhaps not unreasonably, demurred, and appearing in force at the next meeting of Convocation, resolved that it was undesirable that the University should admit women to degrees in medicine before having considered the advisability of admitting them to degrees in all faculties.

The Senate have now taken into their careful consideration this second resolution sent up from Convocation, and out of it arises the supplementary charter in question.

In what way will the medical graduates vote at the forthcoming meeting?

Doubtless many who supported the resolution believed that to admit women to the practice of medicine was a step in the wrong direction, for divers reasons, and, therefore, though they were unable to prevent women studying medicine, other examining bodies having opened the way for them so to do, yet it was their duty to obstruct their advance. Others, as the framing of the resolution expresses, considered it unreasonable that women should be admitted to degrees in medicine, whilst, at the same time, excluded from faculties more suitable for them. Now, both these classes of supporters of the resolution may still conscientiously refuse to support the Senate, the former for the same reasons that have already determined their actions, and the latter for the reason that they differ from the Senate as to the advisability of admitting women to degrees at all. But by such action their object would not be attained.

Convocation have the power to negative the proposed changes in the constitution of the university, and should a resolution be carried to that effect, women desirous of graduating in arts and science can look only into a gloomy future for some enabling act to come to their aid. But for those who desire to graduate in medicine such an act is already in existence, and a resolution stands on the minutes of the Senate passed by a majority, and at a subsequent meeting confirmed by a majority of two to one, to the effect that regulations shall be made for the admission of women to degrees in medicine. We believe that a committee is still in existence for the consideration of these regulations, and that its sittings are only delayed pending the vote of Convocation on the addition to the University charter. It is, therefore, probable that the medical graduates, recognising the fact that, under any circumstances, women will shortly be admitted to degrees in medicine at the University, will not interfere with their admission to examination in other faculties.

Notes on Current Topics.

Harveian Society's Conversazione.

The annual meeting of this Society was held on Thursday evening, January 3rd. The rooms have recently been re-decorated, and present a pleasant appearance. The usual council meeting was held before the *conversazione*, and it was found that the finances of the Society were in a most healthy condition; indeed, the Society is

now in a position to afford grants for scientific work. In the absence of the ex-President, Mr. Carr Jackson, who retired during the session in consequence of impaired health, but is now recovering, the chair was taken by Mr. W. F. Teevan. By the exertions of the Secretaries, Mr. Henry Sewill and Dr. Fothergill, and a committee, the meeting was of an unusually attractive character. Telephones communicating between different rooms of the building were exhibited in action all the evening, and were surrounded by a crowd the whole of the time. A volume of photographs of "Bulgarian Atrocities" was lent by Ernest Hart, Esq., and excited much attention. Microscopic objects of great interest were exhibited by Dr. Ferrier, Dr. Mahomed, and Mr. Henry Power. Paintings and other objects of art were exhibited by Mr. Seymour Haden, Dr. Farquharson, Dr. Cheadle, Dr. Braxton Hicks, Dr. Evershed, and others. A new feature was added in the form of some first-rate instrumental music. The attendance was much larger than was ever known before, and among the visitors were the President of the Royal College of Physicians, Dr. J. C. Bucknill, Mr. Curling, Dr. Crichton Browne, Dr. Langdon Down, Dr. Lockhart Robertson, Dr. Broadbent, and other prominent members of the profession. Should the succeeding annual *conversaziones* of this flourishing Society be as successful as the present one has been it will be necessary to hold them in larger rooms than are at present at the Society's command. The following is a list of the newly-elected officers of the Society :—

President.—W. M. Graily Hewitt, M.D., F.R.C.P.

Vice-Presidents.—William B. Owen, Esq.; Hughlings Jackson, M.D.; John Easton, M.D.; E. Symes Thompson, M.D.

Treasurer.—Henry Power, Esq.

Hon. Secretaries.—Henry Sewill, Esq.; J. Milner Fothergill, M.D.

Council.—George Eastes, M.B.; Robert Farquharson, M.D.; Alfred Meadows, M.D.; Percy Boulton, M.D.; Stamford Felce, Esq.; F. J. Gant, Esq.; George Field, Esq.; T. Carr Jackson, Esq.; Walter Cheadle, M.D.; Granville Bantock, M.D.; N. H. Stevens, Esq.; Alfred Wiltshire, M.D.

Hot Water Injections in Post-Partum Hæmorrhage.

We print in another column a short *résumé* of a paper read by Dr. Atthill at the last meeting of the Obstetrical Society which is, we think, well calculated to arrest the attention of the profession. In it he gives the particulars of two cases where serious post-partum hæmorrhage was immediately and permanently arrested by the injection into the uterus of water at a temperature of about 110° Fahr. Dr. Atthill does not claim any originality for the idea, but, nevertheless, we think he deserves great credit for his courage in putting this method to the test, and for his promptness in bringing the results of his experience under the notice of the profession. This method is not intended to supersede the application of cold, but is available in cases where cold has either failed, or has been used too long, or when the system is too exhausted to respond to stimulus.

In both the cases given cold had already been tried unsuccessfully, and one case was so serious that Dr. Atthill was prepared, should the hot water also fail, to have recourse to the perchloride of iron.

Perhaps the most interesting fact mentioned is the effect that was produced on the pulse, which immediately became much stronger, the patient, at the same time, experiencing a grateful sensation of warmth. It is not, however, in cases of post-partum hæmorrhage alone that Dr. Atthill has put this method to the test. He has also used it in cases of non-puerperal uterine hæmorrhage, and stated his intention of laying the results thus obtained at no very distant period before the profession. There are many other points of interest in the paper, but we think we have said enough to show that the method is deserving of the confidence of the profession, both on account of its own merits and also on account of the high reputation deservedly enjoyed by the present energetic Master of the Rotunda, by whom the practice has been successfully inaugurated in this country.

Vital Statistics—London in 1877.

In the course of the fifty-two weeks that ended December 29th there were 127,258 births recorded in London, exceeding the deaths by 50,256. In the same period 77,002 deaths were registered, being equal to an annual rate of 21·8 per 1,000 inhabitants. The year 1877 was a remarkably healthy one, only two lower rates standing on record. The deaths include 14,805 in workhouses, hospitals, and other public institutions, an increase in the year of 880. There were 4,916 deaths inquired into before coroners, and 2,572 were due to violence, a decline of 313 ; there were 18,549 deaths below six years of age, and 2,544 at sixty and upwards. Small-pox caused 2,544 deaths in the year, the highest total reached since 1871. Measles, too, were very prevalent, 2,347 fatal cases having been recorded, against 1,741 in the previous year. Scarlet fever has fallen in the year from 2,297 to 1,576 ; diphtheria, from 359 to 317 ; and whooping-cough, from 2,739 to 1,780. Diarrhœa was remarkably below the average rate, 2,479 fatal cases only having been placed on record. Of marriages during the year, 34,072 were celebrated, most of which took place in the Established Church, 29,661 being thus returned, against 4,411 in various chapels and in the district register offices. Of the remaining 4,411 marriages, 1,098 were Roman Catholic marriages, 1,341 were of other Christian denominations, 1,650 took place in the register office, 3 were of Quakers, and 319 of Jews. There were 27,659 marriages of bachelors and spinsters, 1,637 of bachelors with widows, 3,017 of widowers and spinsters, and 1,759 of widows and widowers. There were 4,776 widows married, and 3,396 widowers. There were 1,610 marriages of men under twenty-one, and 5,712 of women.

Death of Ruhmkorff, the Electrician.

The sudden death is announced, on December 20, at Paris, of Henry Daniel Ruhmkorff, whose name is so closely connected with the history of magneto-electricity. He was born in Hanover, Germany, in 1803, and but little is known of his early life. In 1819 he wandered to Paris and obtained a position as porter in the laboratory of Prof. Chas.

Chevalier, at that time one of the leading French physicists. Here he displayed a remarkable fondness for electrical apparatus, as well as ingenuity in its arrangement, and was enabled shortly after to start a modest manufactory of physical apparatus. Through the efforts of Chevalier and the excellence of the work performed, the business was rapidly extended. In 1844 Ruhmkorff brought out his first invention, a convenient thermo-electric battery. Soon after he turned his attention to magneto-electricity, especially the production of the induced currents, discovered by Faraday in 1832. A long series of experiments resulted in the appearance, in 1851, of the famous "Ruhmkorff coil," with its later modification, the most important piece of apparatus in this branch of physics. With this powerful adjunct the electrician was enabled to obtain sparks 18 in. in length, pierce thick plates of glass, and carry out a vast variety of experiments. The invention was rewarded by a decoration and medal at the Exhibition of 1855, while in 1858 it received the first prize of 50,000f. at the French Exhibition of Electrical Apparatus. M. Jamin delivered an address over the grave, in which he stated that Ruhmkorff died almost a poor man, because he had spent all his earnings on behalf of science and in works of benevolence.

Clinical Instruction at the Belfast Workhouse Hospital.

At a meeting of the Belfast Board of Guardians held last week, and recorded in a contemporary, a discussion took place in reference to this matter. It seems that the authorities of the Queen's College were anxious that the medical students should have the advantage of the clinical instruction which the hospital and infirmary of the workhouse afforded; and at an interview some time since between them and the guardians, it was arranged that the latter should give every facility as far as they could in accordance with the proper discipline of the house. It was also agreed that Drs. Smyth and McConnell should have the same status as clinical instructors as the medical officers of the Belfast Royal Hospital. The question of remuneration, however, upset the whole arrangements; for as the fees of the students were divided equally among the medical officers of the Royal Hospital, and as they did not wish to curtail their emoluments by transferring a portion to Dr. Smyth and his colleague, it was suggested that an increase of fees should take place, so that the amount per share might remain as formerly; but the College authorities made objection to this procedure, and so the matter remained as before. The subject was now brought forward for discussion, and it was agreed by the guardians that copies of the rules adopted by the Board as to the admission of medical students to the Union Hospital for clinical instruction, should be forwarded to the Chief Secretary for Ireland, requesting him to cause an inquiry to be made why the opportunity afforded the students had not been embraced.

Lunacy in Essex.

The increase of lunacy in Essex is giving considerable trouble to the authorities. The total number of lunatics now under charge of the county magistrates is 936, being 16 more than there is proper accommodation for at the county asylum at Brentwood. The consequence is that a number have to be provided for at a temporary home at Mistley, or sent at great expense to asylums in other counties. Steps have been taken to provide a new additional asylum for 300 patients at Wickham Bishops, near Witham, but building contracts will not be entered into until a supply of water has been obtained. Boring operations have been going on for eight months, and the depth at present attained is 240 feet. The magistrates have memorialised to be relieved of the maintenance of a number of lunatic soldiers sent to the asylum, simply because they are landed on the Essex coast from India.

The Small-Pox Epidemic at Harwich.

Since our last report there have been some 16 or 17 more cases of small-pox at Harwich and 10 cases of smacksmen on the river, and others have been taken to the hospital at Ipswich, all cases of illness in harbour waters, being under the terms of a local act, subject to the Ipswich sanitary authority. Now that the isolation policy is being adopted, the popular scare has subsided. Those attacked are being attended to in the temporary hospital formed of a number of cottages thrown into connection with one another. There are already more than thirty patients in it, under the care of Dr. Jeffrey M'Carthy. A relief fund has been opened, and the mayor has called a meeting of subsribers. Up to the time of going to press, there had been twenty-one deaths chiefly of persons about eighteen years of age, scarcely any of whom had ever been vaccinated.

The Automatic Method of Reducing Luxations of the Hip.

In the "Periscope" of the *Hosp. Gazette and Archives of Clinical Surgery*, Nov. 1877, E., of Birmingham, notices the successful treatment of some cases of this accident, by the above method, the credit of which is due, in the first place, to Dr. Allen, who accidentally discovered it in 1875, whilst lifting a patient into a suitable position for attempting reduction; in the second place by Dr. Crosby, who successfully applied it in several instances, and who has the credit of having first given it to the profession, his first case being published in the *Phila. Med. Times*, June 23, 1875.

The first of Dr. Crosby's patients had typical dorsal dislocation of the hip. To reduce it, the patient was placed on his back on the floor, lying on a blanket, he was thoroughly anæsthetised, in order to obtain complete muscular relaxation. The legs were flexed at right angles to the thighs, and the latter similarly flexed upon the pelvis, for the purpose of removing the strain from the ileo femoral or Y-ligament. Dr. Crosby then placed his hands under the calves of the legs, quite near the knees, and raising the pelvis a short distance from the floor, made very slight abduction of the affected limb, when the head of the bone at once slipped into its normal position. The extending force was the patient's own weight.

Cheap Court Surgeons.

A correspondent of a contemporary tells the following story: In Aberdeen, there is an institution called a "Mutual Assurance and Friendly Society for Health,

Life Assurance, and Medical Attendance." The amount paid for "medical advice and attendance to the members subscribing, their wives, and such of their children as are under fourteen years of age," is about four shillings and eightpence *per annum* for each family. The medical attendant to this society is—to give him all his titles—a Doctor of Medicine, Doctor of Laws, and Fellow of the Royal Society, all of Edinburgh; and Honorary Member of the Clinical Society of London, a Professor of Surgery in a Scotch University, Senior Surgeon to a Hospital, and a Surgeon to the Prince of Wales for Scotland. He may also be considered a leading consulting physician and surgeon in the north.

"I am," says the writer, "a poor general practitioner, and when I send in my modest bill for medical attendance, I am often met with grumbling at the amount, and a gentle hint for a much smaller sum in the above society the eminent services of a professor and court-surgeon can be obtained."

Fucus Vesiculosis and its Use in the Treatment of Obesity.

Drs. Duchesne-Duparc and Godefroy recommend the use of an extract of the *fucus vesiculosis*, or bladder wrack, one of the most common sea-weeds found on the coasts of Europe and America, for the purpose of reducing obesity. Dr. Godefroy gives his personal experience of the effects of this drug. He took 4½ grains of extract thrice daily, at the commencement of a meal, with the effect of reducing his weight nearly three and one-half pounds within thirty-four days. M. Dannecy gives the method of preparing the extract in the *Journal de Pharmacie*, Nov. 1862, p. 434. Of this extract, 3¾ grains may, at the outset, be taken thrice daily, and the dose gradually increased to about three times that amount. A very good extract of this drug is prepared by Theodore Metcalfe, & Co., Boston, U.S., the usual strength of one grain to the minim being followed, and the dose for an adult being one-half to two teaspoonsful. Price to physicians being $2-50 each pint bottle, $8-50 per dozen 4 ounce bottles. Caution is necessary not to confound the *fucus vesiculosis* with the *f. nodosus* and the *f. serratus*. It is believed that the mistaken use of these latter, has given rise to disappointment in the treatment of obesity.

Opium in Epilepsy.

Now that bromide of potassium and other remedies are so frequently prescribed in the treatment of this disease, the practitioner is too apt to lose sight of the fact that one and the best of our old narcotics may be frequently administered with success in certain forms of epilepsy. In the Ohio *Medical Recorder* for Noevmber, Professor D. Todd Gillman has given his personal experience in the use of opium in this disease, especially in that form of it which had its origin in drunkenness, pain, traumatism, and heredity. He declares that his success has been uniform, and that in every instance he has been able to arrest the paroxysms, and in one notable instance the opium succeeded after other remedies had failed. Opium was recommended for epilepsy by some of the ancient writers and in more modern times by Fothergill and Cullen. I should, however, be cautiously prescribed, otherwise it may do more harm than good.

The Irish Registration Amendment Bill.

We are pleased to learn that the Bill for amending the registration system in Ireland, and assimilating it as far as possible to the English system, has been examined and approved by the Public Health Committee of the Dublin Town Council, who will be recommended to petition in its favour when it is introduced into parliament. The Bill was prepared by the Irish Medical Association, and we understand is strongly approved of by the registration department, and it is hoped that it may be one of the Irish measures of the Government in the coming session.

Serious Illness of King Victor Emmanuel.

The King of Italy is suffering from an attack of violent fever, associated with pleurisy in the right lung. The course of the fever gives rise to the apprehension that it may prove te be a complicated case of miasmatic fever. On Saturday night the King slept several hours, perspiring very freely, and there appeared a slight improvement in the symptoms. On Sunday, however, towards two o'clock the temperature again increased. Latest accounts say that the King's symptoms are taking a favourable turn.

At the pending inquiry by the Local Government Board into the management of the Holborn Workhouse, we learn from our contemporary, the *Weekly Dispatch*, that one of the accusations to be brought forward is that a book of blank certificates of death, duly signed by the medical officer, was left out during this gentleman's absence from town, so that the unqualified assistant might at any time fill them up with the name and age of the pauper whom his unskilled nursing may perchance have brought to an early grave.

The most recent official return gives the following rates of mortality per 1,000 of the population of the principal foreign cities: Calcutta 45, Bombay 40, Madras 101; Paris 27; Brussels, 25; Amsterdam 28, Rotterdam 26, The Hague 16; Copenhagen 21; Stockholm 25; St. Petersburgh 34; Berlin 25, Hamburg 26, Dresden 22, Munich 34; Vienna 28; Buda-Pesth 43; Rome 22, Naples 28' Turin 30, Venice 27; New York 20.

The last week's official return of the English Registrar-General, is more satisfactory than its predecessor. The mortality in Edinburgh was reduced to 22 per 1,000 of the population, Glasgow 23, London 26, and Dublin 27. The highest death-rate reached was 33 per 1,000 in Sunderland and Plymouth. Small-pox was less fatal in London, and there was but one death from this disease throughout the rest of the kingdom.

Within the London metropolitan area last week 50 deaths were reported to the Registrar-General from different forms of violence; 47 were the result of negligence or accident, including 12 from fractures and contusions, 7 from burns and scalds, 8 from drowning, and 15 of infants under one year of age from suffocation.

The degree of Bachelor in Surgery (B.Ch.) in the University of Dublin, was conferred upon John Fitzhenry Woodroffe, *stipendiis condonatis*, in consequence of his having double first place at the recent examinations for the degrees of Bachelor of Medicine, and Bachelor in Surgery.

A LAMENTABLE occurrence took place last week in the county of Limerick. A young gentleman named Vincent, connected with most of the principal families in the county, while eating his dinner was suddenly asphyxiated, and before any medical relief could be afforded, expired.

SCARLET FEVER is excessively prevalent and fatal in Sheffield; whilst whooping-cough is quite epidemic in Birmingham and Plymouth.

SEVERAL cases of small-pox have recently occurred in the wards of St. Bartholomew's Hospital. These patients have, however, been isolated, and the restrictions upon the other inmates removed.

THE ADDRESS TO DR. DARBY, OF BRAY.

WE referred last week to the presentation of addresses to Dr. Darby by the medical officers and the executive officials of the Rathdown Union in testimony to their appreciation of his services to the Union during his thirty-seven years of connection with it, which has recently terminated. We now give the addresses themselves and Dr. Darby's reply. It cannot but be very gratifying to Dr. Darby that an unswerving discharge of his duty during so long a period has gained for him the warm friendship of those who had the best opportunity of knowing his worth.

Address of the Executive Officers of the Workhouse.

DEAR SIR,—We, the undersigned, being office-bearers in the Union of Rathdown, on the occasion of your retirement from the active services you have rendered as Medical Officer of the Institution during the lengthened period of thirty-seven years, hereby desire to express our heartfelt recognition, not only of the value of the professional skill which you have brought to the alleviation of suffering, amongst many members of our families, but of the uniform kindly feeling, friendly counsel, and urbanity of manner which have ever marked your intercourse with us.

In requesting your acceptance of the accompanying token of our gratitude and esteem, we earnestly indulge the hope that you may be long spared to continue your sphere of usefulness amongst the various classes of the community whose friendship and respect you have so deservedly acquired.

Signed on behalf of the officers,
JOSEPH D. COPE, Clerk of the Union.
RICHARD THOMPSON, Workhouse Master.
(Dated) November, 1877.

Address of the Medical Officers of the Rathdown Union.

DEAR SIR,—We cannot permit you to retire from the active discharge of your duties in connection with the Rathdown Union Hospital, without expressing to you our deep sense of regret that we should lose the co-operation of one who has worked so harmoniously amongst us for many years past, and of conveying to you the high estimation in which you have been at all times held by us, in the different relations of life, both as a valued physician, and a warm and sincere friend. We are very sensible of the untiring zeal you have exercised in upholding the rights of the profession, and in endeavouring to raise the status and position of your brethren.

Those sentiments are in no wise diminished by the termination of your official relation to the district; and looking forward with hope to a renewal of your health, and to many years of future happiness and usefulness, we are gratified to believe that the cordiality of feeling entertained by us towards you will long continue.

We remain, dear Sir, yours faithfully,

T. L. WHISTLER, M.B.,	WM. RICE, M.D.,
J. LENEY, M.D.,	C. E. MAYNE, M.B.,
J. F. NEWLAND, M.D.,	J. W. BOYCE, M.B.,
J. F. POLLOCK, M.B.,	A. CROLY, M.D.,
J. W. USHER, M.D.,	R. S. O FLAHERTY, M.B.

DR. DARBY'S REPLY.

MR. COPE, AND YOU GENTLEMEN who do me the honour to represent my non-professional fellow officers. Pray accept my gratitude, my heart-felt thanks for the kind feeling you have embodied in the beautifully illuminated address you have just read, and for this very handsome timepiece, which has the twofold merit of complimenting me and of ornamenting my wife's drawing room. Believe me, both she and I will value them as emblems of a friendship which will on our parts continue warm at our hearts so long as we live.

Dr. Whistler, and you gentlemen who represent my professional brothers of this union, will I am sure forgive me if I fail to find words sufficiently strong to give expression to the feelings of pride and gratitude with which my heart is filled by your kindness. "Out of the fulness of the heart the mouth speaketh," but as, when the milldam overflows, the miller is drowned, so when the heart is too full, utterance is choked.

It has been the ambition of my life to stand well in the estimation of those of my own profession, as well as in that of my non-professional friends and neighbours. That I have not altogether failed in this high aim of my ambition, these flattering addresses, this costly and elegant present assure me, and that assurance makes this the proudest, the happiest day of my life.

Gentlemen all, let me hope that as time rolls on, I may prove myself worthy of a continuance of your friendship, and that my resignation of office will not have had the effect of weakening that highly valued tie, nor of causing estrangement between you and me.

Correspondence.

POST-MORTEMS IN WORKHOUSES.

THE following letter has been sent to us on this subject:

[COPY.]

Local Government Board, Whitehall, S.W.,
1st January, 1878.

SIR,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 14th November last, in which on behalf of the Council of the Poor-Law Medical Officers' Association you bring under their consideration the question of allowing the medical officers of workhouses to make *post-mortem* examinations of the bodies of paupers who die in workhouses.

I am directed to state that the Board have communicated with their medical officer, and have carefully reconsidered the subject, and that they see no reason to alter their views, which have already on former occasions been expressed by them upon it.

The Board are of opinion that a *post-mortem* examination should not be made of the body of a workhouse inmate except by the direction of a coroner when holding an inquest, or the direction of the Board of Guardians for any especial, urgent, and particular reason which they may deem of sufficient importance to render such an examination necessary, or at the request of the relatives of the deceased.

The Board also direct me to state that they think that a Board of Guardians would hardly be justified in directing in any particular case that a *post-mortem* examination should take place if the nearest relative of the deceased objected clearly and decidedly to that course.

The Board under these circumstances are not prepared to take the proceedings suggested by the Poor-law Medical

Officers' Association, or to issue any minute or regulation on the subject.

I am, Sir, your obedient servant,
(Signed) HUGH OWEN, Jun.,
Assistant-Secretary.

To J. W. Barnes, Esq., Hon. Secretary to the Poor-law Medical Officers' Association.

MILL ON VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Knowing nothing of Miss F. P. Cobbe save through her publications, I yet entertain a high respect for her; still, I would be slow to bind myself to all her views and opinions. I feel that Dr. McDonnell, in his address to the Irish Surgical Society ought to have told his audience that her strongly-phrased declaration against vivisection was a wordy and windy plagiarism of a famous and, I think, very blasphemous declaration of Stuart Mill with regard to the quality of God's mercy. I have not his "Life" near me, and can therefore only give the substance of what he said from memory. It was that if it were necessary to be damned for not believing that the nature of God's mercy was not the same as that of man—why, damned he would be.

Yours obediently,

Dec. 15, 1877. M.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. GRIFFITHS.—Communication on "Amennorrhœa" received.

MR. G. R. J.—Quite inexplicable.

DR WILLIAMS, MR. F. S., and DR. REYNOLDS will find the subject of their letters referred to in our "Notes on Current Topics."

MR. HILL should consult the "Nouveau Dictionnaire Pratique," par MM. Bouley and Reynal.

CURIOUS.—1. Not to our knowledge. 2. The gentleman died in February last. 3. You will find this question considered in our *Annus Medicus* for 1877 in the last number; the allied topics are referred to in the same article.

SALICINE.—A correspondent having tried by his own unaided knowledge to determine the origin of this substance, with only partial success, asks for information: We give the definition of Mr. John Moss, F.C.S. He says: "Salicine.—This body is a glucosid, obtained from the bark of the willow. It is a white crystalline powder." During the past year numerous reports have appeared on the use of salicine in acute rheumatism, and judging from these, it excercises almost a specific curative influence in such cases. Dr. Senator, of Berlin, believes that the effect is due to the conversion of most or the whole of the salicine into *salicylic acid* within the body. In endocarditis 20 grains have been given in glycerine and hot water every four hours for three days—afterwards every six hours. In acute rheumatism 5 to 15 grains are given every hour, according to the severity of the case. It is described as "producing no bad effect, patients taking it making a thorough and rapid convalescence," in this respect having a decided advantage over salicylic acid. Salicine has also been recommended in intermittent and malarious fevers. Dr. W. Thomson, of Peterborough, has used it with much success in the treatment of ague; he gives it as a powder in 30-grain doses every two hours, and considers it for this purpose superior to quinine. It is not very soluble in water, but may be given mixed with it or with a little milk.

DR. CORY.—Theological discussions are not exactly suited to our columns.

A CANDIDATE.—We understand that the next examination of candidates for commissions in the Army Medical Department will be held in London on February 11th, and following days. The tenure of appointment is 10 years, after which the army surgeon receives a sum of £1,000 on retirement in lieu of pension. Candidates should send in their names and addresses at once to the Director-General in London.

THE MANCHESTER WATER SUPPLY AND THE LAKE DISTRICT.—Letters have been received in approbation of our article condemning this scheme from—Dr. Griffith, "Utilitarian," "A Manchester Merchant," Dr. Williams, Mr. W. S. Unthank, Dr. T. T., M.D., "A Lover of Nature," Mr. Lever, Mr. Fox, Manchester.

A LATE EAST INDIAN should apply to one of the recognised medical agents for practices and partnerships in this country.

MR. E. M. S.—The modificaction can be procured at Messrs. Krohne and Seseman's, the makers. We think it is a too recent invention to be had second-hand. Lawley and Son, of Farringdon Street, would probably enlighten you on this point.

DR. E. M. B.—We need only say you have our warmest sympathy. We are afraid we cannot further assist you. Corporations are not to be depended on, and gratitude or recognition of merit are rarely met with. The appointment has the appearance of "a job," the successful candidate evidently possessing backstairs influence, or his qualifications and past experience would certainly not have placed him over the heads of those whose claims were, in every respect, so much higher. Were it a public appointment we would really yield to your solicitation and expose the matter; its privacy places it beyond our pale.

DEAR DIRTY DUBLIN.—Thanks for your agreement with our views. Your letter, however, is too strong for insertion.

LIFFEY-ANNA.—Your appeal would be more suited for the *Freeman's Journal*, or other lay journals.

F.R.C.S.I.—Your letter is too long. The sanitary condition of Dublin is not creditable to the nation.

THE COOMBE.—The writer bears testimony to the miserable condition of the tenements in this neighbourhood, so well known to those who attend midwifery cases.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Consumption; its True Nature and Successful Treatment. By Godwin W. Timms, M.D. London: Baillière, Tindall, & Cox.

Aids to Forensic Medicine and Toxicology. By Douglas Hemming, M.R.C.S. London: Baillière, Tindall, & Cox.

Notes on Asthma. By J. C. Thorowgood, M.D. Third Edition. London: J. & A. Churchill.

The Royal London Ophthalmic Hospital Reports. Part II. Vol. IX.

Ovariotomy by Enucleation. By Julius F. Miner, M.D.

The Students' Pocket Book. By Mrs. Garrett-Anderson, M.D. London: H. K. Lewis.

A Compendium of Diagnosis on Pathological Anatomy. By Dr. J. Orth. American Edition by Drs. Shattock and Sabine. New York: Hind and Co.

Sanitary Report of Paddington for the Year 1878.

The Efficacy of Sulphur Fires in Epidemics of Cholera. By Surgeon-Maior Tuson.

VACANCIES.

Balrothery Union, Luck Dispensary.—Medical Officer. Salary, £125. Election, Jan. 19.

Central London Sick Asylum.—Assistant Medical Officer for the Highgate Asylum. Salary, £100, with board and Residence. Applications to the Clerk to the Board, Fitzroy Square, W.

City of London Hospital for Diseases of the Chest.—Assistant Physician. Honorary. Candidates must address the Treasurer by the 26th inst. (See Advt.)

Durham County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications to the Hon. Sec., the College, Durham.

Hailsham Union.—Medical Officer. Salary, £68, with fees extra. Address the Chairman of the Board of Guardians, Hawkhurst, Kent.

Hants County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and lodging. Applicants must address Dr. Manley, Knowle, near Fareham.

Keighley Rural Sanitary District, Yorks.—Medical Officer of Health. Salary, £400. Applications to Mr. Brom, Solicitor, Skipton

Limerick Union Workhouse.—Resident Medical Officer. Election, Feb. 2

Northampton General Infirmary.—Physician. Testimonials, &c., to the Secretary not later than January 9th.

St. Mark's Ophthalmic Hospital, Dublin.—Assistant and House Surgeon. Salary, £80, with apartments and allowances, Election, Jan. 21.

Sunderland Infirmary.—Senior House Surgeon. Salary commencing at £80, with board and residence. Applications to the Secretary of the Medical Board.

Thingoe Union.—Medical Officer of Health. Salary, £100. Also Medical Officers to the Second and Seventh Districts of the Union. Salary, £84 for the former, £70 for the latter, both exclusive of the Midwifery and Vaccination Fees. Applications to the Clerk of the Board, Bury St. Edmunds.

Tipperary Union, Grean Dispensary.—Medical Officer. Salary, £100. Election, Jan. 14.

Warminster Union.—Medical Officer for the Longbridge District. Salary, £80, with fees extra. Applications to the Clerk, Union Workhouse, Warminster.

APPOINTMENTS.

ALLAN, J., M.B., C.M., M.A., Senior House Surgeon to the Liverpool Northern Hospital.

BALLANTYNE, A., M.D., F.R.C.P., L.R.C.S.Ed., Physician to the General Hospital and Dispensary for Sick Children, Manchester.

HAMERTON, M. F., M.B., C.M., Medical Officer for No. 4 District of the Mansfield Union.

POYNDER, G. F., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital.

RAPER, W. A., M.D., M.R.C.S.E., Medical Officer and Public Vaccinator for the Wakering District of the Rochford Union, Essex.

SNADDEN, J., M.B., C.M., Resident Medical Officer to the Pontefract General Dispensary.

STORY, J. B., M.B., C.M., Junior Surgeon to St. Mark's Ophthalmic Hospital, Dublin.

THOMPSON, R., M.D., L.R.C.S.I., Medical Officer to the Workhouse and Fever Hospital of the Urlingford Union, cos. Kilkenny and Tipperary.

WATTER, W., B.A., M.B., Obstetric and House Surgeon to St. Mary's Hospital, Manchester.

Deaths.

BUTTER.—On Dec. 24, at Hazlewood, Upper Norwood, Donald Butter, M.D., Inspector-General of Hospitals, Bengal Service, Retired List, aged 78.

COLLIER.—On Dec. 23, at Chiswick, George Frederick Collier, M.D., aged 78.

DAVIES.—On Dec. 19, at Llanidoes, William Abel Davies, M.R.C.S.E., aged 45.

HAWKER.—On Jan. 1, at 26 White Horse Lane, Stepney, E., Charles Hawker, M.D., aged 59.

TAYLOR.—On Dec. 28, at St. James's Railway Station, Liverpool, suddenly, John Taylor, M.R.C.S.E., aged 70.

WHARTON.—On Dec. 21, at Bedford, George Wharton, M.D.

IRISH POOR-LAW INTELLIGENCE.

THE ABUSE OF DISPENSARY TICKETS IN DUBLIN.

At a recent meeting of the North Dublin Guardians, a letter was read from Dr. A. Speedy, enclosing a communication which he had sent last month to the North City Committee. He complained that a visiting ticket issued to him for medical relief and visiting, and which purported to be signed by Mr. Rochfort, was a good example of the way in which the Medical Charities Act is abused. The father of the patient is a bellows-maker, and has the entire house, rated at £18 yearly, and his wife told him (Dr. Speedy) that she was quite able to pay for medical attendance, but that she was anxious for his opinion. The ticket which he enclosed was not signed by Mr. Rochfort, and on different occasions he had remarked that tickets issued at Mr. Rochfort's establishment were not signed by him, but by his assistant. Such a practice, especially with reference to visiting tickets, was highly reprehensible.

The following resolution had been adopted by the dispensary committee thereupon :—

"It is the opinion of the dispensary committee, that no ticket is valid unless signed by the parties authorised to do so. We consider it necessary to pass the above resolution, as we have had to cancel several tickets to parties well able to pay ; and that a copy of the above resolution be sent to each of the guardians, wardens, &c."

In reference to this question, we may remind our readers that the Local Government Board was not long since applied to for its opinion as to the legality of tickets thus illegally issued, and delivered itself then of a very peculiar decision. A representation was made to them by a dispensary medical officer, that, in his district, medical relief tickets were habitually issued by persons who have no right to give them, to persons who have no right to receive them, and without inquiry as to the competency of the recipient to pay, the tickets having previously been signed *in globo* by the committee-man and left with the potboy for distribution among all good customers of the shop. The medical officer wrote, therefore, to the Local Government Board as follows :—

"In the General Rules and Regulations for the Government of Dispensary Districts, published in 1870, and supplied to us, I find at page 28, under the head of 'Directions for filling up Medical Relief Tickets,' the following :—

"'The ticket and counterpart are both to be filled up *by the person authorised to issue* the ticket, one part to be retained by the person issuing the ticket, and the other to be detatched from the book and given to the applicant for presentation to the medical officer.'

"I therefore pray respectfully that I may have a ruling as to :—

"I. Whether a guardian or a warden can hand over to others the giving way of the public funds by means of such blank tickets, signed by them ?

"II. Is the issue of such tickets by the servants of a guardian, or warden, in the manner described, legal, and is the medical officer bound to attend, and continue attending on such tickets ?"

These are very straightforward questions, and they place the Local Government Board in a very simple position. Either tickets so issued are legal, and the medical officer is bound to attend on them ; or illegal, in which case the Local Government Board is bound to deal with the infraction of its own laws. But the Irish Poor-law Department carefully avoid either horn of the dilemma, for it declared the tickets illegal, but, nevertheless ordered the medical officer to honour them, and intimates distinctly its intention to permit the illegality to continue. Here is the reply :—

"The Local Government Board . . . . . desire to state that the practice of signing blank tickets for medical relief, and leaving them to be afterwards filled up by a person who is not authorised to give tickets, is at variance with the provisions of the Medical Charities Act, and the Dispensary Regulations. . . . . The Local Government Board, however, think, that when a ticket, *duly signed*, is presented to you, you are bound to act on such ticket. . . . . You can, however, bring any such case under the notice of your dispensary committee."

There is one solution of the difficulty, of which it will be well that the efficacy should be tried. It has never been effectually decided whether it is competent for a medical officer to recover his fees from either the issuer or the recipient of an improper ticket. In the case of Woods *v.* Connelly the issuer *was* made liable for the doctor's remuneration, but the case never was brought to a final determination because the judges differed in opinion as to the method of procedure. It is still a moot point whether the recipient of a ticket can be made to pay after the committee has cancelled the ticket, and thereby declared its opinion that he was capable of paying for medical advice.

It is a question legitimately lying within the scope of the Irish Medical Association to decide.

MONTMELLICK UNION.

THE CLONASLEE DISPENSARY—RESIGNATION OF DR. WILKINSON.

A letter was read to the guardians from Dr. Wilkinson, of Clonaslee, resigning his dispensary after thirty years' service.

ARMAGH UNION.

A SUPPOSED LUNATIC.

The chairman read a warrant from the Glasgow autho

rities, for the removal of Francis Cook, aged 23, who had become chargeable to the Glasgow Union, and who had been born within the Union of Armagh.

The Master stated that a "keeper" brought him over in the boat and on to Armagh stating that he was a dangerous lunatic.

The Chairman—Have they power to remove lunatics in that way?

Mr. Winder—I don't think they have.

The Chairman suggested that the matter be brought under the notice of the inspector, and the result communicated to Dublin.

Francis Cook, who was waiting, was brought into the board-room, and, in reply to the chairman, said he had been three years in Scotland; he belonged to Drumbeg; he was put into the asylum beyond and not to the workhouse; he took a little cold and was not able to go in to his work on a Monday morning. He took his breakfast, went out, took a glass, and had not went far when his landlord came after him with some police and lodged him in the asylum.

Mr. Gamble—We have no proof of his lunacy in the documents furnished, and we need not be making a case of him for the union.

The Master—He says he would like to go to his father's; and that he would not stay here unless it were compulsory.

Dr. Roughan, Local Government inspector, and Dr. Riggs, medical officer, examined the man, and both disapproved of his being sent out in his present condition.

Mr. Atkinson suggested that the proper way to dispose of the case would be to get the man into the Asylum at once. If they went the right way about it, it would only be the work of an hour.

ARMAGH UNION.

FEE FOR LUNACY CERTIFICATES.

A MEMORANDUM, signed by two magistrates, was read, to which was appended an account for £1, furnished by the medical officer of the union, for examining the lunatic, Francis Cooke, who was sent to his native place by the authorities from an asylum in Glasgow.

Mr. Gibson—Isn't he in our service, and we pay him; surely he is to examine a person coming into the house?

The Chairman—The usual course is, the dispensary doctor should examine him; but it is better for us under the circumstances to send it forward and see if it will be paid.

Mr. M'Crum—Can we disobey the magistrates' orders?

The Chairman—Let us put "approved" on it, and let it be put on the minutes.

Entered accordingly.

MULLINGAR UNION.

AT the usual weekly meeting of the guardians it was proposed:—"To take into consideration a resolution of the Mullingar Dispensary Committee, recommending the doctor's salary to be increased."

Mr. Nulty said that at a meeting of the Dispensary Committee, Dr. Kelly applied for an increase to his salary, in consequence of extra duties he had to perform since his appointment, a return of which he had furnished, and also that his salary was lower than that received by Dr. Stokes. After a patient investigation into the matter, and an examination of the books, the committee unanimously resolved in increasing his salary by £30 a year.

The Chairman inquired how long Dr. Kelly was appointed to his present office.

Mr. Nulty said he thought the doctor was appointed to his present office about eighteen months ago.

The Chairman said it was rather soon for him to apply for an increase of salary.

Mr. Lemon remarked that if an increase of salary was now granted to Dr. Kelly, the other medical officers of the union would be looking for a like increase.

Mr. Glennon—Dr. Kelly had more than double the duties to perform than any other medical officer in the union.

Colonel Cooper moved as an amendment that £10 a year be added to the medical officer's salary.

Mr. Sullivan, in order to meet the feelings of the Board, proposed that the salary be increased £20 a year.

Mr. Nulty withdrew his resolution in favour of Mr. Sullivan's amendment, with a view to the unanimity of the Board.

The Board then divided; for an increase of £20, 14; for £10, 9.

NAAS UNION.

KILDARE DISPENSARY.

THE Local Government Board transmitted a copy of a letter which they have received from Dr. Kehoe, medical officer of the Kildare Dispensary, relative to a proposed change in his residence.

Dr. Kehoe stated that he was building a residence within a quarter of a mile from his present residence in Kildare, and purposed building a dispensary attached to the residence.

The Local Government Board replied "that the matters in question are entirely for the consideration of the Board of Guardians and the Committee of Management." With regard to the proposed change in the dispensary, the committee did not approve of it.

OMAGH GUARDIANS.

SINGULAR SANITARY CASE.

THE Rev. J. R. Dill brought under the notice of the Board by letter, the case of the woman Hutchinson and her four children which had already been before the Guardians. It appeared that notwithstanding being possessed of sufficient means the woman still continues to keep her house in a most filthy and dilapidated condition, and her children in a state of starvation.

Mr. Hugh Graham stated that the lives of the children were in danger.

Major Buchanan said that on the last day the case had been before the Board it was arranged that the woman should be examined by the doctor so as to have her removed to the asylum.

Mr. Crawford, relieving officer, stated that the doctor would not certify that the woman was a dangerous lunatic.

Mr. Anderson said that Dr. Marshall would certify that the woman was a lunatic but not a dangerous one.

The Chairman stated the Board of Guardians could not interfere further. She would be prosecuted as a sane woman for starving her children. It would be quite enough for the Guardians to express an opinion when the case came before them.

Mr. Greener thought that a second medical man might be employed in the case. If the woman was a lunatic at all, why not send her to the asylum?

DR. LOVE'S SUPERANNUATION.

The Chairman intimated that the present was a special meeting, and that the first matter to be disposed of was Mr. Galbraith's motion, proposing to grant from the rates of the Union, a superannuation allowance of £125 17s. 10d. per annum to Dr. W. S. Love, late Medical officer of the Omagh Dispensary District. The Chairman read the medical certificates, showing the condition of Dr. Love's health and his physical inability to continue his dispensary duties without endangering his life.

J. S. Galbraith, Esq. in proposing his motion said—I hope that no difference of opinion will arise upon this question which is really not a question of favour, but one of simple justice. I could not describe in sufficiently strong

language the profound regret felt, not only by his patients, but by all who know him—(hear, hear)—at Dr. Love's compulsory resignation, and the regret is enhanced by the melancholy occasion which has led to it, namely, declining health. Although I conceive that no words of eulogy are required to fortify Dr. Love's claims, I cannot forbear giving my testimony (since I have had opportunity of observing it) to his unvarying attention to his onerous duties, ready at all hours to attend to the call of the humblest in his extensive district, and I am sure others could give corroborative testimony since the date of Dr. Love's appointment, twenty-three years ago. I know that his name is treasured as a household word by his patients, and their common expression "the sight of him does me good" speaks volumes as to his kindly sympathy, which the poor so much appreciate, so different from the callous and perfunctory way in which, I fear, in too many cases their wants are looked after.

Mr. Young seconded the motion.

Mr. J. Moore proposed as an amendment that Dr. Love receive no superannuation allowance, and said: The friends of Dr. Love feel grieved at the cause of his retirement, but they have at the same time the satisfaction of knowing that his sickness is "not unto death," inasmuch as he is still able to hold other offices——

Chairman — A lucrative position on the militia. (Laughter.)

Mr. Moore continued—Now the law allows the Guardians to give pensions in *certain cases*, but I hold that Dr. Love's case is not one of those referred to. If I understand it aright this law was made for the benefit of doctors in poor districts, where there was little or no private practice, and where, if failing health necessitated the doctor's retirement, the Guardians could grant a pension of one-third or one-half of the salary, as the case might be. But the law never contemplated giving a coach-and-four, or going nearly to that length. (Laughter.) Another case in which it is proper is where the doctor is permanently affected but that does not apply to the case before the meeting. And yet if Dr. Love was never able to cross his room door the amount here sought to be given him could not be greater. He has already been well paid for his services; he had received some £4,000 out of the rates during his time, and in other respects there are reasons why a pension should not be given. I think it absurd in this instance to give £125 17s. 10d. out of the poor rates, and it could not be very pleasing to her Majesty, did she know it, that a man in her service was receiving a pension out of the poor rates.

Mr. Buchanan, in proposing another amendment, said—I think it will meet the views of the meeting if we come to some sort of compromise. I quite agree with Mr. Galbraith in every word that fell from him with reference to the character of Dr. Love. We have the certificates of the physicians, and the fact of Dr. Love's long service—for the space of 23 years. On these 23 years I am satisfied to rest the case. I say the man against whom no complaint has been made for 23 years, and who has so satisfactorily laboured for that time amongst the poor of the district, I say that it is not now for us to thrust him from us. I pay as much personally to the rates of the Union as any one present, but if I paid twenty times as much I would not grudge this, if it were only to show how we esteem Dr. Love. Perhaps the amount stated by Mr. Galbraith is too much—certainly not more than Dr. Love deserves—but it may be more than we should give. I would propose £100, being two-thirds of the pay without emoluments.

Mr. R. S. Clements supported Mr. Moore's amendment, negativing the motion. He said—In looking over the words of the act I find that if a superannuation is given it must be "by reason of permanent infirmity of body or mind, or old age." I think Dr. Love is not in the category of any of these. Although it has been alleged that his health is impaired, I have my own opinion. Of course it is hard to doubt the doctors, but from past experience I have reasons for what I state. I cannot give a milder term to these certificates than that they are fallacious and misleading. We can hold our own opinion with regard to doctor's certificates as they are given to us. I think such documents should be sworn to as they are in a court of justice, and not be given as has heretofore occurred, without the doctor ever having seen the patient. These men took office without expecting superannuation and compassed sea and land to get into their posts. They were then satisfied and if they are now refused they cannot be disappointed. I would refer now to the last dispensary election, when a doctor informed me that if appointed he would agree to sign a paper that he would not expect or desire a superannuation allowance.

No other amendments were made.

The votes of the Board were then taken on the motion.

For £100 a year, 24. Nothing, 19.

The amendment proposing a superannuation of £100 was declared carried.

Subseqently Mr. James Moore handed in the following notice of motion :—"Take notice that I will move this day two weeks that the resolution grantiug a superannuation allowance to Dr. Love be rescinded on the ground that he holds other laborious offices (surgeon of Tyrone Militia, &c., and the recruiting from town to town in the said county), and his health is good and would still be able to hold the Omagh Dispensary. That the Local Government Board be requested not to sanction said resolution."

The Chairman informed the Board that a sealed order from the Local Government Board had arrived, for the payment of £100 per year to Dr. Love, being the superannuation allowance proposed by the Guardians.

Mr. Clements inquired whether it was a sealed order or a sanction.

The Chairman produced the document and stated it was a sealed order.

The Chairman further intimated that the present was a special meeting to consider the motion of Mr. James Moore, viz :—"That the resolution, granting superannuation allowance to Dr. Love be rescinded, on the ground that he holds other laborious offices—surgeon of Tyrone Militia, and the recruiting from town to town in said County—and his health is good, and would still be able to hold the Omagh Dispensary." He supposed that as a sealed order had come, Mr. Moore would drop his motion.

Mr. Moore said he did not intend to drop the motion, and was proceeding to propose it, when

Mr. Mackay rose to a point of order, and said Mr. Moore could not proceed with his motion in the face of the Local Government Board's sealed order.

Mr. Clements held that the document was no sealed order, only a sanction

Mr. Black referred to the Barrister's decision in Dr. Robinson's case. He had ruled that a similar document was an order, and granted a decree by it. The Local Government Board at anyrate would not withdraw the order.

Mr. Clements urged that the motion be received—if there was a majority in favour of it, the matter would go before the Court of Queen's Bench.

After some further observations,

The Chairman said the Board would merely stultify themselves in moving to rescind a sealed order of the Commissioners. They tried to rescind one before, but it was of no use. He declined to put the motion.

Mr. Clements then proposed that the Chairman leave the chair and that his place be taken by the Vice-chairman, and that the motion be put.

The Chairman said that motion was as illegal as the other and declined to put it.

Mr. Clements protested against the action of the Board, and the matter dropped.

MEDICAL WITNESSES IN CRIMINAL CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been a Crown witness at the winter assize

just concluded at Galway. To reach Galway I had travel 150 miles, yet the Crown solicitor informed me that *it was not in his power* (without a special order of the Court) to pay me more than if I was attending assizes in my own county town, a few miles distant. I would ask you if you consider two guineas a-day, with fifteen shillings hotel and railway fare, a sufficient remuneration for travelling backwards and forwards a distance of 300 miles, and giving evidence on behalf of the Crown? As I understand that these winter assizes are, owing to the facility of getting verdicts, to be continued, the matter might, I think fairly claim the attention of the Irish Medical Association.

Faithfully yours,
JUSTICE.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF DECEMBER, 1877.

DECEMBER 18th.—Fahie, Chas. Joseph, 23 Leinster Square, Rathmines, co. Dublin, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

18th.—White, Thos. George, Clonevan, Gorey, co. Wexford, Lic. 1877 and Lic. Mid. 1877 K.Q.C.P.I., Lic. R. Coll. Surg. Irel. 1877.

20th.—Gray, John, Bridgnorth, Salop, Lic. R. Coll. Surg. Irel. 1875.

24th.—Dedrickson, Robert Forrest, 1 Rathmines Terrace, co. Dublin, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

31st.—Thompson, Robert Norman, Kilquaide, N. T. ‖Mt. Kennedy, co. Wicklow, M.B. Univ. Dub. 1877.

31st.—Donovan, Robert Edward, Galtie Lodge, Galbally, co. Limerick, M.D. Q. Univ. Irel. 1877, Lic. R. Coll, Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

31st.—O'Connor, Patrick, Cahirowen, Athenry, co. Galway, M.D. 1877 and M.Ch. 1877. Q. Univ. Irel.

31st.—Davison, James, Clonmany, co. Donegal, Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Irel. 1877.

31st.—Westley, George, 21 Trafalgar Terrace, Monkstown, co. Dublin, Lic. R. Coll. Phys. Irel. 1877, Lic. 1877 and Lic. Mid. 1877 R. Coll. Surg. Irel.

31st.—Mackenzie, Wm. Gillespie, Lisburn, co. Antrim, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

31st.—Brereton, John Thomas, Dronfield, Sheffield, Lic. K. Q. Coll. Phys. Irel. 1877. Lic. 1877 Fell. 1877, and Lic. Mid. 1877 R. Coll. Surg. Irel.

31st.—Walsh, John Edward, Morlinstown, Kilmallock, co. Limerick, M.D. 1877 and M.Ch. 1877 Q. Univ. Irel.

31st.—Dingenan, John Joseph, Belturbet, co. Cavan, Lic. R. Coll. Surg. Irel. 1876, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING DEC. 29, 1877.

Total registered deaths in Dublin and suburbs* ... 163
Ten years average of same week 169

Decrease of mortality below average 6

10 weeks ratio of deaths Rathmines 14·6 per 1,000
" " " " Donnybrook† 23.9 "
" " " " Blackrock 21·7 "
" " " " Kingstown 19·7 "
" " Entire Dublin District 26·9 "
COMPARATIVE RATIOS—London ... 25·9 "
" " Glasgow ... 23·2 "
" " Edinburgh ... 22·3 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 30, which was also the average number in the corresponding week of the previous ten years. The deaths from these causes include 4 from fever (3 typhoid and 1 simple continued fever), 10 from measles (including those of two women, aged respectively 29 and 45 years), 1 from small-pox—that of a man aged 34 years, a resident of Meath Street District, who died in Cork Street Hospital—3 from whooping-cough, 2 each from croup and dysentery, 1 each from diphtheria, diarrhœa, &c.

Seventeen children died from convulsions.

Bronchitis caused 33 deaths, and pneumonia or inflammation of the lungs 5.

WATERFORD.—The Registrar remarks "Measles still prevalent."

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, December* 29*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, DEC. 29, 1877.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	27	165	163	29	36	1	10	...	1	3	4	1	7	10	47
BELFAST . .	20,687	182,082	23	107	81	17	11	...	2	2	...	...	7	1	2	4	11
CORK . .	13,816	91,965	34	36	61	13	19	...	10	...	..	...	...	...	...	...	20
LIMERICK .	8,509	44,209	24	20	20	...	13	...	...	...	...	...	..	1	...	...	14
LONDONDERRY	21,865	30.884	12	5	7	...	3	...	...	...	...	...	...	...	...	...	...
WYTERFORD .	17,209	30,626	15	4	9	2	3	...	2	...	...	1	...	...	...	...	2
GALWAY . .	21,358	19,692	21	10	8	1	3	...	...	...	...	...	1	2	...	...	5
SLIGO . .	30,835	17,285	6	6	2	1	1	...	...	..	...	...	...	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 16, 1878.

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Original Communications.

ON THE INDICATIONS FOR THE USE OF THE TREPHINE

DERIVED FROM CEREBRAL LOCALISATION AND THE RELATION OF THE CRANIUM TO THE BRAIN. (a)

By DR. SAMUEL POZZI,

Professeur D'Anatomie a la Faculté de Medicine; Interne Laureat des Hôpitaux de Paris; Membre de la Société Anatomique et de la Société d'Anthropologie.

(*Continued from page 532, last volume.*)

Do we wish to find out the motor centre of the arm? Place the crown of the trephine in front, of this line, *above*, if we believe Ferrier; towards the middle, if we hold with Hitzig. Do we wish to discover the centre of the inferior member? Apply the trephine, behind, the Rolandic line, and *above*, according to Ferrier—in front and *above* according to Hitzig.

The centre of the muscles of the face are immediately in front of this line, towards its middle, according to the same author.

But if we refer to the experiments of Ferrier on the monkey, it is placed more anteriorly on the second frontal convolution, and to reach it we must advance two centimetres from the middle of the Rolandic line. Two centimetres in advance of the summit of this line, we must seek the centre of the movements of rotation of the head and neck, if we accept the conclusions of the English physiologist; and I have previously shown why they appear to me preferable to the results of Fritsch and Hitzig.

Without going so far as to affirm with M. Lucas Championnière (b) "that we can as easily succeed as we apply a ligature to an arterial trunk," we may say with him *that, given a lesion of a cortical centre*, the surgeon is in a position to open the cranium at a fixed point, and fall just on the seat of the lesion; but we must be cautious. This proposition, which at first sight has the appearance of solving the problem, contains, in reality, only its announcement set forth in that part of the phrase which I have *italicised*.

And yet this author does not hesitate to maintain "that he has reached and solved the problem of the employment of cerebral localisation as a guide to the operation of the trephine." (a) Elsewhere he congratulates himself "on the certainty brought to an operation, up to the present so so little directed." (b)

Virtually, the "doubts and insufficient ideas on functional localisation," do not detract in the eyes of this daring surgeon, from the benefit we may derive from cranio-cerebral topography. He believes that he has fixed on the cranium the exact limits of a motor region, "the centre of which, in difficulty, the operator may touch almost with certainty."

He has not obtained any results; but that does not signify.

M. Lucas Championnière is not stopped by "details so trifling." He daringly proposes to multiply the area of the trephine. "You can," he says, "cover in an operation all the region, and still have a successful operation."

What is the extent of this motor region?

According to M. Lucas Championnière, it would appear to be eight centimetres by three, that is to say, he would consider as a good operation the creation of a breach of twenty-four centimetres square in the cranial walls.

Has M. Championnière yielded to the reminiscence of Henry of Nassau, who certified that his surgeon had judiciously applied twenty-five heads of the trephine.

These are *amusements of princes*, which, it seems to me, are too dangerous to be repeated. Nay, more, the loss of substance necessarily following the engagement of all the motor regions in the operation, is much greater than M. Lucas Championnière thinks. Look at the limit he assigns to it. In front the limit of the parietal; behind, the

(a) Translated from *Les Archives Générales de Médicine*, 1877, by Thomas M. Dolan, L.R.C.P. Ed., and revised by the Author.
(b) *Journ. Pract. Med. and Surg.*, February, 1879, p. 57.

(a) *Journ. Pract. Med. and Surg.*, February, 1877, p. 59.
(b) "Proceedings of Surgical Society," 14th February, 1877 p. 123.

parietal boss ; above, the longitudinal sinus ; below, the third frontal convolution.

Now, in verifying the dimensions thus obtained on six cranial caps, on which the convolutions were marked, after the method of M. Broca (*a*) I have found that though the latitude of this region was, as indicated by M. Championnière (81 millimetres)—the breadth, that is to say, the distance between the limit of the parietal in front, and the parietal boss behind, was considerably greater, nearly eight centimetres (78 millimetres).

Again, in taking this measurement, I commenced much in front of the posterior limit of the motor centre, occupying the totality of the superior parietal lobule. With still more reason, I have not included the centre situated on the *pli courbe*, a centre which ought logically to find a place in the motor region.

But even without this last correction, theoretically necessary, we see that the motor region, as understood by M. Lucas, is not only twenty-four, but sixty-three centimetres square.

It is needless to insist on the consequences resulting from this change of figures.

However "prodigious may be," and according to this author, "the attenuation brought by antiseptic dressings to the gravity of the operation," certainly any one would hesitate, at covering such a surface with the trephine.

When we read the remarkable discussion on the trephine which occupied, in 1867, many sittings of the Chirurgical Society, we see that in the midst of the grave difficulties which surround this formidable question, there is one especially in presence of which a surgeon must confess himself perfectly powerless.

In cases of persistent hemiplegia, even without exterior lesions, M. Le Fort has advised the trephine.(*b*)

"At what point would you apply it," asks M. Trelat, "as you are acting only at hazard when you have no external trace ?"

To this objection M. Le Fort replied : "I will operate on the side opposed to the paralysis, and I will search for that lesion." (*c*)

Seek the lesion, without anything to guide the instrument, with the probability of being obliged to stop, perhaps, after many useless applications, rather dangerous to the patient, for if made not direct on the seat of the injury they increase the chances of encephelomeningitis. In this prospective is there not something to make us hesitate, and to arrest the hand of the most daring surgeon ? and if he decides to interfere under the conviction that the patient will inevitably die if not relieved, with what ardour would he not receive any means offered to clear up his uncertainty. (*d*) In fine, if in place of a feeble light we promised him a shining one, capable not only of guiding him in cases particularly difficult, but still more of precisely pointing out the place for intervention, only after the study of symptoms, with what enthusiasm would not the surgeon be seized in face of this new era opened to the treatment of wounds of the head ? This in effect is the bearing of recent researches.

Can we put above, or even simply on one side, the exterior guides (fractures, depressions, wounds, local signs of contusion, or inflammation) which have, up to the present, alone marked the place for surgical intervention, indications derived from within functional signs, such as would be sufficiently pathognomonic to supply in the absence of a local lesion, or, when existing, to enter into the balance with it, and modify in some measure, the point where we design to apply the trephine ?

If man, when injured, afforded the same phenomena as we have derived from animal experiments, the surgeon would then assuredly derive valuable aid, from our knowledge of cerebral localisation.

On the appearance of derangement of inability in any group of muscles, we might, like the members of the Royal College of Physicians of London, who saw Ferrier act on a monkey with the electric current, know exactly what particular motor centre was touched.

Unfortunately, things are not as clear at the bed-side of the patient as in the laboratory, because we are there not masters of the perturbating phenomena.

The preceding remarks apply to recent wounds, and cases demanding the primary use of the trephine. If we analyse the observations, we are struck by the extent, the diffusion of the symptoms, sometimes even by their erratic nature, without doubt due to the disturbance produced by the concomitant concussion. We very exceptionally find convulsions localised, or paralysis circumscribed—monoplegia. If, in a manner more or less rapid, hemiplegia or partial convulsions often appear, such symptoms must be pronounced unpathognomonic. It is true, derangements of motility of this character have been rarely observed, but they have been consequent, upon injury to the temporal (*a*) and occipital regions, (*b*) which are not in immediate relation with the motor centres, and they have followed in a positive manner. I could multiply quotations relative to facts of this kind, but I prefer to rapidly analyse, from this point of view, a very remarkable case lately presented to the Surgical Society of Paris.

It concerns a man, who had received a blow from a spent ball, which carried off the superior part of the bell of the ear, whilst the squamous portion of the temporal bone lay bare at the bottom of the wound. The patient, at the desire of his relations, went on foot to their house, but arriving there he fell heavily on the floor, unconscious, and Dr. Uhlmann found him in that state when he called. He observed convulsive movements taking place from time to time in different parts of the body, and particularly in the lower extremities.

We must carefully notice this peculiarity. If the trephine was applied, at that moment, according to the theory of the motor centres, the top of the fissure of Silvius, about five centimetres behind the bregma, would have been the point for application. During the following days, paralysis, of the right side and of the face, with aphasia, supervened. Did this suggest the use of the trephine at the top of the third frontal convolution, at the antero-inferior angle of the temporal ?

A little later on, derangements of the movements of the eyes, and on the left side prolapse of the upper lid, external strabismus and dilatation of the pupil, came on. Should attention be directed to the *gyrus curvis* on the right side ? It is not probable that these ideas sprang up to disturb the decision, or to cause the hand of the Mascara surgeon to tremble. He simply trephined at the top of the seat of fracture, viz., on the temporal. Some minutes afterwards the patient opened the left eye, "the prolapse of the right eyelid disappeared," the right hand, paralysed up to that time, showed signs of movement, and he finally recovered, in defiance of all theory.

But I must differentiate ; it is not impossible to explain such phenomena ; it is sufficient to admit that in primary symptoms, or in those occurring early, a great part of them may be attributed to complex lesions, at a distance from the seat of injury.

I am now only dealing with recent wounds, as affording indications for the primary use of the trephine. Cir-

(*a*) From measurements taken on these specimens : Ahmed, 25 yrs.; Lataud, 13 yrs.; Arima, negro, 58 yrs.; Jenny, 50 yrs.; Boubon, negro ; Melanie, Prevot, 13 yrs.

(*b*) "Proceedings of Surgical Society," February 14th, 1877, p. 123.

(*c*) "Proceedings of Surgical Society," Second Series, tome viii., p. 130.

(*d*) Lefort. *Loc. cit.* p. 131.

(*a*) Guerin. Alph., Proceedings of Surgical Society, Second Series, tome viii., p. 142, quotes a depression of the *temporal région* in a child in his clinique, who exhibited on the second day delirium and convulsions. The patient having recovered, it is difficult to believe in meningo-encephalitis in this case to explain the symptoms.

(*b*) Longhi P. Wound by a ball on the left occipital region. Cerebral lesion. Issue of the projectile seventeen months afterwards. Recovery with lesion of mobility. *Gaz. Med. Ital. Lombard*, September, 1875.

cumstances indicating its use at a later period, are much more exempt from disturbing phenomena.

Lesions which produce complications (abscess, exostosis) are evolved slowly, and isolatedly, and their effects have consequently a simplicity which brings them into comparison with the results of experiment. May this resemblance be pushed so far, that the results, obtained in the laboratory, may be applied in similar cases to pathology? It might certainly be so, if in the absence of impossible experiments on similar subjects, indirect experience, which has so often assisted clinical observation, could be utilised, and if we had established in man the certain existence and exact topography of the motor centres, already fixed in animals. Unfortunately, up to the present, one centre alone complies with this indispensable condition, viz., the centre of language; the third left frontal convolution, which it would not be unbecoming to call the "convolution of Broca." This is the only region of the cerebral surface, injury to which affords us a sufficiently sure diagnosis, so that guided only by rational signs, we may seek it.

On a memorable occasion M. Broca opened a purulent collection which had slowly formed at this point. A man, aged 38 years, admitted on the 27th June, to the Hospital of La Pitié, had received on the previous night a kick from a horse, on the fronto-parietal region, causing a contused wound with denudation of the bone. Slightly stunned by the blow he yet did not lose consciousness, and had not even fallen; he walked to his own house, and on the following morning walked to the hospital.

Broca diagnosed that the denuded part, on which there was no line of fracture, corresponded with the parietal on its anterior border. For the first few days the wound went on well; there was no fever, the patient was not confined to bed, and cicatrisation was slowly proceeding, when erysipelas occurred on the 11th July, lasting ten days.

On the 24th July, twenty-nine days after the accident, he passed a good day.

25th. Morning restless, slight cephalalgia.

26th. Vomiting.

27th. Aggravation of symptoms; temperature 38°; pulse 84.

The patient did not reply to any questions, and the dressers thought he was deaf; when interrogated he either did not reply or used the same phrase, "that is not bad." It was evident he understood what was said to him, as when requested he pressed the hand, opened his mouth, or put out his tongue. From these symptoms it was clear, that the faculty of language was affected, and M. Broca diagnosed some alteration in the third left frontal convolution.

On the succeeding mornings, new and increasing symptoms developed; paralysis of the face with deviation to the left, complete paralysis of sensibility of the two right members, with incomplete paralysis of motility. The short, but decisive course, anterior to paralysis, during which alteration of the faculty of language, coinciding with conservation of the intelligence, had been clearly observed, denoted some alteration of the third left frontal convolution. The totality of concomitant phenomena, and the evolution of symptoms, indicated an abscess. Broca resolved on allowing it to escape by the aid of the trephine, which was applied at the point I have previously indicated, and as soon as the surgeon had opened the bony shield, a large quantity of creamy pus flowed out. To assist the discharge, a second application was made above the first, but encroaching a little on it so as to make only one opening. The external surface of the *dura mater* appeared intact. An hour after the operation, the patient, who had been in a state of *coma*, recovered consciousness; he replied by signs to his name. He did not speak, but made attempts at doing so, and gave several indications that he understood the questions put to him. Some fluid was offered, he took the glass in his left hand, and carried it to his mouth. This amelioration was, unfortunately, not of long duration. At 4 p.m., the operation being finished, at 11 a.m., he relapsed into a comatose state. Two hours after, M. Broca made an exploratory puncture into the dura mater. The autopsy confirmed the exactness of the diagnosis, already verified during the operation. At the point where the trephine was applied, and there only, the internal surface of the *dura mater* presented a dark colour, and the parietal arachnoid was joined to the visceral by some soft adhesions; moreover, the pus infiltration, starting from the fissure of Silvius, extended along the vessels on the external surface of the neighbouring convolutions. The third frontal convolution, was adherent to the meninges, red, inflamed, and softened; in a word, lesions of diffuse meningo-encephalitis existed, having their point of departure from the abscess formed between the bone and *dura mater*. In effect, the first organ manifesting disease was the centre of language, situated directly under the abscess. M. Broca, in his observations on the case I have just analysed, remarks, the trephine was applied too late. "The abscess, though relieved, had already produced irreparable complications, and thus only a temporary amelioration was obtained, and the patient succumbed to diffuse meningo-encephalitis, which nothing could arrest." I have only presented a *resumé* of this very excellent case. It is, up to the present time, the only real application made to the therapeutics of surgery, of our knowledge of localisation, and of the cranio-cerebral topography. The observations, which have been recently offered at different sittings to the attention of the members of the Academy of Medicine, and the Chirurgical Society, though worthy of interest, have not quite a similar bearing. I shall first give an analysis of the cases of MM. Proust and Terrillon, and I must acknowledge their kindness, in favouring me with a complete copy of their observations for this purpose.

On the 8th October, 1876, a young man received on the left side of the head, a violent blow from a sword bayonet; there was abundant hæmorrhage, and loss of consciousness ensued, lasting a quarter of an hour. On the following morning, for a short time he was again unconscious, and he complained of heaviness in the head, but there were no bad symptoms, either as regards speech or movements of the members. His condition was very satisfactory up to the 19th or 20th of October, about eleven or twelve days after the injury, when he was attacked with embarrassment of speech, weakness of the right upper extremity, and facial hemiplegia; these symptoms progressively increased without notable cephalagia or vomiting. On the 26th October, a crucial incision made at the top of the wound, revealed a quadrilateral depression, about the size of a square centimetre and a half, and the fragment was so directly driven in, that the external table appeared on the top of the internal table of the adjoining part.

"In the presence of a depression of this nature," observe the authors, "of the concordance existing between the paralytic symptoms and the fracture of the cranium, in the absence of fever, cephalalgia, and of convulsions, there was one therapeutical indication evident."

The use of the trephine was required, and it was employed the following morning. The crown was applied behind and above the depressed part, but touching slightly upon it. Three moderately large fragments and many small ones were lifted up and removed. When the deepest one was taken away some drops of pus mingled with blood flowed out. The surface of the *dura mater* was red and congested; phenic acid was applied. The operation was scarcely finished, when they were astonished at the "almost instantaneous amelioration. The facial paralysis was not very sensibly diminished, but the paralysis of the arm was much less intense, and of this they were assured by making him press their hand. The aphasia was also improved; he counted from 90 to 97, which he could not previously do." The following days there was greater improvement, interrupted for a short time by erysipelas.

When the case was published the aphasia had disappered; there was only a slight stammering which he had from childhood; the right arm had acquired almost its

normal force; the facial deviation was nearly imperceptible.

We have here a very interesting case, illustrating the use of the trephine in depression of the cranium, which causes complications, about fifteen days after the injury.

This evolution belongs to a numerous and well-known class of wounds of the head. The judicious treatment applied does not remove it from its classic bearing, for proof I need only refer to the discussion that took place at the Chirurgical Society. The opinions expressed by MM. Broca, Deguise, Perrin, Le Fort, Legouest, Trelat, are in agreement on cases of this nature. The knowledge of cerebral localisation did not direct the surgical procedure adopted, or point out the place for operation. The crown of the trephine was applied, on rational principles, at the top of the depression. MM. Proust and Terrillon, by a laborious method I need not now enter on, fixed with almost certainty on the injured convolution, the ascending parietal, at the top of the third frontal convolution. Now, if this point corresponds with the motor centres of the upper extremity, it is removed from the one, injury to which produces facial paralysis and aphasia.

These symptoms, though existing in the patient, did not induce the surgeons to increase the size of the wound occupied by the trephine, in the direction pointed out by the theory of localisation. They were guided by the indications furnished by the external injury, as their ancestors would have been, and I may say they could not have done better, as the result proved. Scarcely was the case of MM. Proust and Terrillon brought under the notice of the Academical Tribunal (Nov., 1876) than M. Lucas Championnière (*a*) redirected their attention to a case of his own which had been first published in a thesis (Paris, July 6, 1876). The principal features of his observations I shall abstract.

A man, aged 20, was brought to the hospital Lariboisière, on the night of the 15th or 16th Nov., 1864. He was in a state of profound stupor, from which, in the morning, he was roused with difficulty, by stirring him very forcibly. Motion of the right upper extremity was partly abolished, and aphasia existed.

In his communication to the Chirurgical Society, M. Championnière says: "This man had some signs of a blow on the top of the left parietal boss."

He was more explicit on this important point in his thesis. "There existed some subconjunctival ecchymosis on the external side of the bulb of the conjunctiva. On examination of the cranium, on the left side of the shaved head, was a small wound of about one centimetre and a half, perfectly dry. Such a wound as might be made by a knife. No swelling or effusion around. Pressure did not excite any pain, and no inequality was established."

On the evening of the 28th November, convulsive attacks ensued, repeating themselves many times during the following days. The convulsions did not affect the paralysed members. On the 23rd, seven days after the accident, the symptoms were much more aggravated. M. Lucas Championnière adds:—

"Relying on an analysis of the preceding symptoms, on the consideration of the epileptic attacks supervening on the limited hemiplegia, I suspected the existence of fracture of the internal table, with splinters and effusion of blood, compressing and irritating the brain and its membranes. I then resolved on the use of the trephine.

"I made an incision in the skin *just round the small wound*, I find a small depression on the bone, I detach the periosteum with a knife, and find the depression of the skull exists in front. The depression is not large, but the fragments are multiplied and solidly entangled one upon the other. I made an incision in such a way as to form a half T, and find the whole fracture; I denuded with care the bone, and apply the trephine so as to leave a bridge of about one millimetre between the crown and fracture. I raise with the forceps the small osseous bridge and the fragments. At the bottom of the wound, I see blood effused on the meninges, and in the blood a detached splinter implanted in the dura mater, which I extracted with some difficulty."

The paralysis disappeared four days after; the aphasia on the 14th day, and a complete recovery resulted. M. Lucas Championnière, in his thesis, and in his communication to the Chirurgical Society, endeavours to show that he trephined, according to the works of Turner, at the top of the ascending frontal convolution.

This appears probable, but the important point for us to determine is whether this theory alone was of use to the surgeon. Now in this point of view—the benefits to be derived from theoretical ideas for operative intervention—the two cases I have related afford us instructive food.

They are only separated by some accessory details. On the patient of M. Lucas Championnière the trephine was used to remedy *primary complications*, whilst in the case of MM. Proust and Terrillon it was employed for *secondary complications*. The latter recognised an evident depression, whilst M. Lucas Championnière had to deal with an inappreciable deformity, covered by hair, and did not deem it necessary to make an exploratory incision which would probably have revealed it. But, though ignorant of the depression, he suspected fracture of the internal table.

Are not the cases comparable with these two exceptions? In both cases the use of the trephine was indicated, according to ideas habitually held.

In both cases the operator was guided by a wound, nay, more, by a fracture. In both cases the views relative to localisation, and cranio-cerebral topography have not been of any real help as therapeutical indications. If they presented themselves to the mind of the operator when about to apply the trephine, they could only corroborate the elements of appreciation, already sufficient of themselves.

Shall I say, then, that these theories are without interest to the surgeon?

Such are not the conclusions I desire to arrive at, though it is necessary not to rely too much on certain imprudent declarations. My only desire has been to show that we ought not to adopt novelties, and consider as progress already accomplished by surgery, what is still only the relation of new materials furnished by pathology to the physiology of man.

We must humbly become convinced of this. In the precarious state of our actual knowledge it is not physiology which enlightens clinical medicine, but clinical medicine which enlightens physiology.

We must observe a medium course, and beware of a hasty confidence which may lead to cruel deception; whilst we also guard against a culpable indifference in the face of progress in the way of accomplishment. The true clinician ought not to be indifferent to anything which tends to advance science; although the immediate application of badly-supported theories is not yet possible, they should not be neglected. For some time they may perhaps only serve to enrich our *memoires;* but the day will come without doubt—the history of all scientific progress offers us a sure guarantee—when they will take a more elevated place in the art of healing. Then, but then alone, the surgeon, in place of simply presenting his failures or successes as "contributions to the study of cerebral localisation," may be able to inscribe the legitimate and ambitious title:—

"The Use of the Trephine guided by Cerebral Localisation."

(*a*) *Journal of Practical Medicine and Surgery*, February, 1877, p. 56. Sitting Acad. of Med., 9th January, 1873. Proceedings of Surgical Society, tome iii., p. 119, Meeting of Society, 14th February, 1877.

It is understood that by the will of the late Mr. John Freeland, who died recently at Nice, the Western General Infirmary of Glasgow, becomes entitled to a legacy of £40,000, payable within a year from this date, which is to be applied in the erection and equipment of an additional wing to the institution.

NOTES FROM PRIVATE PRACTICE—CASES OF AMENORRHŒA.

By Dr. G. de GORREQUER GRIFFITH,

Senior Physician to the Hospital for Women and Children, Consulting Physician-Accoucheur to St. Saviour's Maternity.

The following cases are not devoid of interest :—

Miss H., an Irish lady, came to consult me about the suppression of the menses. She is in height above the average, is of large build, though not by any means of a masculine development ; the complexion is dark, the hair is dark-brown, the eyes are of the same hue, the cheeks are full, plump, and with a delicate blush upon them, the lips are likewise full and of the same delicate tint, and the teeth are white and good, showing that there is no constitutional weakness ; the chest is well-proportioned, and the breasts well-developed ; the hips are in keeping with the dimensions of the frame ; altogether the body is well-set and well clothed everywhere with fat, so that there is no evidence of want of condition.

History.—All her family are healthy and very strong, and she herself has always enjoyed the best health, nor can she recollect any illness happening to her, until the present ailment occurred. She always had a ruddy colour in her cheeks, and it is only since this illness that she has lost it, and that the tint of delicacy has made its appearance. About four months ago she was unwell, and while in this state "was greatly frightened, so much so, indeed, that she felt a shock all over her, as if she had been electrified, and was conscious of a great change in her system." The menses seemed to be immediately checked, to be dried up at once, she was "completely paralysed with fear and utterly prostrated." Not wishing to consult a medical man, she allowed this condition of things to continue for some weeks, hoping that the menses would daily return, or at worst be only deferred to her next period, and that with their reappearance she would regain her health. The monthly period came round, and "though she felt bodily very ill, there was no show," the "bodily very ill" being nothing more than the symptom of suppressed or missed menstruation. She had already begun to suffer pain in the head and eyes, and a sense of fulness in both situations, neuralgia of the face, chest, and limbs, pain and weakness in the back and loins, weariness and lassitude, petulancy of temper, peevishness and fretfulness which she could not command. At the time of the next monthly period, there was no appearance of the catamenia, and the only difference that obtained in the symptoms, was an increase of their intensity. She missed four periods. After the fourth had passed without a return to her natural health, she consulted me.

She was ordered a warm hip bath every second night, mustard poultices to the hypogastric region, and to the inside of the thighs ; the bowels were well opened by means of the sulphate of magnesia, the breasts were well rubbed three times daily by a nurse; she was made to take as much exercise as she could in the open air, but not so much as to fatigue her, and every kind of nutriment in quantities that the stomach would bear. Besides this, she was put upon the ethereal tincture of ergot, and galvanised every night or every other night. The manner in which I applied the galvanism was the following :—

The poles were placed on the abdomen as nearly as possible at points corresponding to the sides of the womb; by "sides" I mean the outer edges, and after the electricity had been conveyed for some minutes in a continuous current, the plan of its administration was altered, and it was given in shock currents. The position of the poles was changed, one was placed over the right and the other over the left ovary, the continuous and shock currents being both employed in the same manner that I have just described. I now had one pole put by the attendant upon one breast, as near the nipple as I could without being actually upon it, and the other upon the opposite ovary ; then the poles were placed, one on the right breast, and the other on the ovary of the same side, and the electricity used as before mentioned ; again, the poles were shifted, and one was put upon the left breast, while the other was pressed against the integument of the abdomen, immediately over the situation of the left ovary. This latter application of the galvanism could not be tolerated, because of the "cramping sensation in the heart," and because of the distress occasioned by it. The upper pole was, therefore, removed to the right breast, and the currents, both the continuous and the shock, were given in a cross manner ; that is, the right breast and the left ovary were the parts through which the electricity was conveyed into the system.

As the ergot did not seem to act in any other way than in griping her, and in making her feel intoxicated, it was laid aside, and the oil of savin substituted, in ten-drop doses, three times daily. Moreover, on the third morning, before the day she ought to become unwell, I gave her a draught containing fifteen minims of the oil ; on the morning following she had thirty minims, and on the day that she expected the catamenia to return, I had the satisfaction of hearing that a white discharge had made its appearance. This discharge I looked upon as vicarious.

The effect of the treatment was as desired. It occasioned pains in the ovaries and in the womb ; also in the latter it created a bearing-down sensation, as though the patient wanted to pass something and could not. The savin did not occasion sickness, as I had adopted the precaution of ordering it to be taken immediately after meals ; and the only discomfort she experienced from it was "the repeating of the taste of it in the mouth." The electricity had been discontinued for three or four days preceding the day on which the return of the menses was expected, and both it and the oil were left off when that day had passed, in order to allow a rest from all treatment, so that when it was again begun there might be more signal effect. Three weeks before the next period should make its appearance the oil and electricity were begun. The latter, as on the previous occasion, was laid aside a few days before the looked for resumption of the menstrual function, as the patient thought it had on former occasions driven away the pains natural to "the period," by being continued up to the very time. The menstrual nisus began to declare itself, as it had in the last month, by the commencement of the pains ; and she felt assured that at the set time of life the natural discharge would appear. The menses did come on at the exact period, to the relief not alone of the body, but of the mind, and her entire condition.

The second case which I shall here mention is that of Miss V., aged about 37.

For some time she had been in delicate health, and had been losing flesh. She is of spare habit, but states that not long ago she was plump and in good condition ; now, however, the face is pale, thin, and the features are drawn and pinched, the entire of the body is wasted, and its surface pale and unhealthy-looking. The bowels are generally constipated, and require medicine to move them.

In tracing the history of her present affection, I gained from her the information that about six months previously, whilst she was "unwell," she got a fright, and had also allowed her feet to get damp ; that the menstrual flow was by these two causes at once arrested, and had not since returned, and that she had gradually got thinner and thinner, had been teased with vagino-labial irritation, had lost her inclination for food and for society, and had fallen into the bad state of health in which I now found her.

The manifest first indication was to clear out the bowels, and this was effected by means of sulphate magnesia, in these cases an admirable aperient when combined with certain adjuvants. Afterwards treatment was adopted in her case similar to that pursued so successfully in the other. On the morning of the day upon which the menses were looked for, there was a bleeding of the nose, and in the

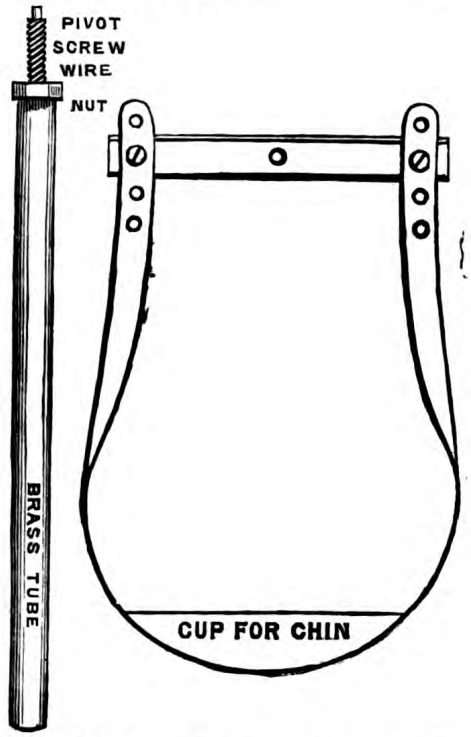
course of the day the catamenia made their appearance. The discharge, however, disappeared on the same day, but on the following morning the epistaxis returned, and with it the menstrual flow. Since then the patient did well and has been restored to health.

I could recite many other cases similar to these I have quoted, but for all practical purposes I consider two distinctly typical, though in some points diametric, instances sufficient. At this moment I have under my care, in the hospital a young woman of 18, who is in appearance more like a child of twelve, and in whom all womanly development seems to have been arrested ; and I purpose treating her by uterine stimulants, and by electricity, partly to procure the growth of the womb, which is now as small as in infant life.

TAYLOR'S APPARATUS FOR POTT'S DISEASE IN THE CERVICAL AND UPPER DORSAL REGION MOUNTED ON THE PLASTER OF PARIS JACKET.

By CHARLES P. PUTNAM, M.D., Boston.

IN the "Transactions" of the American Medical Association, Prof. Sayre has described and figured an appliance for suspending the head in connection with the plaster of Paris jacket. The jacket of course only serves as a pedestal on which to erect what Prof. Sayre calls a "jury mast," but it certainly makes a very good pedestal.



Taylor's method of treating Pott's disease (*Archives of Clinical Surgery*, June 15, 1877) in the upper part of the spine is not, as is well known, to suspend the head and so draw the vertebræ apart, but to apply counter pressures on the chin and on the prominent vertebræ in such a way as to throw the weight of that part of the body which is above the diseased portion on to the articulating surfaces, and thereby relieve the bodies of the vertebræ.

The following has been found to be a simple and effective means of accomplishing this end.

The plaster jacket is put on in the ordinary way except that a promontory is built up from it at the back quite on to the diseased portion of the spine, and in the process of construction a brass tube about a foot long and half an inch in diameter is imbedded in the back of the jacket and in the promontory. When the plaster has set a large screw wire nearly fitting the tube is slipped into it so far that the upper end of the wire is at about the height of the chin, and it is kept in this position or adjusted at will by a nut which is screwed down so as to rest on the end of the tube. The threads are filed off for about half an inch at the top of the wire to form a pivot for the chin piece or collar.

The collar may be of the simple efficient kind ordinarily in use with Taylor's apparatus, but one that is equally efficient, very easy to make and only a little less sightly is composed of a short straight strip of iron or steel for the back part and a long strip bent into a bow or letter U for the front and sides. The straight piece has a hole in the middle to receive the pivot and a screw hole and screw at each end to attach the U piece, the ends of which are twisted so as to bring them into the proper plane. Several holes are drilled through these ends, those on one side being so large that they allow the head of the screw to pass through, whereby the collar is easily put on or removed.

The front part is finished to receive the chin in the usual manner.

The only advantages that can be claimed for this collar are its cheapness and more easy adjustibility.

In practice this method of applying Taylor's apparatus has left nothing to be desired except that the plaster of Paris became in a few days rather brittle. It was perhaps of poor quality. The difficulty was, however, overcome by covering it with a layer of bandages wet in silicate of potash, which has made it perfectly firm.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Notes on a Case of Ovariotomy, terminating in Sudden Death.

Under the care of Mr. E. STAMER O'GRADY,

Surgeon to the Hospital and Member of the Surgical Court of Examiners of the Royal College of Surgeons in Ireland.

C. W. (No. 2,727), a tall, well-made, healthy-looking woman, came under observation on the 18th November, of the year just ended. She stated that she was seven years married, and the mother of four children—the last a seven months' one, which lived only eight days, was born in the middle of the March preceding her admission to hospital. Catamenia had continued regular all through, usually lasting from five to seven days, until five weeks back, when she passed her time, and has not had any change since. The patient, who was a woman of exceptional intelligence for her rank in life, believed her ailment began six months before the birth of her last child, after which event she remained of large size, and subsequently continuing to increase rapidly, placed herself under the care of the gentleman—a former pupil and "resident" of the hospital—to whose courtesy I am indebted for this very interesting case. The abdomen was enormously distended, conveying to the eye the idea of even greater bulk than really existed, the circumference being 53 inches ; the distance from the ensiform cartilage to pubes 28 inches, and from the umbilicus to the left and right groins 11 and 14 inches respectively. The above measurements were taken when in the recumbent position, the patient lying on the back with the abdominal mass laterally supported. The abdominal parietes, somewhat œdematous in their inferior portions, were extremely thin, and when not so sustained it fell over to either side ; or, when patient was in the erect posture became markedly pendulous in front. Fluctuation was manifest in all directions, with notable distinctness.

It seemed as if some firm portions could be somewhat vaguely felt far back to the left side, and somewhat more obscurely yet to the right. The surface, except over a limited space in the region of the left loin, was universally and in all positions dull. Only on one occasion could resonance be very indistinctly elicited in the right loin, as she lay on the left side and turned well over and forward. Results of vaginal examination were entirely negative. There was some rigidity of the radial pulse, and the cardiac

action was rather weak, otherwise the woman's condition seemed in every way satisfactory. The urine was normal in quantity, and free from albumen or deposits. There had been no sickness of stomach, and notwithstanding the large dimensions comparatively little dyspnœa. A woman of cheerful, well-regulated disposition, she bore up against her formidable trouble with remarkable courage and hopefulness, desiring as early an operation as possible.

The operation was proceeded with on the 22nd in a private room in a wing usually used for administrative purposes, and detached from, though communicating with, the hospital proper. The condition of the bowels had been previously attended to—a healthy motion was passed on the morning of the operation; immediately prior to its commencement, the patient was dressed in the customary flannel suit, and the catheter used by the nurse. The perforated caoutchouc sheet protected the clothing, &c., from risk of wet. The incisions (*a*) made in the middle line, midway between the umbilicus and pubes, speedily opened the peritoneum, exposing the cyst, and letting some ascitic fluid escape. An ordinary steel sound introduced through the cut and swept round over the face of the cyst demonstrated that no anterior adhesions existed within the limits of its reach. The large curved tapper was now introduced, my colleague, Dr. Duffey and Dr. S. Mason, keeping up uniform pressure as the fluid (*b*) flowed off by the conducting tube into the receiving-bucket under the table. A second large chamber required perforation, when the collapsing cyst, firmly secured to the canula by the side rakes, was drawn partially out, its progress being checked by some moderately strong anterior adhesions, which now came within reach. These were easily broken down by the hand, but the growth could not yet be extracted in consequence of the amount of solid-like structure contained in the deeper portions of it, which necessitated the elongation upwards of the incision by an extra four inches, to enable it to be delivered; as this was effected, the great omentum—extensively and intimately adherent to the posterior surface of the growth—came with it. These adhesions were separated with the fingers, the different lacerated and freely-bleeding pieces of the torn omentum being taken in charge and securely held by my colleagues, Mr. Ledwich and Dr. T. P. Mason, during the detachment of the tumour. The pedicle, a long and moderately slender one was secured by clamp; to the face of its stump the actual cautery was subsequently freely applied. The extensive sites of the omental adhesions were so badly lacerated and bleeding that this structure, which, besides, was not in a healthy state, could only be dealt with by tying it in packets with carbolised catgut, and cutting off the different damaged portions at various lengths, as indicated for each segment respectively. Some fluid blood and coagula were removed from the pelvis, a large-sized caoutchouc drainage tube introduced along the pedicle, and its free extremity fastened to the clamp. Such portions of the peritoneal membrane, both visceral and parietal, as came into view, were very vascular and injected (*c*). The wound was closed with eight points of carbolised catgut suture; this was passed through by double needles from the peritoneal surface, so as to bring strips of equal width of this membrane on either side into apposition. Additional support was given by broad straps of adhesive plaster, and pads of warmed French cotton, all being kept duly in place by the three-tailed flannel roller. Chloroform administered by Mr. Shaw acted admirably; prior to commencing its inhalation two ounces of brandy were taken. In the early morning a light breakfast of beef-tea and toast had been given. On patient being placed in the heated bed ready prepared in the same room forty drops of Battley, with two ounces of whisky, were thrown up the rectum. An hour later a good deal of pain being complained of, the opiate was repeated, and was promptly followed by sleep of two hours' duration. On awakening she was easy, and satisfactory reaction had taken place. Eight ounces of urine were drawn off. During the day a good deal of sleep was enjoyed. Nothing but a little iced milk was given by the mouth, the stomach kept quiet, and quite free from any tendency whatever to sickness. At 6.30 p.m. it was ascertained that the drainage tube was acting well, sanguinolent fluid escaping; the catheter again withdrew eight ounces of urine. Pulse was now 120, skin soft and moist, facial aspect good. After midnight the pulse reached its acme, 130, with a temperature of 104°. A draught containing 10 grains of quinine, 30 drops of Battley, and 20 drops of tincture of digitalis, was given and retaind. During the night the above draught was repeated; the woman slept well. On one occasion only the stomach was very slightly sick when gulping up a mouthful of wind, to which annoyance she was subject occasionally. Shortly before day-break the nurse, observing some tendency to weakness, gave a stimulo-nutritive enema, containing 2 ounces whisky, 10 grains quinine, with some beef-tea. Amendment after this was prompt and marked.

At morning visit on the 23rd Mrs. W. was found apparently in excellent trim: she spoke of what a source of relief the operation had been to her, and how she felt far, far better than she had any expectation she could be so soon. The facial expression was all that could be desired. The pulse, now 118, was of good character and volume; the same thermometer as before used registered 101·8° (*a*) An ounce of brandy, beaten up with half an egg, was given, prior to commencing to dress the wound. There was considerable but not excessive tympany, and some tenderness existed along the immediate neighbourhood of the wound. The dressings adjacent to the orifice of the drainage-tube were saturated with a somewhat reddish discharge with rather offensive odour. The soiled portions of the dressings were clipped away, and, with a syringe, the nozzle of which was inserted into the tube, some six or eight ounces of reddish fluid were gently sucked up, and then a weak solution (about ℥iss. ad. ℥viij.) of carbolic acid in tepid water injected in successive portions of two ounces, each being withdrawn before injecting the succeeding portion. It was intended to follow the fourth and last two ounces to remain; some of it, however, escaped by the tube, though not sucked out by the syringe; this and the last previously injected portion came back as clear as introduced. During the process there was no sensation of pain, or, in fact, special consciousness of what was being done; the woman was gay and cheerful, speaking of her coming rapid recovery. Strips of lint, which had been soaked in glycerine, were placed along the edges of the cut, and the dressings were being readjusted [during the process of dressing the large pads of cotton supporting the hollow of the belly in the diaphragmatic region had been retained undisturbed in place by the hands of an assistant], when, in the midst of a passing word of *plaisanterie* the patient was indulging in respecting an independent circumstance which had occurred during the dressing, she suddenly said she felt dizzy, and instantaneously became unconscious—absolutely, as if from a stroke—the face flushed deeply and sweated profusely. The temperature was not tried, but undoubtedly

(*a*) In several operations, especially gastrotomy in its various forms, a director, having attached to the handle a sharp hook of very small size, will be found a most manageable and efficient instrument, lessens much the necessity for changing instruments. It changes and materially facilitates matters when structures have to be divided in layers.

(*b*) This was brownish in colour and somewhat viscid; over 7½ gallons were measured, besides more than another gallon which had been spilled. The "sac" weighed 3 lbs 12½ oz., the anterior and lateral portions being very thin, whilst the posterior part was composed of cavities containing masses like bunches of grapes in bladders, each filled with the varying fluids usually met with under such conditions.

(*c*) A similar condition, and to an equal degree, was observed when operating on a former case, which, however, on that occasion, happily terminated in recovery.

(*a*) On each occasion the temperature was taken in the axilla.

for some minutes it was very high. Coincidently there was spasm of both upper extremities, equally well marked on either side, the thumbs being deeply flexed into the hands, the fingers grasped tightly over them, the hands flexed on the forearms, and these on the arms. No spasmodic affection occurred in the face, or was observed, and it is believed such did not happen in the lower extremities. Soon the face paled, pulse became weaker and weaker, the respiration shallow and at more and more distant intervals; the body heat rapidly ran down, and in less than half-an-hour death supervened. Immediately on the occurrence of the attack every effort was made in the promptest possible manner (*a*) to attempt resuscitation. The seizure came on during the visit, my three dressers and two experienced nurses being also at the moment actually engaged with me in the service of the patient. There was, therefore, no time lost in having a powerful stimulant enema thrown up, a large hot poultice placed over the belly, and mustard sinapism over the region of the heart, together with subcutaneous injections of ether. The application, on a bit of soft cotton, to the nostrils of seven drops of nitrate of amyl *seemed* (*?*) to cause some momentary improvement, but such did not follow a second trial of this agent. My colleague, Dr. Duffey, kindly came to my aid, when a few minims of liq. ammoniæ well diluted were injected into the right external jugular; no effect appeared to follow; the case was now, however, utterly prostrate.

Dr. Duffey, Physician to the Hospital and Pathologist to the Rotunda Hospital, kindly made the autopsy, from the written report of which, taken by one of my dressers, Mr. M. A. Donnelly, the following is mainly summarised.

The wound was found to be firmly united throughout its extent, requiring considerable force to tear asunder the adherent peritoneal surfaces, the membrane being throughout injected, vascular, and studded with beads of lymph. Spleen larger than usual, lobulated in a peculiar form, but of healthy appearance. A sub-peritoneal hæmorrhagic clot was found opposite the convex margin of the stomach, as well as a similar one on the transverse colon. There had been no hæmorrhage from the omentum where it had been tied and divided. Some reddish fluid was in the pelvis, but there were no clots, and it was evident there had been no hæmorrhage whatever since the wound was closed after the operation. The uterus was healthy, but the right ovary showed on section some small cysts in its structure; it was scarcely enlarged, and had passed for sound at the time of the operation. The stomach was distended with flatus, and deeply stained with bile; the liver somewhat small and congested, its surface so extremely delicate that the slightest touch of the finger impinged it. The heart had a considerable amount of fat deposited on its walls, which were otherwise healthy; all the chambers were healthy; aorta somewhat atheromatous. The lungs did not collapse much, and there was slight hypostatic congestion, as well as a little pleural and pericardial effusion. General and well marked venous congestion, the vena Azygos specially being excessively full and turgid. The pulmonary artery contained some, and the pulmonary veins a considerable quantity, of fluid black blood.

The general appearance of the brain was healthy, the anterior half seeming, perhaps, somewhat anæmic, whilst the inferior surface of the cerebellum was rather hyper-vascular. The sinuses were very full and turgid, the arterial system empty, and, so far as the most careful investigation could ascertain, perfectly free from clots. Sections of the brain mass showed nothing wrong. Nowhere in the body could proof of the supposition that death was due to embolism be found.

The surgeon seldom happens to be a witness at the moment when sudden seizures such as and similar to what occurred in this case take place, the circumstances attendant on which have been given in considerable detail, and the accuracy of which can, on the present occasion, be vouched for. Probably, among those who may read the case there will be diversity of opinion as to the cause of death. Indeed, it may be a question as to how far there was direct connection, if any, between the operation and the result. In Peaslee's excellent work embolism is mentioned in a passing way as one of the possible causes of death after ovariotomy, but examination of the literature of the subject and the personal experience of surgeons, tend to show how rare a termination is such as that which occurred in the present case. The very careful autopsy made by a skilled and experienced pathologist failed to find proof of the supposition that death was caused by embolism, and so far favours the view of its being consequent on some obscure form of secondary shock. Our knowledge of the sudden mode in which carbolic acid kills when taken in its concentrated form as a poison goes for nothing in such a case as the present—in face of the habitual performance by some of their ovariotomy operations under the carbolised spray, much larger quantities, in more concentrated form, of this agent being so applied to the peritoneal membrane than was the case in this instance. Moreover, the employment of carbolised and other injections into the peritoneal cavity has long been a thoroughly well established line of practice. Perhaps there may be such a thing as similar individual idiosyncracy to this drug as exists in some folks with regard to mercury, &c., the use of which, we know, acts in some persons at once as direct and specific poisons—notably to the various anæsthetics, and in isolated individuals to even certain ordinary articles of diet. Speaking of ovariotomy under the spray, Mr. Spencer Wells very recently (*a*) says—"That no great harm is done by peritoneal absorption of carbolic acid," evidence which, though not very positive, shows that within his vast experience obvious mischief cannot have been traced to the local use of this agent. How far the disturbance of the *equilibrium* of the nervous centres dependent on the abstraction of the amount of fluid sucked out by the syringe, or the subsequent introduction of the smaller quantities, may have stood in relation of cause and effect to the result, the writer cannot say, but, in connection with the subject, may allude to the experimental investigations which have been recently made on the effects of intra-peritoneal injections. The temperature of the fluid injected was about blood heat. The formation of the drainage tube was such that no violence could possibly have occurred in either the abstraction or injection of the fluids, which processes, moreover, were conducted with the utmost gentleness. The syringe was fully charged on each occassion with the fluid, and contained no air. In no way could cannalisation have occurred. In one other case (*b*) of the writer's the fatal seizure seems to have occurred with almost equal rapidity. The woman was doing well apparently, when the facial aspect was observed to suddenly change, and become of a deep, dusky hue, active delirium immediately supervening. In that case the phenomena directly attendant on the seizure were given on the authority of the faithful and vigilant nurse who had charge of the subject of this communication, also, and who having been habitually placed in special charge of the various cases of this kind operated on by my colleagues and myself has had an experience in the after-treatment of cases of gastrotomy for both ovarian and uterine disease unequalled by that of any other nurse in Ireland.

(*a*) Taught by prior experience of the special necessity of being prepared for emergencies in ovariotomy cases, all matters likely to become suddenly required in such event are habitually, at Mercer's, placed in the room ready to hand before the operation. One case has occurred to the writer where he had every reason to believe the prompt use of a free stimulating enema "tided over" the patient, who afterwards recovered.

(*a*) *British Medical Journal* for December 15th, 1877, p. 838.

(*b*) Reported in the April, 1875, number of the *Dublin Medical Journal*.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the last meeting of this Society Mr. William Sedgwick, M.R.C.S., read a paper on "Maternal Impressions." He said it was an established fact in reproductive development that women, as a rule, transmitted with far more sensibility than men. The normal influence of the mothers on the intellectual development of her offspring had been well and familiarly expressed in the term "mother-wit," and in abnormal development it was well known that women often served to a greater extent than men as conductors of an inheritance which they did not share. It was popularly believed that it was the emotional impressions of the mother, and not those of the father, which admit of being imparted to the fœtus, in the form of "mother's marks." It has, however, been thought that either parent was capable of imaginatively affecting the offspring at the period of conception, and traces of this belief have been lately found among some of the tribes in Central Africa. The author remarked that there was a difference, between cases in which a modification of fœtal structure had been slowly effected through the influences of the perceptive faculties, and those cases in which emotional impressions had been supposed to act upon the fœtus by causing what has been erroneously described as a sudden arrest of development. It was often difficult to distinguish between the alleged influence of maternal impressions and that of heredity, but still many cases occurred in which complete elimination of hereditary influence might be made. He said that when maternal impression had been said to react on the nervous system of the offspring the effect might with equal probability be referred to some modifications of structure produced through the medium of the blood. Dr. Robert J. Lee had lately stated that it was most natural to suppose that maternal impressions would be most frequently followed by unnatural conditions of the intellect of the child than by any abnormalities of growth; but Mr. Sedgwick thought that the limitation of the influence of a maternal impression to a corresponding organ or tissue in the fœtus as a consequence of some slight and inappreciable alteration in the blood of the mother being imparted to the local nutrition of her offspring, might physiologically be regarded as more probably than limitation effected by nerve influence. The influence of the impression at an early period of pregnancy could only be conveyed to the part through the medium of the blood, and it was consequently improbable that the first stage in the production of abnormal development should be a local arrest of fœtal nutrition. Toward the conclusion of the paper Mr. Sedgwick directed attention to the evidence in favour of the influence of maternal impressions, derived from observations on the lower animals, and, with reference to the episode of Jacob's rods, they were apparently employed not to originate, but simply to aid in the increased production of especially marked offspring. There had been many illustrations of the effect produced by variously-coloured objects on the breeding of sheep and other animals since patriarchal times. Dr. Alexander Harvey had collected and published some satisfactory evidence on the subject, as had also other observers; and a good illustration of this alleged influence on the breeding of sheep had been lately communicated by a much-respected clergyman in the West of England. In reviewing the evidence which had been adduced in favour of a belief in the influence of maternal impressions, Mr. Sedgwick admitted that there was indirect evidence that the influence of the mind over the body might, in the case of pregnant women be so far extended as sometimes to affect the fœtus, and there was nothing which could be regarded as physiologically inconsistent with the belief in its uncorrupted form. But the direct evidence in its favour was limited to a comparatively small number of cases in which the maternal impressions, received at definite periods of pregnancy, had been fairly well authenticated before the birth of the offspring. Some of these cases had been clearly independent of hereditary influence, and none of them could be accounted for by any theory of coincidence. As the only recognised medium of communication in such cases was the blood, it was probable that the influence of the impression was always gradual, and never sudden, in its operation.—Mr. Savory said that there were some cases which could only be explained on the doctrine of maternal impression. There was not much difficulty in explaining the influence of physical interchanges between mother and offspring; the transmission of small-pox and of syphilis were instances of this. The influence of mind over physical conditions was shown in the changes produced in the milk of a suckling woman by emotion. But in the case of maternal impressions we have not only to imagine the effect of mental emotion in determining changes in structure, but the difficulty lay in understanding how a *mental* impression on the mother should, as it were, be translated into a corresponding physical impression on the fœtus.—Dr. Thin would like to have all reported cases of maternal impression submitted to the same scrutiny as Sir G. C. Lewis subjected instances of supposed centenarians. He was not aware that the subject of maternal impressions had ever been thoroughly investigated.—Dr. Matthews Duncan said that this question was one constantly being brought up at Societies, and the reason of its unsatisfactory nature was that writers failed to make the distinction between a coincidence and a consequence.—The President remarked that instead of writers allowing their imagination to play on assumed facts they should seek for positive facts on which to base their reasonings.

GENEVA INTERNATIONAL MEDICAL CONGRESS.

SECTION OF OPHTHALMOLOGY, OTOLOGY, AND LARYNGOSCOPY.

President. — M. Warlomont.

Translated by Archibald H. Jacob, M.D., F.R.C.S.,
Formerly Ophthalmic Surgeon and Aural Surgeon to the City o Dublin Hospital and Dublin Eye and Ear Infirmary.

M. Hattenhoff, of Geneva, read a memoir on

THE PROPHYLAXIS AND ETIOLOGY OF SHORT-SIGHTEDNESS,

of which the following are the conclusions:—1. The usual causes of myopia are over-work of the eye and heredity, of which the effects may be either distinct and separate or combined. 2. Hypermetropia, which is the normal condition of very many if not of the greatest number of healthy eyes when in a state of repose, may be transformed into axile myopia passing meanwhile through the stages of emmetropia and curvature myopia. 3. The progress of civilisation, and especially of book education, tend to increase the frequency of myopia. 4. The tendency to acquired myopia is often, but not always, hereditary: the influence of race on this predisposition is still an open question. 5. In work of the eye three principal causes act together in predisposed individuals tending to produce the anatomical lesions of progressive myopia; these are—*a*, accomodation; *b*, convergence of the visual axis; *c*, oculo-cephalic congestion. 6. The conditions of age, attitude, light, and duration, under which the eye labours; also the nature of the object on which vision is concentrated, and the state of the visual apparatus itself, all exercise a powerful influence on the development of myopia. 7. The prophylaxis of short sight consists in a system which will improve the hygienic condition of the individual, in and out of school, which can only be obtained by the joint efforts of the school physician and the sanitary authorities. The use of convex glasses by hypermetropic persons must also be included amongst preventive means.

In the discussion upon M. Hattenhoff's paper,

M. Galezowski remarked that, in consequence of the difficulty of diagnosing certain forms of distance myopia, it is probable that many children who are hypermetropic are really myopic. He acknowledges the frequency of hereditary myopia, but combated the idea that the more cultivated of the community are more usually myopic, citing in support of his opinion certain localities in France and Italy where short-sightedness is very frequent amongst the most ignorant classes. He also attached importance to the influence of race.

M. Landlot read a paper on

THE PERCEPTION OF FORM AND COLOUR.

He concluded from his investigations that the functions of the

eccentric parts of the retina are not equal under diminished light to those of the central portions, but that it is especially in the centre that perception of form (visual acuity) resides, while throughout the rest of the retina perception of colours is relatively more highly developed.

M. Dor read a paper on

DIATHESIC CATARACT,

in which he concluded, with certainty, from his observations, that a close relation exists, as pointed out by Dr. Tessier, between phosphatic urine and cataract. Phosphatic cataract, he said, is comparatively frequent, and ought henceforth to occupy a place in our nosological tables.

M. Warlomont read a communication on

THE INDICATIONS FOR ENUCLEATION OF THE EYE.

The following are his conclusions :—1. Sympathetic effects following upon injury of the eye are either primitive or secondary; the first of these present themselves a few days after the accident, the others at a longer or shorter period—months or years—after the wounded person has passed through the first effects of the injury. 2. When an eye has been altogether destroyed by the injury, and all hope of either retaining or recovering useful vision is lost it is of great service to the patient to relieve him of the injured organ by an enucleation under anæsthesia ; he is thus spared the immediate results of the wound—ophthalmia, &c.—and he may return within a day or two to his business, in an excellent state to receive an artificial eye, the wearing of which will be harmless ; at the same time he is preserved at once from all consecutive dangers ; if there be reason to believe that the wounded globe contains a foreign body the indication for its removal is still more urgent. 3. When an eye, lost by some cause, traumatic or not, or the stump which represents it, is the seat of continued or intermittent sensibility, or of an acute or chronic inflammatory condition, or contains a foreign body or a cretaceous cataract, enucleation is indicated as a prophylactic, even in the absence of every sympathetic manifestation. 4. The enucleation of a lost eye, though it may be totally painless, is still indicated if, as is quite possible, the second eye becomes the seat of symptoms attributable to sympathy.

M. Jacquemot made a communication on

INTRA-OCULAR SMOKE CLOUDS,

observed in certain cases of disease. In two syphilitic and one albuminuric cases the patients complained for several months on getting up in the morning of an appearance of thick smoke before their sight. Nothing was observable under the ophthalmoscope saving a slight pallor of the papilla, which did not exist in the evening.

Dr. Fiezal made a communication on

PREVENTIVE IRIDECTOMY IN GLAUCOMA.

From a long experience the author considers himself justified in proposing a preventive iridectomy upon the healthy eye at the same time as the operation is performed for cure of the diseased organ. He communicated nine cases in which the preventive iridectomy did not give origin to any subsequent trouble.

A discussion followed, from which the conclusion seemed to be entertained that Dr. Fiezal's operation is fully justified under certain circumstances.

M. Coppen contributed a paper upon

THE RELATIONS BETWEEN CERTAIN DISEASES OF THE EYE AND EAR,

and concluded with these words—"A reflex ophthalmia may arise from an injury of the twin eye. In the same way, it may arise from injury of any of the organs supplied by the trigominal nerve, *i.e.*, the teeth, the ears, &c. The anatomical lesions may be identical, and the effect of the sympathetic disease upon the affected eye as disastrous in the one as in the other case.

M. Colladon, of Geneva, read a communication upon

TENOTOMY OF THE TENSOR TYMPANI,

and gave expression to the following conclusions : —1. Tenotomy of the tensor tympani, which was proposed on theoretic grounds by Hyott, has only been subjected to experiment within the last ten years. It has been employed principally in cases of chronic catarrh of the middle ear with progressive deafness, disorders of the labyrinth, vertigo, humming in the ears, and all conditions depending more or less upon prior shortening or secondary contraction of the tensor tympani. 2. The operation is sufficiently easy, but the operator must possess enough dexterity to avoid injuring the promontory or the articulation of the malleus with the incus. 3. It is generally admitted that no permanent success can be attained by tenotomy ; the reason is that along with the shortening of the muscle there exists almost always in the middle ear pathological alterations upon which the division of it has no effect. In some cases the favourable result of the operation has appeared to continue in consequence of the paracentesis of the membrana tympani. 4. The effect of the operation may be serious, for cases have occurred of violent inflammation following upon it, and extending to the labyrinth, and accompanied by a marked increase of the deafness and the humming. 5. A more favourable result may probably be anticipated from a method of operation lately proposed by Professor Tröltsch. It consists in the partial division of the tendon at its insertion into the handle of the malleus in certain pathological conditions in which it has been shown that this insertion descends very low down.

In the discussion which followed the paper Professor Weber-Seil, of Berlin, protested against the conclusions of the author.

THE "MEDICAL PRESS" SPECIAL REPORT ON THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM.

Chapter VII.—Treatment : Curative, Preservative, and Preventive.

(Continued.)

Savory and Moore first prepared curara discs of the strength 1-200 of a grain, but noticing that the amount of soluble extract varied greatly, they were induced to increase the proportions. Subsequently, being requested to make discs containing 1-20th and 1-16th of a grain of curara, they employed the alkaloid, curarine, in order to ensure unformity, and produce definite physiological results. The curarine discs have one great merit, the almost absolute certainty as to dosage.

We need hardly mention that the syringe should be reserved for the use of curara alone, and that the surgeon must use every precaution, so as not to injure himself.

We shall lay down subsequently the conditions under which the curara should be used, so as to fairly test its value, for it would be unproductive of real advantage, to indiscriminately use it in every case of rabies. Unless it is employed by an operator, who understands its physiological action, the method of controlling its action, so as to know when to stop, it would be simply dooming the patient to a more speedy death, and virtually grafting on the original disease another poison. We have seen how this has been done under the old treatment, when the patient was bled almost to death, and then saturated with deadly poisons, which only masked the symptoms of rabies. Reserving, then, our conditions, we may proceed with the more general directions. Presuming that the diagnosis of rabies has been satisfactorily established, and that it is not confounded with any of those diseases we mentioned as sources of fallacy, attempts must be made to palliate the most urgent and distressing symptoms. As Fleming advises everything likely to excite the patient should be rigidly abstained from, and he should not be tormented by visitors, inquisitive spectators, or by anything likely to excite his paroxysms. We know that external influences induce more frequent and severe attacks of the patient's distressing symptoms, and common sense will, independent of medicine, at once suggest the necessity of guarding the patients against such excitants. Quietude is an absolute necessity, and all useless interference or attention should be avoided. There should be no allusion to the disease, and

no mention should be made as to the cause of it: thus dog's bites, &c., ought not to be spoken of, and the mind of the patient should be dispossessed, as far as possible, of the idea that he is suffering from rabies. As all the senses are generally morbid and painfully acute, everything likely to affect them should be abstained from; thus whispering in the room is to be condemned, and all manipulation tending to excite the exalted reflex irritability, as repeated attempts at drinking, is unwise; the patient's questions should only be replied to, and whatever he asks for, if believed to be proper for him, should be allowed. If the patient is an adult, precautions will be necessary against furious paroxysms; means for restraint must be at hand, and suitable attendants; but even when force has to be employed, it must be combined with gentleness. In the paroxysms and fits of fury there may be an irresistible desire to grasp something between the teeth, and this should be satisfied. It is easily done by placing a moistened napkin or handkerchief between the teeth; it may be removed as soon as the paroxysm is over. This will afford relief, whereas the neglect of it might increase the frenzy. In the more tranquil form of the disorder, or during the intervals between the paroxysms, whoever the patient has most confidence in, whether relative or acquaintance, should be allowed to be present. If necessary the patient may be conversed with, or read to, and anything done likely to draw his attention from his condition. This companion should never be the first to speak, and when the sufferer seeks to talk about his malady, other subjects for conversation should be adroitly introduced. If the patient is thoroughly convinced that his disease is rabies, and will persist in speaking of it, and especially if he believes his case is hopeless, it will be best not to oppose him, but to admit that such is the nature of the malady, and to hold out encouraging hopes by telling him of cases that have recovered. Every symptom should be described to him as a favourable omen in his progress towards recovery, and every means should be adopted to palliate the serious mental disturbance. We also know that owing to the hyperæsthetic condition, the patient is agitated by currents of air, the rustling of dresses, the shaking of the bed or of the floor, by light, sound, and other excitants of reflex actions and emotions, and these must also be carefully guarded against. For that purpose the patient should be placed in a room where all these conditions can be observed, and also seeing the evil effects of a bright light, the apartment should be darkened—the soothing influence of a modulated or darkened chamber in many diseases of a nervous nature is well known. As a rule, the medical treatment should be as little complicated as possible, and as it has lately been principally directed to soothing the nervous derangements, we can see by the tables the comparative effects of the various hypnotics, and their relative advantages. Chloroform has been used, but its effect as a pure curative has not been satisfactory; but it can be used as an auxiliary, for when under its influence injections of beef tea and other foods may be usefully made, thus the distress caused by swallowing will be avoided, and as little as possible given by the mouth. Chloral hydrate is also a valuable auxiliary, and seems to have had a powerful influence in alleviating the agonising sufferings, and may be advantageously employed either in the form of an enema or hypodermic injection.

For this purpose it has been used with advantage in the case that occurred at Doncaster, and also in the three cases that happened at Nottingham. Other soothing, narcotic, or sedative agents, as hyoscyamine, morphine, digitaline, and atropine, may be used either hypodermically or endermically. It must be remembered, however, that the tolerance for poisonous remedies is extreme, and in addition to their being given in larger doses, they should be also administered at short intervals. Attention to the bowels we need hardly allude to, for that will be almost affected by the enemas, but should constipation occur, a drop of croton oil will soon remedy it. Nitrite of amyl may be used as a sedative, and chlorate of potass to wash out the mouth, and saliva. This can be done with a sponge tied to a stick or brush.

Should the practitioner, have his attention directed to a case during the earlier symptoms, when the patient complains of a peculiar feeling of *malaise*, the Turkish bath may be advantageously resorted to. Without assigning a *modus operandi*, but on the general principles of the Turkish bath as a valuable auxiliary, not only for the restoration, but for the preservation of health, we can unhesitatingly, recommend it. We do not attach any importance to it as a curative agent *per se*, for though Dr. Buisson asserts, that he not only cured himself, but also eighty patients who had been bitten by rabid animals, his evidence is not satisfactory, as we have shown that rabies will not necessarily develop after the bite of a rabid animal, and that it has not succeeded as a curative when tried by other observers. As an auxiliary we should use it, in order to assist nature, to soothe the nervous system, to equalise the balance of the organs of the body, to cleanse the skin and thereby relieve the respiratory organs and the kidneys, for we know the intimate connection, if not in relation, still in function, of the large tract of the skin. We thus place the patient in as favourable conditions as possible. When the malady has actually declared itself, or made some progress, we cannot speak with such certainty of the assistance to be derived from the Turkish bath, for independently of the difficulty of applying it, it is a matter of opinion whether it might not increase the excitement, dyspnœa, and cerebro-spinal congestion. This can only be tested by experience. Turkish baths are not always available, but we have supplementary agents in the shape of domestic contrivances, which, to a certain extent, supply its place as the vapour bath. Individual ingenuity will improvise a method of applying hot air, if considered necessary, but it must be looked upon, as we have said, purely as experimental and supplementary treatment, and if adopted must not interfere with the other conditions we have laid down, as far as regards quietude and needless manipulation. We need hardly impress the necessity of the attendants, protecting themselves against inoculation, with the saliva of the patient, for though this secretion may not be so virulent in man as in the dog, yet it is an indisputable fact, that it is potent enough to produce the malady. We have now laid down the outlines of a rational method of treatment, based on our present knowledge of this disease, and though we must confess, we are leaving Nature virtually to do her own work, still we are assisting her; this we have to do not only with rabies, but with the majority of diseases, whether typhoid fever, small-pox, insanity, pneumonia, or the various forms of affections of the kidney. Meddlesome interference, blind empiricism, reckless administration of strychnia, prussic acid, we may confidently assert, can never produce such satisfactory results, as following out the rules we have laid down on the broad line of common sense. Leaving, then, our general principles, we must formulate the special rules for an individual case or cases.

1. As rabies has become a national question, agitating the whole country from end to end, disturbing the very relations of life, exciting suspicion and distrust of our poor four-footed friend, the dog, we must insist on the necessity of Government appointing some special medical commissioners, who shall have charge of the treatment of every case of rabies reported. We have at present an organised staff, whose duty it is to inquire into the causation of zymotic affections, consisting of medical men specially fitted for scientific research, so that their sphere of action need only be extended. We know that mistakes in diagnosis have been made in the past, and, without the slightest reflection upon our professional brethren, mistakes will occur again. Virtually, the medical practitioner will thus have at his command the services of a consultant, and of an expert scientific observer, and we feel sure, in the interests of humanity, we shall meet with little objection on this point from our brethren. Necessarily, the services of this consulting officer cannot be instantaneously called into requi-

sition, but as we have the telegraph, and rapid methods of transit, as little time as possible would be lost, and as patients do not die, as in cholera, within a few hours, time will be alllowed for calling in aid. We shall thus, firstly, secure accuracy of diagnosis; and, secondly, the remedial action of curare will have a chance of being tested fairly and scientifically under the conditions we desiderate. We have said this poison was most deadly, and owing to its peculiar action its use should necessarily be restricted. It requires careful administration; it must be apparent that unless precautions are adopted its value cannot be fairly estimated, and therefore we require a crucial test. We shall, then insist on the following conditions:—

1st. Government shall appoint a sufficient number of qualified, scientific, medical men, if possible, at centres proportionate to population, and so situated geographically as to be readily accessible.

2nd. They shall be remunerated proportionately, and shall be at the service of any practitioner who telegraphs for them.

3rd. Until their arrival the medical officer in charge of the case shall follow out, not only our general directions, but also the following special observances:—

A. He shall at once secure the services of a special attendant, who has been accustomed to deal with cases of insanity, and who will not be alarmed should the patient have paroxysms of fury. Everyone acquainted with insanity is aware of the consternation excited in a household when any member of it is deprived of reason—how the patient is tied up with ropes in many cases, held forcibly down, and otherwise treated with brute force. But when brought to an asylum his bonds are cast away, and kindness and moral management take the place of brute force. For further particulars on this point we need only refer our readers to Conolly "On the Insane." Moral management and moral power are equally necessary in this disease—a disease so dreaded, and about which there is so much popular ignorance and superstition—and it is of the utmost importance that the nurse or attendant should be of the same intelligent type we have in many of our asylums. He will assist the medical officer in controlling the patient, if necessary, and in soothing or encouraging him.

B. If in an hospital so much the better, and so much easier of attainment, will it be to secure the second desideratum. The room should be carefully prepared. We see the advantage of this in special operations, as ovariotomy, and we are not asking too much to expect, if not similar, still precautions, which will have a tendency to assist nature in rescuing the patient from the jaws of death. The room then, should be capable of being warmed, without draughts or currents of air, and everything removed capable of exciting reflex action, or of irritating the unfortunate sufferer. Thus the floor should be rendered free from sound, the light should be subdued, all bright objects taken away, and the attendant move noiselessly; in other words, the intelligence of the medical officer will itself suggest all these more special precautions, which follow from our general principles.

C. The treatment must be of the simplest nature, and necessarily, the medical officer must be left a certain amount of intelligent discretion, attending to the action of the bowels, administering enemas of beef tea, or other aliment, controlling excitement, or the paroxysms of fury, if any; and here chloroform will prove of such advantage.

D. There are various ways of confining the patient to bed, as fastening a specially-made sheet over the bed, in such a manner that the patient will have the fullest power of moving and turning about. The hands are confined. This we have seen used with advantage in cases of fury and delirium from other causes. But these are points which each medical man will be able to solve himself, always remembering to *obtain the greatest amount of control with the least amount of expenditure of brute force.*

E. All visitors must be excluded, and as Fleming has pointed out, the patient may be allowed the choice of a friend or relative to sit with them.

F. If in an hospital, there will be some difficulty about the students, who, if introduced, must be so, not in large batches, but with the observance we have laid down, remembering the avoidance of the reproach of Martial: "Languebam sed tu comitus protinus ad me venisti Centum Symmache discipulis, centum me tetigere manus; Aquilone gelatæ: non habui $\frac{\text{Rabiem}}{\text{Febrem}}$ Symmache nunc habed."

Presuming that the consultant is summoned, and all these conditions observed, we have then the final appeal to curara. We have already explained its chemical action, nature, and dangers. The consultant will be specially acquainted with it, and he will apply it in the most scientific manner, and according to the experience he has of its physiological action. He will have, of course, to watch the case for some days, and considerable time and trouble will be involved in the task of experimentation. This is the least part of the difficulty. The self-devotion, self-sacrifice, zeal for the public good and public health, of our profession has been often tested and never found wanting. The records of our cholera, and other epidemics, have proved our disregard for self and life, while the Red Cross of Geneva at the present time bears witness to our professional spirit, not confined to one class or country, but to the whole of the human race. We could readily point at present, to a number of scientific observers, who have done painstaking, dangerous, laborious, but unremunerative work, and we do not anticipate the slightest difficulty in securing a similar class of men to undertake experiments so highly important to the human race. Should it not succeed, we must not still despair. Medicine has progressed, and guided by the past, and by the lessons taught us by our advances in pathology, in the treatment of many other diseases, both medical and surgical, we must have confidence in our profession, and look forward to the future. When Jupiter presented the woman formed by Vulcan with the mythological box, and a divine command never to raise its cover, amongst the fatal presents there was one which has ever been man's consolation.

Though Pandora, or as some say, Epimetheus, from curiosity, neglected the divine injunction, and opened the cover of the box, from which flew out over the world the host of miseries, calamities, diseases, and human woes that have since afflicted mankind, still Hope remained .... as hope remains for us.

Case CXXXII.—W. Murgatroyd, mill hand, male, æt. 17, bitten on the hand by a cat. The owner of the cat, as soon as he was informed of the accident, though he did not notice there was anything wrong with it, killed the cat, and gave as his reason that he would not keep a cat that would bite any one. There had been several mad dogs during the summer and autumn at Wilsden, but he did not know whether the cat had been bitten by any dog or animal.

Result and Time of Attack.—Nearly four months after. Fatal, second day.

Remarks.—Dr. Gustavus Le Lacheur deposed on oath:—I am a surgeon, at Wilsden. I first saw deceased on Sunday, January 16th, about 11 a.m., he was in bed in a very excited condition; his breathing very jerky; complained of slight pain and stiffness in left arm, and had considerable difficulty in swallowing. I gave him a sedative, and ordered cold applications to the spine, and ordered him to be watched during the night. His relatives informed me that he had been bitten by a cat in September, and that he had been very peculiar in his manner for the last two days. I next saw him about 10 a.m. on Monday, and found all the symptoms of hydrophobia. I had to have him strapped to the bed on account of his violence and of his attempts to bite those in attendance. At intervals he was perfectly sensible. He foamed at the mouth, and was unable to swallow. If liquids were offered he became convulsed. There is not the slightest doubt that the cause of death was hydrophobia.

Reference.—The above notes were obtained by the courtesy of the Coroner, William Barstow, Esq. Inquest held at Wilsden, Jan. 7, 1876.

Case CXXXIII.—Francis H., æt. 39, bitten on the hand by a dog. Wound cauterised with nitrate of silver; had healed up, but had broken out again about eight or nine days before he was taken ill.

Result and Time of Attack.—Two months after. Fatal.

Treatment.—Bromide of potassium, chloroform, &c. The head shaved, blister applied to back of head and nape of neck.

Post-mortem.—Heart rather contracted, normal in structure, old adhesions of pleura; right lung dark-red on section; crepitant everywhere except at margins, where there is a little emphysema. On pressure a dark-red frothy fluid exuded; left lung crepitant, dry, and emphysematous at margin; stomach congested in the greater part of its extent; brain weighed fifty ounces; vessels of the pia mater somewhat injected; a very little sub-arachnoid dropsy at posterior part; aspect of brain tissue and brain structure quite normal to the eye; spinal cord quite normal everywhere.

Reference.—*Lancet*, p. 82. 1877. Dr. Dunlop, Glasgow.

Case CXXXIV.—William Ray, æt. 56, bitten on the thumb and finger by a dog.

Result and Time of Attack.—Three months after. Fatal.

Treatment.—Atropine, morphia.

Remarks.—This case gave rise to some censure, as Dr. Martin, for the sake of experiment, took a basin containing water behind the door and allowed it to fall with a splash, which alarmed the man very much. He had read the report of the first case, and was very much alarmed by it, especially as his companions at work chaffed him about going mad. There was no *post-mortem*. Dr. Charteris seems to approve of Trousseau's maxim, to which we shall again allude. The first case was also severely animadverted on, as a dog was accidently admitted into the ward.

Reference.—*Lancet*, p. 123. 1877. Dr. Charteris, Glasgow.

Case CXXXV.—John M'G——, æt. 31, bitten on the hand by a dog; wound washed with carbolic acid. This patient was very much frightened of hydrophobia.

Result and Time of Attack.—A month after. Fatal.

Treatment.—Chloroform.

Remarks.—The report of the autopsy says every organ in the body was healthy. The brain and its membranes were slightly congested, which may have been the effect rather than the cause of the disease. We may safely say the Glasgow cases, either as records or for treatment, do not reflect much credit on the profession. They were the first cases, as far as known, that ever appeared in the city.

Reference.—*Lancet*, p. 161. 1877. Dr. Patterson, Glasgow.

Mr. Fleming (*Lancet*, Feb. 3rd, 1877) says, "I heartily endorse the remarks made by Mr. Richardson with regard to the treatment the unfortunate man suffering from hydrophobia received at the Glasgow Royal Infirmary. When I read the case in the *Lancet* I could scarcely believe it possible such torture could be inflicted, and without the slightest object to be gained, unless it were the satisfying of a most abnormal curiosity. The admission of a dog to the ward of a patient labouring under this much dreaded of all diseases, sprinkling water in his face, breathing upon and fanning him with a towel, blowing upon his neck and face, must surely be designated as nothing less than extreme cruelty, and certain to destroy the only chance of recovery the poor man may have had."

MEDICAL WITNESSES AT CORONERS' INQUESTS.

It transpired in the course of the recent Queen's Bench proceedings, that the coroner did not necessarily receive from the police, who informed him of a sudden death, any information as to what medical practitioner was in attendance before, at, or after the death, and consequently he was in a position to avoid calling in the medical attendant under the pretence that he did not know that any practitioner had seen the deceased about the time of death. The Council of the Irish Medical Association, resolving, if possible, to take away any excuse for an evasion of the law, preferred a request to the authorities of the Royal Irish Constabulary that instructions might be issued to the police that they shall in future always report to the coroner the name and address of the attending medical practitioner. The letter on behalf of the Association, was as follows:—

Irish Medical Association,
Royal College of Surgeons, Dublin,
December 12th, 1877.

Sir,—I am directed by the Council of the Irish Medical Association to forward to you the enclosed copy of the judgment delivered by the Court of Queen's Bench, on the 19th November, 1877, in the case of "Jacob *v.* Finlay," relative to Medical Witnesses at Coroners' Inquests; and to ask your attention to the 9th and 10th Vic., c. 37, s. 33, which directs the coroner to summon as medical witness at each inquest a "legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened," because this provision of the law is not generally complied with by the coroners, who, it appears, are not informed by the police—when giving notice of deaths for the purpose of inquests being held—of the name and address of any such practitioner, and in consequence they (the coroners) frequently call to their assistance some practitioner not qualified by being "*in actual practice at or near the place of death*," as directed by the Act above referred to. The Council are of opinion that the intention of the Legislature evidently was, that a medical practitioner who was likely to be aware of the facts connected with the occurrence of each sudden or violent death should be heard in evidence at the inquest, such practitioner being calculated to supply the most satisfactory evidence as to the cause of death; and have, therefore, directed me to bring the matter under your notice, in the hope that you may see fit to issue instructions to the police that they shall, when giving the usual notice to the coroners, inform them of the name and address of the legally qualified medical practitioner (if any) who was in attendance upon the deceased shortly before, at, or immediately after the occurrence of death—or of a legally qualified medical practitioner in actual practice at or near the place of death; in order that such medical practitioner may be summoned to give evidence at the inquest, in accordance with the provision of the law, whereby the Council believe the public interests would be served.

I have the honour to be, Sir,
Your obedient servant,
John H. Chapman,
Hon. Sec.

To the Inspector-General, Royal Irish Constabulary.

To this communication the following reply was received:—

Royal Irish Constabulary Office, Dublin Castle,
December 28, 1877.

Sir,—With reference to your letter of the 12th inst., I am directed by the Inspector-General to state, for the information of the Council of the Irish Medical Association, that, the matter in question having been since considered, instructions will be issued to the constabulary directing them when reporting a case of sudden death to the coroner to state also the name and address of the medical gentleman who was in attendance immediately before, or at, the time of death.

I am, Sir,
Your obedient servant,
R. Colomb,
Asst.-Inspector-General.

J. H. Chapman, Esq.,
60 Pembroke Road.

Our Irish readers will thus learn that it is the duty of the local police in all cases to furnish their name to the coroner. If, therefore, they should not be called as witnesses, they may assume that the coroner is responsible for the omission, and may take steps accordingly.

At the annual meeting of the Royal Ear Dispensary, Frith Street, Soho, last week, which was established in 1816, it was decided to rename the institution, which will be called in future the Royal Ear Hospital. At the same meeting, Dr. Lionel Beale, F.R.S. and Mr. John Wood, F.R.S., were elected consulting physician and surgeon respectively. Dr. Urban Pritchard's report for the year showed the finances and general progress of the hospital to be in a satisfactory condition.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 16, 1878.

PROSTITUTION: AND THE GENEVA CONGRESS.

PERHAPS some of the strongest indications of the moral and benevolent tendencies of the present age are to be found in the existence of the many societies and leagues that have been established for the purpose of suppressing some great social evil, or for the promotion of some great social good. Now it is a society for restricting the sale of intoxicating liquors, or the furtherance of total abstinence; now it is one for discouraging the excessive smoking of tobacco; to-day it is one for the prevention of cruelty to animals; to-morrow it will be something else. Among the more recent societies whose laudable object is to promote the physical and moral well-being of mankind, we may draw particular attention to the "British, Continental, and General Federation for the Abolition of Prostitution," especially as a legalised institution, and in connection with which an International Congress sat at Geneva only two or three months ago.

It may, however, be doubted whether either societies or federations, or acts of Parliament, can make a nation moral against its will. The immorality of a people, or of individuals, depends upon conditions quite beyond their control, and though it may be fostered by too much licence, it can never be stifled by artificial restraints. Even where a remarkable reformation takes place it is seldom lasting; the morality of one generation is succeeded by the licentiousness of the next; the Puritans by the "gay Cavaliers," an Oliver Cromwell by a Charles II. But if there be one task of this nature more difficult or more thankless than another, it is that which this International Federation has set itself to accomplish. It is true that the expression "for the abolition of prostitution" is somewhat qualified by the context, "especially regarded as an institution tolerated or legalised by Government." But it will presently appear sufficiently evident that the Federation has in view the abolition of prostitution *per se*, the "consideration of the causes which foster it, and the most effectual means of combating them."

It is not difficult to understand the insuperable obstacles this society will have to encounter in carrying out its scheme, and it may even be doubted whether this scheme is not of too Quixotic a nature to deserve very serious consideration. Prostitution has been a social evil at all times and in all countries, among the most civilised and most savage of mankind, with polygamous as well as with monogamous nations. The worshippers of Isis, the Babylonians and Ninevites, even the "chosen people" of God, did, as the youngest of our colonies do now, feel its malignant sting. No climate is uncongenial to this Upas tree of all human communities. If the burning sun of China, of India, and other Eastern nations has made its growth more gigantic and its fruit more loathsome, it is, on the other hand, dwarfed, but not killed, by the snows of Lapland and the icy plains of Siberia. Nor has anything ever been done, though oft attempted, to arrest this social canker. "The social history of mankind (says a distinguished writer), if it proves anything, proves this, that it is not by any means the nation with the severest code which is the most virtuous. No state, savage or civilised, could ever have more rigorous laws than those of Achin and Japan, and nowhere have the people been more flagitious. While the Draconic code was in force morals in Greece went to rot." In vain did the most virtuous of the Roman emperors endeavour to stem the torrent of vice around them. In vain were the seducer and seduced alike exposed to the penalty of death. In vain was the procurer punished by being burnt or having boiling metal poured down his throat. Nay, the very man who authorised this savage and cruel law, himself became a slave to the evil which he had vainly tried to stamp out, and towards the close of his reign was as dissolute and luxurious as the rest. Not only, indeed, was prostitution not materially controlled by legal or other forms of restraint, but there were not wanting many wise men who owned it to be an evil almost inseparable from all communities of men. Cato the Censor recognised prostitution, Solon did the same, and Cicero declared no State ever existed without it.

Let us now examine the machinery by the aid of which the International Federation of Morality hopes to abate an evil which so many before them have failed to check. The Federation is a "voluntary association of persons of both sexes, united with the common object of furthering the reform of public morality which the present condition of social life demands." It entrusts to its members the responsibility of forming themselves into sub-associations, and of instituting committees of action. These committees it encourages to enter into mutual friendly relations with its own central organisation, viz., the Executive Committee and its Secretaries, at the four offices at London, Liverpool, Neuchâtel, and Rome respectively. The federation avails itself of every legal means for the vindication of natural rights, the suppression of the irresponsible *Police des Mœurs*, and the aboli-

tion of all institutions which tend to give any kind of official sanction to vice. Recently—from the 17th to the 22nd of September, 1877—its leaders summoned an International Congress at Geneva, with the view of giving as much attention as possible to the question of prostitution, and to inquire into its outward manifestations and the remote causes which foster it, and the most effective means of combating them. The Congress distributed its labours into the five sections of Hygiene—Morality—Social Economy—Preventive and Reformatory Work—and Legislation. The debates in these sections have led to the series of resolutions which we shall have hereafter to consider. Moreover, the speeches, memoirs, letters, and documents which furnished the material of the discussion will appear in consecutive volumes, under the title of "Actes du Congrès," of the chief portion of which an English translation will be published. The above first international assemblage of the Federation consisted of 510 effective members, belonging to fifteen different nationalities. The general administration of the Congress was supported by a committee of honour, composed of 152 members of different nations, a committee of reception in the town of Geneva, a financial committee, and a bureau for translations.

Altogether this International Federation has an imposing appearance, but how far it will be able to carry out the programme which it proposes, whether the success of the undertaking is likely to be at all commensurate with the magnitude of its organisation, and whether the resolutions that have been adopted by the Geneva Congress are unexceptionable, both in theory and in practice, we shall take another opportunity of discussing.

M. RASPAIL, AND THE THERAPEUTICS OF CAMPHOR.

THE death of this venerable, eminent, and eccentric Frenchman has recently been a current topic of conversation not only in his own country where he had been so well known for half a century, but wherever socialism distracts, or science engages, the attention of mankind. There is more than one reason why the Radical Deputy for Marseilles had some claim upon the notice of the medical profession. As a political leader, as a socialist, as a journalist, we can have little sympathy for him, but as a man who achieved distinction in more than one branch of science, and moreover, as a remarkable charlatan, and an author of some popular works of medicine, we cannot fail to be interested in some of the incidents of his extraordinary and chequered career.

His scientific studies date as far back as 1824. They took a wide range, and embraced the subjects of botany, physiology, chemistry, palæontology and medical jurisprudence. His researches in botany and chemistry added greatly to his reputation, and contributed much to the advancement of these sciences, especially organic chemistry. It is, however, to his career as a quack doctor, to his peculiar notions about the nature and treatment of disease, and more especially to his strong belief in the medicinal virtues of camphor, that we would for a few moments direct the reader's attention.

Raspail astonished the medical profession by the boldness with which he pretended to have discovered the cause of all diseases, and their universal panacea; and curiously enough the revelations of modern pathology have shown that his strange and simple generalisation was not without some basis of truth. His idea was that all disease was due to the invasion of the living body by hosts of minute parasites, and as camphor would kill them, camphor was therefore the universal remedy. The boldness with which he propagated his views, the simplicity and plausibility of his doctrine, the credulity of the public, and the successful sale of his popular manuals of domestic medicine, were the means of converting the restless socialist and the poor cultivator of orthodox science into the rich and successful charlatan. Raspail, however, was no ordinary quack, he was a scientist, and absurd as his notion was as to camphor being a panacea, for all the ills that flesh is heir to, he made many valuable observations respecting the action and uses of this drug, which subsequent writers have confirmed, and he at all events was the means of drawing the attention of the profession in his country to a medicine which had been too much neglected, and which certainly possessed properties which entitled it to a high place in our list of therapeutic agents.

At the period to which we are now alluding, half the Parisian world was smoking Raspail's camphoretted cigarettes, while his pills, plasters, and ointments were also in general request. In a very different light are the virtues of this drug regarded by the profession at the present day, especially in this country. If we look into our works on materia medica, this would not appear to be the case, but, practically speaking, camphor is seldom prescribed in such doses as could ensure its physiological action on the system. Camphor mixture is about the only preparation that figures in the day-book of the general practitioner, and then merely as a vehicle for more potent medicines. That the therapeutic value of this drug should be so ignored, has often been to us a matter of surprise. Its virtues were duly recognised by the ancients, and it was often a favourite remedy with some of those older physicians who practised in an age when much more attention was given to the treatment of disease than is given now. Its well known physiological action should alone claim for it the attention of the practical physician. In small doses it is a diffusible stimulant of no mean order; it increases the action of the heart, and accelerates the circulation, excites a feeling of warmth all over the system, and promotes diaphoresis. It also exhilarates the spirits, and by one writer it has been described as causing a sensation of lightness, "the patient feeling as if she could fly." This feeling of exultation is very marked in some cases, and in an article in the *Quarterly Review*, September, 1851, on the Burning of Widows, it is stated that "the messengers found the Brahmin plying her with camphor, so that he was wholly unable to overcome the exultation which she exhibited." In larger doses camphor allays pain and spasm, promotes sleep, acting indeed as a narcotic; while in doses of 20 or 30 grains such poisonous symptoms as giddiness, dimness of vision, delirium, uncontrollable laughter, and even convulsions or paralysis, testify to the powerful influence which this drug may have on the system. It is, however,

in virtue of its extraordinary sedative influence on the genito-urinary system, and especially the generative organs of the female sex—of its anaphrodisiac properties—that camphor is most useful as a therapeutic agent. "Camphor," says Dr. Physick, "was made for women, with whom it always agrees." "It seems," another writer remarks, "to correct the toxic influence which the reproductive system has on the brain of some women." Its anaphrodisiac properties are shown by its beneficial action in the treatment of priapism and nymphomania; and it is said to abate the sexual sting by acting on the cerebro-spinal nerves of the external organs of generation, and not on the testicle, or ovary. Nevertheless, according to the testimony of Raspail, habitual large doses do not prevent conception nor induce impotence. A French physician, Dumas, who practised in the beginning of this century, is said to have given as much as 100 grs. in the course of a day. Raspail gave from five to 10 grs. in a wine-glass of water, with or without a few drops of ether. Dr. Tilt, one of the physicians who, in this country, have duly appreciated the value of camphor, gives it in the same manner, or prescribes Sir J. Murray's fluid camphor. Nor are the peculiar physiological effects of this drug the only reason why the practitioner of the present day should use it more frequently than he is in the habit of doing, inasmuch as there are several diseases in the treatment of which it has been found most efficacious by physicians in whose testimony we may place the greatest confidence. Among those few English authors who have had most experience of the action and uses of camphor, we may mention Drs. Copland, Dewees, and Tilt. The first mentioned physician highly recommends it in typhus and typhoid fevers, some forms of insanity, asthma, puerperal convulsions, gout, and dissection wounds. Where febrile pestilential and exanthematic affection assumed an adynamic form, he prescribes it in large doses in combination with tonics, stimulants, and antiseptics. In asthma, he remarks, camphor is one of the most generally beneficial of any of the class of narcotics, or antispasmodics, and we have at the present time an asthmatic patient under our care, in whom the administration of camphor affords the most decided relief. It is, however, in certain affections of the genito-urinary organs, that the value of this drug is most marked. Dr. Tilt says it is a valuable remedy in the treatment of several affections incidental to the change of life. In dysmenorrhœa, Dr. Dewees regarded it as the most certain and uniform palliative. In nymphomania, it has a remarkably sedative influence upon the genital organs. In the treatment of this, and similar disorders, in which Alibert, Esquirol, Copland, and Tilt, speak in high terms of its therapeutic virtues, it may now be advantageously given in combination with bromide of potassium. In cancer of the uterus, Dewees found that liberal doses of camphor afforded relief when opium failed to do so; while in the treatment of ovarian and uterine irritation, chordee, and some forms of hysteria, it will be likewise found a very valuable remedy.

If, therefore, M. Raspail added to the eccentricities of his career that of being a respectable charlatan, it cannot be denied that he chose for his nostrum no ordinary or worthless drug; and at all events his panacea was free from the objection attached to most quack remedies, inasmuch as there was no secret as to its nature and composition. He popularised a drug which probably often did much good and little harm; and if his death reminds us of the absurdity of relying upon a single remedy for the treatment of all diseases, it may also remind us that there is perhaps more than one drug that has fallen into unmerited disrepute, and the more general employment of which might be attended with greater benefit to our patients than some may feel inclined to admit.

Notes on Current Topics.

A Dublin Coroner's "Inquiry."

As we have felt it incumbent on us to refer very frequently to the abuses of the inquest system, and inasmuch as the pre-existing arrangements in Dublin may, we trust, be supposed to be on their death-bed, we feel constrained to notice the proceedings which transpired at the recent inquest on the body of Mr. Hayes. That gentleman was, our readers may remember, found lying dead with his head and body immersed in a tank on the roof of his house, which tank contained only about 8 inches of water. The question actually before the jury was whether he had been simply drowned by accident, or whether he had been stricken down by apoplexy or aneurism or some such sudden attack, and had fallen into the position in which he was found, and the verdict on this question was fraught with great importance, inasmuch as Mr. Hayes was heavily insured against accident in one of the Insurance Companies, whose liability to pay depended altogether upon the decision as to whether the death was due to disease or to accident. With such a circumstance before him, it might have been hoped that the coroner would have taken care that the investigation should be searching and conclusive, and the verdict perfectly clear of bias; and our reference to the proceedings now is to protest, that this so-called inquiry was neither one nor the other, that it was a mere colourable compliance with the law, which insists upon an inquest, and that the verdict was a foregone conclusion. If the newspaper reports are to be trusted, the verdict would seem to have emanated from the coroner, and been simply registered by the jury, and, though we are well aware that in Coroners' Courts this system of finding verdicts under the mandate of the presiding judge is very usual, we think that, in this instance, it would have been as well if the jury had been supplied with the requisite evidence, and left to judge for themselves. For example, we read in the *Irish Times* that at the opening of the inquiry, one of the juror's desired to ask whether the water or mud in the tank showed any indication that the deceased had struggled to extricate himself, but this very sensible and pertinent inquiry was at once settled by an observation from the coroner, that "they could not get any important evidence from that," and it was followed up by the remark that "it was quite obvious that the death was a natural one." The coroner then proceeded to make a speech, in the course of which he said "no medical evidence could establish whether or not deceased was dead before he got into the tank. It was a matter of humanity and good feeling that where it was not abso-

lutely necessary a *post-mortem* examination should be dispensed with, and in this case, even if it were held, and it was found that the deceased had some affection of the heart, it would not establish that death had not been caused by drowning. He might as well tell the jury plainly that supposing the deceased was insured in an accidental insurance company, it was very important that this point should be decided. The company, of course, had a duty to themselves to see that the death was really caused by an accident, but if there was a moot point he felt sure they would decide in favour of the person who had the policy. If, therefore, the jury could, it would be of great importance for them to find a direct verdict as to whether the death was or was not caused by an accident."

It occurs to us that the coroner hardly appreciated his duty on this occasion. He was there for the distinct purpose of determining the cause of death of Mr. Hayes, with which issue neither tenderness of sentiment nor money considerations have anything to do or should be permitted to interfere. It is not for coroners or coroners' juries to decide the liabilities of an Insurance Company. It is their function to find out the cause of death, and for this latter purpose every essential evidence should be forthcoming, whether or not its production might be distasteful to others. Under what we may call the order of the coroner, the jury in this case did not demand a *post-mortem* examination, and a verdict was found without one. We do not hesitate to express a strong opinion, that, without such an examination, and the circumstances, being so peculiar, the verdict of accidental death which was handed in is not worth the paper it was written on. There was some evidence as to the state of Mr. Hayes's health at some indefinitely distant period, but even the evidence of Dr Croly, who saw deceased immediately after death, was not taken. The coroner, as a medical man, must have known that the cause of such sudden attacks as might cause a person to fall into the water, could not be even guessed at without a careful *post-mortem* examination, and that the conditions which produced such an attack might be impossible of detection, even if searched for by a competent medical man five minutes before death. Mr. Hayes may quite probably have been accidentally drowned, but there may, with nearly as great probability, have been an apoplectic seizure, or ruptured aneurism, or some other unknown cause for his falling into the water. An inquiry, therefore, pursued on the principle of putting before the jury all the evidence of accident, and withholding that which at once might prove the existence of disease as at least a contributory cause, is, we feel it necessary to say, a public scandal, and a verdict thus arrived at should not have an atom of weight. That such proceedings can be tolerated in "the second city in the empire," and *coram populo*, is pretty conclusive proof that the public cares very little which way coroners' verdicts go. We, being interested in the purity and efficiency of such medico-legal inquiries, cannot look upon the matter with as little concern, and we therefore feel ourselves compelled to speak as we have done.

A SLIGHT shock of earthqnake was felt in the neighbou rhood of Whitchurch, Shropshire, on Friday last.

The Medical Practitioner of the Future.

THE *Students' Journal* devotes its editorial column in the first issue of the year to an article headed as above, and the opinions there enunciated are, we think, worthy of much thought. "Under the present system of medical education (it says) it seems necessary to ask ourselves the question—Where is the general practitioner of the future? Take the case of a student who enters a hospital immediately on leaving school, and suppose for the nonce that he is desirous of obtaining the diplomas which will allow him to practise upon his fellow-creatures. How grimly that word 'practise' sounds; it means that he is to gain his experience by endeavouring to cure the ills that flesh is heir to. The question inevitably arises, is a man with only this theoretical knowledge competent to battle with the intricacies of disease? We pine in vain for that Utopia which, we are afraid, will never be reached by the General Council of Medical Education. Why should anyone be allowed, in virtue of his diploma, gained by book-knowledge and cramming, to practise vivisection upon his fellow-men?

"It is of little use to complain of the present condition of affairs, unless at the same time we suggest some means by which this condition may be ameliorated. This desirable consummation might, in our opinion, best be reached by a revision of the present system of medical education. The lecture system has, we believe, had its day. When text-books were few, and hand-books scarce, the lecturer was a necessity, but at the present time, when all that he can tell us may be found quite as well said, and in many cases better, in the pages of some one or other of our leading text-books, he is an anachronism."

The writer, therefore, proposes to reduce considerably the number of lectures, and increase proportionately the tutorial instruction, and says "no greater mistake has ever been made in respect of medical education than when apprenticeship was entirely abolished."

If by "tutorial instruction" and "apprenticeship" our contemporary means personal teaching by a competent surgeon or physician at the bedside, or in presence of and upon the patient, we warmly approve of his view; but if by "tutorial instruction" he means grind-cramming as now existing, and if by "apprenticeship" he means the money-getting sham of the past generation, then we are widely at variance with him.

The lecture system has undoubtedly been abused and overdone, but it is even still altogether preferable to the parrot-teaching of the crammer, while, as regards apprenticeship, it may be said that its value so greatly depends upon the willingness and capacity of the master that it can never again be accepted as proof of competency or experience in the pupil. The education of the future, if the feeling of the profession at large can influence it, will be essentially *practical*. What the student cannot see for himself he must, of course, acquire by lecture or by book; but whatever is within his reach, he must in future learn with his eyes and his fingers, not with his ears and his imagination. It will, we hope, be the teaching of the future that the student shall see, manipulate, and record actual phenomena in physics and disease, and shall supplement the practical knowledge thus gained by following up the subject into its theory and correlation. The yearning or a more practical system of learning is bearing daily fruit

in the establishment of physical laboratories, the extension of experimental methods of instruction, and the establishment of clinical examinations, as the most important part of the qualifying test.

Lord Cairns on Homœopathy.

On the occasion of his laying the foundation stone of the Hahnemann Convalescent Home, Bournemouth, the Lord Chancellor said, "he was rejoiced to find they were going to pay tribute to the memory of Dr. Hahnemann, whose reputation went on increasing year by year, and who, he believed, was one of the greatest benefactors of the human race. Dr. Hahnemann was persecuted, but he survived it, and he (Lord Cairns) believed both from the direct benefit which his system had produced, and in the indirect benefit which it had contributed to as a curative to other systems, he would be regarded as one of the greatest benefactor we have ever had."

We are at a loss to understand on what grounds the noble and learned Lord based his belief that Hahnemann was one of the greatest benefactors of the human race. It is now more than eighty years since the doctrine of homœopathy was published to the world, and we should like to know what this system has done, either for the advancement of medical science or for the physical well-being of mankind, to warrant the use of such extravagant encomiums as those to which Lord Cairns gave expression. During this period the rapidity with which both the science and art of medicine have progressed is unparalleled by that of any previous age; but out of the numerous and great discoveries that have been made with respect to the nature or diagnosis, or treatment of disease there is not a single one for which we are indebted to Hahnemann or his followers. The use of the stethoscope, the almost mathematical precision with which we can mass out and diagnose diseases of the chest, the pathological import of albuminuria, the phenomena of embolism and thrombosis, the discovery of chloroform and other anæsthetics, the efficacy of bromide of potassium, iodide of potassium, and several other remedies in the treatment of disease, these and many more discoveries that have done so much for the relief of suffering humanity have been due entirely to the genius and research of those who have devoted themselves to the study of rational medicine. Homœopathy has, unintentionally, shown how much more may be left to the unaided powers of Nature in the treatment of diseases than was formerly supposed, and it acted as a very wholesome corrective to the system of polypharmacy which formerly prevailed. This much homœopathy has done, and no more. To say that it was one of the most beneficent discoveries of the age is merely indulging in hyperbole and flattery that are only excusable by the circumstances under which these extravagant opinions were expressed.

Vivisection.

On Thursday a public meeting was held at the Infant Schoolroom, Shadwell, under the presidency of the Rev Brenchley Kingsford, M.A., the rector, "to make known the cruel and demoralising nature of vivisection, and to petition against its practice." The meeting was called by the International Association for the Total Suppression of Vivisection. The rev. chairman, in the course of a brief introductory address, said that the advocates for total abolition of vivisection maintained that no advantage accrued to surgical knowledge or science of any kind from the practice of the inhuman and barbarous custom of vivisection; therefore, they were anxious to get rid of it. Mr. H. Ribton Cooke moved the first resolution, which was to the effect that "every effort should be used to procure the total abolition of vivisection in this country." Mr. Savage moved, "That this meeting desires to record its gratitude to Mr. Jas. Maden Holt, for the important services he has already rendered by pressing this subject on the attention of the Legislature, and pledges itself to use all available means in support of the bill he has promised to introduce with the same object into the next session of Parliament." Of course both these resolutions were carried. We were in hopes that the fanatical zeal recently shown by the anti-vivisectionists was beginning to abate, but it would appear from the above that the religious fervour of those enthusiasts has been only slumbering for a while. If, however, they think they are going to force Parliament into fresh legislation on the subject they are very much mistaken. Justice and common sense are against them. To prevent, as far as possible, wilful cruelty to animals is one thing, to put a stop to a few experiments which are for the most part painless, is another. Even if they did succeed in getting their bill passed it would not follow that the cause of humanity would be a gainer thereby. Its only effect would be that of driving our experimental physiologist over to France or Germany, where they would have the liberty of vivisecting many more animals than they would ever have thought of doing in their own country; so that our animals at home would only be protected at the expense of those abroad. Parliament, however, will have more sense than to listen to those petty agitators who, when they find their bill is not supported, will, it is to be hoped, cease troubling society with their crotchets and prejudices, and no longer endeavour to get up an artificial "public opinion" on the subject.

The Progress of Intemperance.

The progress of intemperance would seem to be startling rapid and universal, if we are to believe all the temperance journals, leagues, and societies in different parts of the world, are constantly telling us. When from America we have a good substantial "Quarterly Journal of Inebriety" as the official organ of the American Association for the Cure of Inebriates, when similar associations and journals are to be found in England also, and on the Continent, and when we read some of the appalling disclosures and the trumpet-tongued statistics scattered through the pages of these journals, our first impression is that at least a large portion of the civilised world is fast falling into a slough of intemperance. Of the amount of drunkenness prevalent in this country we are being constantly reminded by publicists of every grade of opinion. With regard to Scotland there was a few days ago in a daily paper the significant announcement that the Dundee Police Commissioners had provided several double-springed wheelbarrows to convey drunk and incapable persons to the police station during the Christmas holidays. In America the evil has been for

a long time attracting the attention of the legislature; and in that country, as elsewhere, a large proportion of its pauperism, disease, and crime have their origin in this prolific source. In Sweden, remarks Dr. Huss, things have come to such a point that if some energetic means are not adopted, the Swedish nation is menaced with incalculable evil. One million and a-half of persons, or about half the population of that country, annually consume from 140 to 175 pints of brandy or other spirits each. In the opinion of Dr. Huss, the Swedes, as a nation, have deteriorated in stature and physical strength, new diseases have appeared, and old ones have increased in number and intensity. The chief new disease is "epidemic chronic gastritis." In Australia the Colonial Government has enacted laws for the purpose of controlling the habitual drunkard; and even in France much more strong liquor is drunk than used formerly to be the case. They actually have a temperance journal, *La Temperance*, the second number of which has just appeared. If we couple with the above facts another well known fact, that secret drinking is also very prevalent among the middle and higher classes of society, it would be only affectation to deny that something must be done to stem the progress of an evil which bids fair to demoralise half the rising generation around us.

The British Science Association—Meeting in Dublin, 1878.

At the meeting of the executive committee last week, the Secretary read a communication from the Senate of the University of Leyden, in which the invitation of the executive committee was acknowledged with a warm expression of thanks. The names of any members who may purpose going to Dublin will be transmitted in due course. From the Royal Academy of Science at Turin a similar letter was received, in which the gratitude of that learned body was expressed for the invitation, and an assurance of co-operation given. In a letter received from Dr. Steele, Registrar of the Royal Dublin Society, it was stated that the council of that body intended holding a *conversazione* on the evening of the 15th August, to which the members of the British Association will be invited. Mr. Norwood, J.P., hon. sec., reported that at a meeting of the General Council, held in London, the following gentlemen were announced as having accepted the offices of presidents of sections:—

Section A.—Mathematics and Physical Sciences, Rev. Professor Salmon.

Section B.—Chemical Science, Professor Maxwell Simpson.

Section C.—Geology, Mr. John Evans.

Section D.—Biology, Mr. D. Flower. Professor Huxley will be one of the Vice-Presidents and Chairman of a department in this section; the third chairman is not nominated.

Section E.—Geography, Sir Wyville Thompson.

Section F.—Economic Science and Statistics, Professor Ingram.

Section G.—Mechanical Science, Mr. Edward Easton.

It was moved by Lord Rosse, seconded by Lord O'Hagan, and resolved—"That the hon. secretary be directed to request the co operation of the Queen's University in Ireland, that the Senate should nominate a member to represent the University on the executive committee, and that a copy of this resolution be forwarded to his Grace the Duke of Leinster (Chancellor), and to Sir Dominic Corrigan, Bart., M.D., (Vice-Chancellor of the Queen's University in Ireland)." The hon. treasurer announced that the total amount of subscriptions received to date was very nearly £1,800.

The Provident Dispensary Sham.

A contemporary prints an extract from the *Dorset County Chronicle* in which the opening of a shilling dispensary by the local general practitioner is heralded with a flourish of twelve-penny trumpets. "Mr. ——," we are informed, "has opened an institution of this *useful and commendable character* at his residence. 'By paying 1s. when patients attend the first time in each week, advice will be given, and one, two, or three bottles of medicine, as the case may require, provided the three visits are within the seven consecutive days.' The fourth rule informs us that 'all pills will be coated, in order to render them perfectly tasteless.' The eighth rule states that 'maternity cases are attended for 7s. 6d.' The tenth rule says: 'The fee for removal of a tooth is 1s.; but, on payment of 2s. 6d., it will be extracted without pain by means of laughing-gas (nitrous oxide).'"

If the surgeon finds it pay to give three bottles of what it pleases him to call medicine and three periods of his valuable time into the bargain, and if he can't get patients without advertising his shop in the local paper, we suppose we should be too sanguine if we entertained a hope that respect for his profession would deter him from that line of trade. Let us not, however, be treated to the "useful and commendable." It is too much!

A New University Magazine.

Glasgow University has started a magazine, the first number of which is before us. Of course the new venture does not aim to represent the medical element of the University exclusively, in fact, the first number scarcely touches medicine or medical politics at all. It rather aims at being a *Saturday Review* upon a small scale, although it can scarcely be expected to afford the talent of that journal. On the whole, the first number is fairly readable, and we wish it every success. If Glasgow University can support a magazine, it will be the first institution that has yet done it for any length of time. Many such ventures have been started, with both energy and talent, but the originators have not received that moral and material support which is so essential to the success of a periodical; hence the steam has been taken out of the principal workers, and a mushroom existence the result. We hope this may not be the case with the present undertaking, twopence is not a high price to put upon a magazine, so that upon the score of cost its readers should be many, and the support accorded commensurately large. The publishers are Messrs. Stenhouse, of Glasgow, and Messrs. Baillière, Tindall, and Cox, of London.

Increase of Lunacy in Surrey.

Last week we reported the serious increase of lunacy in the county of Essex, and the measures contemplated for the accommodation of patients. This increase is becoming general throughout the country, and the gravest fears naturally arise in the mind of every thoughtful per-

son. The county of Surrey has now to build another asylum to meet the rapid increase. The lunatic asylum provided at Wandsworth, has recently been enlarged, and a sum of £10,000 expended on the building; there is also the asylum at Earlswood for idiots. All this, however, is not sufficient accommodation for pauper lunatics; and a farm at Coulsdon, near Croydon, consisting of 148 acres, has been purchased for £25,000, for the erection of an additional county lunatic asylum for Surrey, which is estimated to cost £70,000.

The Protection of Life while Drunk.

THOUGH the matter is not exactly within the cognisance of a medical journal, we think it well to call attention to a reform instituted by a medical coroner in the Colonies, and deserving of being followed out in our own country. About four years have elapsed since Dr. Youl, the Melbourne coroner succeeded in getting a bye-law passed to the effect that all vessels lying at the piers must have nettings under their gangways. Dr. Youl had been struck with the large number of inquests he held upon sailors who had been drowned at night through a false step while going on board their vessels in a state of intoxication. Since that time he finds that his inquests have been reduced thirty per cent., which may fairly be traced to the nettings. Sailors are often found asleep in them of a morning, suspended over the water.

THE *Glasgow Medical Journal*, which has been in existence as a quarterly for the last nine years, appears as a monthly with the new volume. In altering its style, the editor frankly admits that it has not received such support as would warrant its continuance in that capacity; the discontinuance of the *Medico-Chirurgical Review* was the death-note for his own journal and that of many other quarterlies; the day being past when authors or readers could wait three or six months for their papers. Fully appreciating this change, he starts afresh, with renewed hopes that the alteration will be appreciated and supported accordingly.

THE Friday evening meetings of the Royal Institution before Easter will be devoted to discourses by Prof. Huxley, F.R.S., on William Harvey; by Mr. Preece, on the Telephone; by Matthew Arnold, on Equality; by Dr. P. L. Sclater, on Zoological Distribution and some of its Difficulties; by Dr. Liebreich, on the Deterioration of Oil Paintings; by Prof. Goldwin Smith, on the Influence of Geographical Circumstances on Political Character; by Sir Joseph Hooker, on the Distribution of Plants in North America; and by Prof. Roscoe, Lord Rayleigh, Prof. Tyndall, Prof. Dewar, and Sir John Lubbock, on subjects not yet announced.

THE annual general meeting of the Dublin branch of the British Medical Association will be held on Wednesday, 30th January, at the hour of 4 o'clock, p.m., in the Hall of the King and Queen's College of Physicians, Kildare Street. The President of the branch, Dr. Hudson, will deliver an address; the officers and council for the ensuing year will be elected, and other necessary business transacted. By the kind permission of the President and Fellows, the annual dinner of the branch will be in the College hall, at 7 o'clock p.m., on the day of the meeting.

A SAD accident occurred on Friday night at the Woolwich railway station. Whilst a female lunatic patient was being conveyed to the Kent County Asylum she suddenly broke away from those who had charge of her and threw herself on to the line as a train approached. Seeing this, the night inspector, Mr. Craft, at once leaped after her, drew her clear of the metals, but could not extricate himself, thus sacrificing his own life for that of a lunatic.

THERE was a general rise in the rates of mortality throughout the United Kingdom last week. London rose to 28, Edinburgh and Glasgow to 29, Dublin to 32, and Liverpool to 33 per 1,000 of the population. While Brighton, which has been fluctuating for some time past between 16 and 20, gave a death ratio last week of 27 per 1,000. This increase was due mainly to the excessive variableness of the temperature, the number of deaths from pulmonary diseases being much higher than any preceding week for the last nine months.

A SAD occurrence took place on Saturday week, by which Dr. Lang, of Southport, lost his life. Deceased incautiously carried a light with him for the purpose of discovering an escape of gas in his house, when a violent explosion suddenly occurred, killing him on the spot, and shaking the house almost from its foundation. Great commiseration is expressed by the inhabitants for this untoward accident.

IT was resolved at the meeting of the Manchester city council last week, by 48 members to three, that application should be made to parliament, to sanction the scheme for supplying Manchester and the adjoining towns with water from Thirlmere Lake. The cost of the scheme will be between three and four millions sterling. We do not, for a moment believe, that Parliament will sanction such a scheme.

PREVIOUS to the opening of Parliament a system of ventilation is being carried out in the House of Commons, which it is expected will remove the objections so frequently made, as to the stuffiness and impurity of the atmosphere during prolonged sittings.

A LETTER has been received from the Treasury intimating that £20,000, the first instalment of the grant by the Government for the buildings of the University of Edinburgh, will be inserted in the estimates this year.

A NEST of otters was discovered at Aversham Weir on Thursday last; one of the brood was captured, the rest escaped. This discovery is a little remarkable, as otters in the wild state were considered extinct in England.

Correspondence.

THE CLINICAL SOCIETY AND THE USE OF CHLORAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The inconvenient effects which occasionally follow the incautious or long continued use of the Hydrate of Chloral, have induced the Clinical Society to appoint a Committee for the purpose of investigating certain points in the action of this important drug. The scope of the inquiry has been defined within the following limits "To investigate what deleterious effects follow the prolonged and continuous use of chloral in ordinary doses."

The Committee consists of Sir William Jenner, Bart., Dr. Andrew Clark, Dr. Buzzard, Dr. Duckworth, Dr. Barlow, Dr. Farquharson.

It is evident that a report upon such a subject will be valuable in proportion to the number and accuracy of the observations upon which it is based; and in entering upon its task, the Committee therefore invites the co-operation of the profession at large, and especially of those members of it who enjoy the opportunities afforded by family practice. Every accurately noted fact, even though it be isolated and of little evident utility, will be of service, and from the mass of evidence which may thus be placed at its disposal, the Committee hope that some generalisation of a useful kind may at least be attempted.

We are, dear Sir,

Yours faithfully,

WILLIAM JENNER, M.D., Chairman.
ROBERT FARQUHARSON, M.D., Hon. Sec.

Clinical Society of London, 53 Berners Street.
January, 1878.

*** Appended to this letter is a list of queries upon which the Committee desire information from the profession. As the letter came to hand while we were at press, we are unable to find space for the schedule of questions. This, however, will be sent by return of post, on application to the Hon. Sec. as above, the Committee being anxious to obtain the widest experience possible.—ED.

Obituary.

WILLIAM STOKES, M.D., F.R.S., D.C.L.

THE death of Dr. Stokes, Physician to the Queen in Ireland, Regius Professor of Physic in the University of Dublin, and sometime representative of the Crown in the General Medical Council, is one of the events of the year, the life of which is yet so young, and, whoever of those who now occupy the firmest position in the arena of Irish medicine, may fall before its close, the profession, science and the community cannot lose any of their members more noted for his learning, or more deservedly respected for his personal character.

It is, indeed, as the *Freeman's Journal*, from whom we derive much of our information, long since Ireland has lost so renowned a son, or Dublin so eminent a citizen. William Stokes was born in the city in 1801, and had consequently reached his 76th year. He died on Monday, the 7th inst., at his villa at Sutton, having been for some time past in failing health, and having latterly retired altogether from professional practice, his system having sustained a severe shock by a fall from an outside car at Bray some five summers ago, from the effects of which he never completely rallied. Dr. Stokes was fourth in descent from the Gabriel Stokes who was Deputy-Surveyor of Ireland. Gabriel's two sons, John and Gabriel, were Scholars and Fellows of Trinity College, as was also Gabriel's son, Whitley, the father of the doctor who was thus the son, grandson, and grandnephew of Fellows of College. His father, Whitley, was, along with nearly all the eminent Irishmen of his day, an earnest sympathiser in the wrongs of his country; he joined the United Irishmen, and after '98 was suspended from his Fellowship for a year by the Visitors on account of his political opinions. In 1830 he became Professor of Physic to the University, and retained the appointment till 1842, when he was succeeded by his more distinguished son, the subject of the present memoir. William Stokes was never at school and never entered college. He was educated chiefly by the remarkable Rev. John Walker, F.T.C., who, in the early part of the century resigned his fellowship, left the Church of England, and founded the sect which bears his name. In 1821, young Stokes was sent to study medicine in Edinburgh, where, along with Sir Dominic Corrigan, he took his diploma in 1825. While a student, he attracted the notice of Dr. Alison, the father of the historian, and formed the beginning of an intimate friendship to which he so touchingly alluded in his address to the British Medical Association at Leamington, in 1865. In 1828 he married, and commenced his professional career, we believe, in French Street. In a couple of years he moved into York Street, and after many years' residence there, he moved to Merrion Square. In 1828 he published his first work on "The Application of the Stethoscope to the Diagnosis and Treatment of Thoracic Disease," which obtained an immediate recognition by the faculty, and laid the foundation of his fame. He was appointed physician to the Meath Hospital, and there, in conjunction with his great friend, Dr. Graves, initiated a general medical reform, and commenced the system of the then famed and now universal clinical lectures. He rose rapidly into an immense and lucrative private practice, which he retained as long as his health permitted. In 1832 he saw the first case of Asiatic cholera which visited this country. In 1837 he published his authoritative and masterly work on "The Diagnosis and Treatment of Diseases of the Chest," which brought him no end of honours and honorary degrees at home and abroad, and which may be said to have marked an era in the history of the profession. Two years after the appearance of the book, Trinity College conferred on him *honoris causa* their degree of M.D., and in the same year (1839) he was elected a Fellow of the King and Queen's College of Physicians in Ireland. On three separate occasions he was elected President of the ancient Corporation, and Foley's speaking statue erected in its hall in 1876, is the splendid testimony of the profession generally as to the esteem and admiration in which they held Dr. Stokes. In 1845 he was chosen Regius Professor of Physic to the University, T.C.D., on the death of his father, and was a worthy successor in the chair which had been filled by Stearne, Howard, Molyneux, Helsham, the friend of Swift and Delany, and by other men of eminence. In 1843, Dr. Stokes, along with Marsh, Graves, and Cusack, strove to abate some of the oppressive measures of Sir James Graham's Medical Charities Bill. He was examined before a committee of the House of Commons on the question, and he succeeded in effecting some amendments in the Act. In 1848, along with some coadjutors, he took a still more emphatic part in endeavouring to defeat the Dispensary Act, which, by its five-shillings-a-day payment, inflicted such a degradation on the profession, and such a cruel wrong on the medical men throughout the country who had charge of the famine-fever districts. In 1849 Dr. Stokes was appointed President of the King and Queen's College of Physicians in Ireland, and her Majesty's Physician in Ordinary in Ireland; and in the same year he produced the greatest and most important of all his books—"The Diseases of the Heart and Aorta." Oxford gave him its honorary D.C.L. in 1865, and Cambridge its honorary LL.D. in 1874. In 1875 the German Emperor presented him with the envied Prussian order "Pour la Mérite," in company with such distinguished men as Longfellow, Bancroft, and Schwann. Edinburgh also sent him its honorary LL.D. On the formation of the General Medical Council Dr. Stokes was nominated by the Crown as its Irish representative member, and he continued to discharge the duties of the office until last May, when he resigned it in consequence of failing health.

The space at our disposal forbids us enlarging upon Dr. Stokes's character. Like all really great men in our profession, his intellect would not bear the trammels of mere money-getting doctoring. He was a great physician and permitted no pursuit to interfere with his study of his profession and his care of his patients; but he was something more—a man of ardent literary and scientific taste, an astute observer, and a zealous worker in many extra-professional pursuits. As an archæologist his work on the life-labours of Petrie placed him in the leading position, and

probably secured for him the presidency of the Royal Irish Academy, which he vacated but recently. His views of medico-political questions were wide and liberal, and he was an earnest advocate of every measure which tended to raise medicine in the scientific and social scale. He has followed in his honoured age his worthy companions, Graves, Marsh, and Cusack, and leaves behind him an example which posterity may well point to as worthy of the imitation of generations yet to come.

DR. MAHONY, OF RUSH.

WITH deep regret we announce the death of the above popular and deservedly esteemed gentleman. Dr. Mahony had been for thirteen years Medical Officer of Rush and Lusk Dispensary Districts, and for four years previously held a similar position in Carrigaholt, co. Clare.

Deceased pre-eminently distinguished himself in his university career; he was one of the ablest scholars of his day, being profoundly read and thoroughly informed on almost every subject. He was, therefore, in society most entertaining, if not instructive. As a kind and warm-hearted friend, especially to those for whom in early life he formed an attachment, Dr. Mahony was unequalled. His sympathies were ever with the wants and privations of the poor of his district, whom, in the last hours of his illness, he did not forget.

He is sincerely and universally regretted by all who knew him, but especially by those who profited by his unremitting care and professional attention to them in their hours of illness. The people of Rush reserved to themselves the sad privilege of bearing on their stalwart shoulders, whilst they shed plenteous tears, the coffin of deceased, and carried it for nearly two miles before they would consign it to the hearse in attendance. The funeral, which was large and respectably attended, took place last week, the interment being in Glasnevin Cemetery.

Liverpool Medical Institution.—The following office-bearers were elected at the annual meeting of the Liverpool Medical Institution held January 8th, 1878:—*President*—Dr. Waters. *Vice-Presidents*—Dr. Tyster, Dr. Wm. Carter, Mr. Manifold, and Dr. Oxley. *Treasurer*—Dr. Dickinson. *Hon. Sec.*—Dr. Caton. *Hon. Sec. of Ordinary Meetings*—Mr. Puzey. *Hon. Librarian*—Dr. W. Macfie Campbell. *Members of Council*—Dr. Alexander, Dr. Bailey, Dr. Braidwood, Dr. Finegan, Mr. McCheane, Dr. Samuels, Mr. E. A. Browne, Mr. Harrison, Dr. Mathew Hill, Dr. S. Lewis, Dr. Robertson, and Dr. Turnbull. *Microscopical Committee.—President*—Dr. Braidwood. *Hon. Sec.*—Dr. Ashby. Drs. Davidson, Glynn, S. Hicks, Lupton, Paul; Messrs. Hamilton, Newton, and Rushton Parker.

NOTICES TO CORRESPONDENTS.

DR. LOWE.—We should have been glad to publish the letter, but pressure upon our space has rendered it necessary to close the discussion. Notice has already been given to that effect.

DOVER.—Thanks for paper with report of case of hydrophobia.

MR. B., Stockport.—Paper to hand.

WE are indebted to numerous correspondents for papers and extracts in reference to our "Report on Rabies."

DR. OFFENBERG, Rhenish Prussia.—Your letter received, for which accept our thanks. The *Paris Medical* we have always regarded as, and found, one of the most accurate of French journals, the name of the editor, Dr. J. A. Fort, commanding our confidence and respect. In the interests of truth and science, and in order thoroughly to investigate the matter, we have forwarded your letter to Dr. Fort, as our quotation was taken from his journal, and we did not verify it consequently. We have particulars of your own case, which will in due course be brought before the notice of our readers. This *reputed* case of Polli has also been mentioned in the *Lancet*, *Medical Times and Gazette*, and well illustrates the difficulty of arriving at facts. If we hear from Dr. Fort that a mistake has been made we shall correct it. You will have no doubt read that Dr. Acland, of Oxford, is reported to have said that from information he had received from Germany, from Dr. Victor Carus, he was not satisfied that your case was one of hydrophobia.

CURARA.—You must be a licensed experimentalist. Your experiments render you liable to legal action; they are very interesting and important.

SEAT OF WAR.—Thanks for your communication; we hope to give a *résumé* of what has been done. See *Progrès Medical*, Jan. 5, 1878.

POOR-LAW MEDICAL OFFICER.—We regret the unfavourable reply received in reference to *post-mortem* examinations. When such a simple and just request has been refused you need not expect another memorial will meet with a better fate.

SYDENHAM SOCIETY.—You should write to the Secretary.

J. W. MARTIN (Portlaw), and DR. WINN (London).—Your letters are unavoidably held over.

DR. L.—Join the English Poor-law Medical Officers' Association: Secretary, J. Wickham Barnes, F.R.C.S., 3 Bolt Court, Fleet Street, London. Every Poor-law Medical Officer should support that Society if they are really anxious for the improvement of their position.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Pantaleoni, Rome. Dr. Azam, Bordeaux. Dr. Offenberg, Rhenish Prussia. Dr. Bourneville, Paris. Dr. Lombe Atthill, Dublin. Mr. Fleming, London. Dr. Unthank, Cincinnati. Dr Passanha, Madras. Dr. Fort, Paris. Dr. Stretch Dowse, Hornsey. Dr. O'Reilly, Bishop Stortford. Mr. Gorham, Tunbridge. Dr. Rawson, Lichfield. Dr. Crothers, Nice. Dr. De Gorrequer Griffiths, Pimlico. Dr. Stewart, Bath. Dr. Harbinson, Lancaster. Mr. Osman Vincent, London. Mr. Worth, Nottingham. Mr. Squire, London. Dr. Beach Johnston, Rotherhithe. Mr. Reid, London. Dr. Horace Swete. The Registrar-General. Mr. Sparrow, Caistor. Mr. Corsellis, Wandsworth. Surgeon-Major Quill, Dublin. Dr. Dolan, Halifax. Mr. Sewill, London. Mr. J. Wickham Barnes, London. Mr. Jesse, Henbury. Dr. Cory, Ramsgate. Dr. Kelly, Bermondsey. Dr. Leared, London. Dr. Birch, London Dr. Pindler, Harpurhey, Manchester. Dr. Redman, Lincoln, Dr. John Drysdale, London. Dr. Kelty, Walsall. Dr. O'Flanagan, Houghton-le-Spring, Durham. Dr. Fox, London. Dr. Jagielski, London. Dr. Garland, Carrickmacross. Mr. Holmes, Dublin. Dr. Davys, Swords. Mr. Auld, Edinburgh. Mr. Mercier, St. John's Hospital. Dr. Macfie, Liverpool. Mr. John Moss, London. Sir William Jenner, Bart., London. Dr. Farquharson, London. Professor Attfield, London, &c., &c.

VACANCIES.

Balrothery Union, Luck Dispensary.—Medical Officer. Salary, £125. Election, Jan. 19.

Chiswick.—Medical Officer of Health for the Parish. Salary, £80. Endorsed applications to the care of Mr. Finnis, Prospect House, Turnham Green.

City of London Hospital for Diseases of the Chest.—Assistant Physician. Honorary. Candidates must address the Treasurer by the 26th inst. (See Advt.)

Durham County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications to the Hon. Sec., the College, Durham.

Holborn Union.—Dispenser. Salary, 104 guineas. Candidates must have Apothecaries' Society diploma. Address the Clerk to the Guardians, Gray's Inn Road, W.C.

Limerick Union Workhouse.—Resident Medical Officer. Salary, £100, with allowances. Election, Jan. 30.

Mountmellick Union, Clonaslee Dispensary.—Medical Officer. Salary, £100. Election, Jan. 24.

St. John's Hospital for Diseases of the Skin.—Honorary Medical Officer. Election, Jan 21. Applications to the Secretary, Leicester Square, London, W. (See Advt)

Sunderland Infirmary.—Senior House Surgeon. Salary commencing at £80, with board and residence. Applications to the Secretary of the Medical Board.

APPOINTMENTS.

BECK, R. C., M.R.C.S.E., Medical Officer for the Leavening District of the Malton Union, Yorkshire.

DAVIES, H. W., M.R.C.S.E., Resident Medical Officer to the Memorial Hospital, Jarrow-on-Tyne.

HICK, H., L.R.C.P.Ed., M.R.C.S., Medical Officer and Public Vaccinator for the Wortley District of the Bramley Union, Yorks.

HORNER, A. C., L.R.C.P.L., M.R.C.S.E., Resident Obstetric Assistant to the Westminster Hospital.

MACNAMARA, J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, &c., for the Urlingford Dispensary District of the Urlingford Union, in the Counties of Kilkenny and Tipperary.

O'KELLY, R. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Clonbrock Dispensary District of the Mountbellew Union, and for the Ahascragh Dispensary District of the Ballinasloe Union.

ROBINSON, H. S., M.R.C.S.E., Medical Officer to the County Gaol, Norwich.

Births.

BRISBANE.—Jan. 3, at 31 Park Road, Regent's Park, N.W., the wife of J. Brisbane, M.D., of a daughter.

MACAN.—Jan. 5, at 29 Lower Baggot Street, Dublin, the wife of Arthur Vernon Macan, M.B., F.K.Q.C.P., of a son.

Deaths.

CLARKE.—On Jan. 9, at Lynton Devon, John Clarke, M.R.C.S., aged 80.

GODFREY.—On Jan. 3, at Herne Bay, Thomas Godfrey, F.R.C.S.E., aged 58.

GUNN.—On Jan. 5, at Forres, Robert Gunn, M.D., aged 35.

HOLT.—On Jan. 11, at Uckington, Cheltenham, J. Rose Holt, M.R.C.S., aged 85.

HOOPER.—On Jan. 3, Alfred Hooper, F.R.C.S.Ed., of Clapham Common, aged 44.

KERR.—On Jan. 3, at Northumberland Street, Edinburgh, David Kerr, M.D., aged 73.

LANG.—On Jan. 5, John Lang, M.D., of Southport, aged 49.

LIPSETT.—On Jan. 6, at Raglan Road, Dublin, Lewis Edward Lipsett, F.R.C.S.I.

STOKES.—On Jan. 7, at Carreg Braec, Howth, co. Dublin, William Stokes, M.D., F.R.S., D.C.L. Oxon., Regius Professor of Physic in the University of Dublin, aged 76.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 23, 1878.

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,
Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 23.)

Case IX.—*Syphilitic Disease of Left Cerebral Hemisphere, more particularly of Third Frontal Convolution. Peculiar Amnæsic Aphasia. Slight Dementia. Hyaloid Arterial Change.*

This case is especially interesting for the reason that for a long while there were no objective signs of paralysis except in those muscles whose co-ordinate movements were necessary to articulation, and these only became manifest when the will was exercised to demand their definite harmonious association. Although there was some paralysis of the muscles of the tongue, the want of voluntary power over this member was slight when compared with the muscular movements engendered through the facial nerve, so that any attempt on his part to co-ordinate the labials to whistle or to blow were abortive in a great measure. He was what might be termed passively emotional; he never became actively excited, but would laugh and cry alternately. The speech was rather of the drawling, hesitating character than of the stuttering, jabbering kind which we shall notice in the following case. He worked about the ward, doing everything that he was told automatically, with perfect good humour and *apparent* freedom of will. It was only at such times when he *endeavoured* to think and to exercise reasoning power that his mind, through the faults of language, gave evidence of weakness, which was clearly due to some gross lesion, as we shall find in going through the case.

F. B., æt. 43, came under my care on the 21st July, 1876, and died on Feb. 3rd, 1877. His ordinary facial aspect gave no indication of his cerebral state, either physical or mental; the muscular development and general *physique* was excellent; he was never known to have had a fit; he often complained of great pain over the forehead, which was always worse at night, and attended with increase of temperature. He was slightly demented, and the faculty of language was faulty. The articulation was slow and hesitating, the vocal cords acted freely, but the mucous membrane covering them was nodular, and old cicatrices were visible on the posterior wall of the pharynx. These parts were remarkable for their want of reflex excitability and common sensation. He contracted syphilis at the age of thirty, but it does not appear to have given him much trouble. His general health was good until he was forty years of age, when he became nervous and depressed, and sometimes when he went out for a walk he was unable to find his way home. Upon one or two occasions he staggered and felt giddy, but this condition was rare. His wife states that one morning when he got out of bed he was unable to speak for some hours, and from this time his speech was more or less affected.

In September, 1876, he first felt the *right* arm become weak; said he felt ill, and that the *right* arm and leg ached very much, and from this time the loss of power gradually increased in the muscles of this half of the body. In the following January the *right* hemiplegia was complete, with confirmed aphasia. The loss of power was greater than the loss of sensibility; there was hyperæsthesia and intense hyperalgia of the arm. In a short time after this the *left* leg became paralysed, but the *left* upper extremity remained normal. The whole of the

head was covered with psoriasis. On the 1st of February the temperature was recorded for a week as follows :—

	Morning.		Evening.	
	Right.	Left.	Right.	Left.
Feb. 1.—	103	102·2	103·2	101·8.
„ 2.—	101·6	101·6	103	101·4.
„ 3.—	101·8	101·4	101	101.
„ 4.—	101·8	101·6	102·2	101·4.
„ 5.—	101·6	101·6	101·6	101.
„ 6.—	101·2	101·6	103·6	102·4.
„ 7.—	101·8	102	101·5	101·8.

Subsequent observations proved the rule—that the paralysed limb is invariably hotter than the non-paralysed, no matter what is the cerebral lesion which gives origin to it. His general bodily health was now fast failing. On the 19th February he became unconscious, and died comatose.

At the *post-mortem* examination the skull was free from disease. The brain weighed 52 ounces. The arteries at the base were not atheromatous, but pale, patulous, and hyaloid. There was chronic inflammation of the membranes over both hemispheres, but more particularly over the *left*. The dura mater was found to be firmly adherent to the substance of the third frontal convolution of the *left* side by reason of a growth connected with its inner surface of the size of a small hen's egg. It had destroyed the brain substance, not only of this convolution, but also of the island of Riel, and exercised considerable pressure upon the corpus striatum. There was considerable softening of surrounding brain tissue. On the right side there was a patch of hæmorrhagic softening in the centre of the corpus striatum, but both optic thalami were free from any gross change. The tumour itself was more or less intimately blended with the surrounding textures, and, upon section, was seen to be of a pinkish-grey colour, somewhat vascular, with a central focus of soft mucoid degeneration. At the circumference its structure was firm and elastic. Under the microscope it was seen to be made up of amorphous and granular masses, a proliferation of fibrous tissue, and a multiplication of small nucleated cells. The vessels external to and about the mass showed the existence of minute aneurismal dilatations (which have been described by MM. Charcot and Bouchard), with peri-arterial sclerosis. In some parts the lumen of the vessels was almost obliterated by detritus and cell proliferation ; in others the proper tunics appeared to be nearly replaced by connective tissue and nucleated cell growths ; whilst in other parts where true sacculations existed the coats were formed mainly of elongated cell growths, devoid of muscular or connective tissue elements. The nerve cells had undergone pigmentary atrophic degeneration, and minute hæmorrhages were numerous.

Hornsey Lane, N.

(*To be continued.*)

RESTORATION OF THE EYELID AFTER EXCISION FOR INTRACTABLE ULCERATION. (*a*)

By EDW. WOLFENDEN COLLINS, F.R.C.S.I.,
Surgeon to Jervis Street Hospital.

DURING last March, S. D., a man 48 years of age, presented himself at Jervis Street Hospital, and was admitted under my care, suffering from Jacob's ulcer engaging the right lower eyelid. He was asthmatic, and of somewhat intemperate habits. There was no history of syphilis. Seven years previously the ulcer had its origin in a small pimple on the outer part of the lid. After a time, the pimple ulcerated, leaving a small, indolent, slowly-spreading sore, with a red uneven surface, and an indurated raised margin. A thin crust covered its surface, which, when it fell off or was picked off, quickly reformed. For a long time the sore was painless ; but about two years ago pain was experienced, whenever the ulcerated surface became exposed, owing to the falling of the crust. Twelve months later, bleeding regularly occurred on these occasions. Notwithstanding varied treatment, the sore had gradually spread during seven years, till it had involved the whole of the lower lid outside the punctum, as far as the outer canthus, presenting a superficial surface an inch in its transverse and half an inch in its vertical measurement. Its appearance is faithfully depicted in this water-colour drawing by Mr. McKernon, one of the students attending the hospital. In depth it was evident, from its extreme fixity, that the growth had invaded the tarsal cartilage and palpebral conjunctiva. The process of ectropium had already commenced. The surrounding skin was natural in colour ; and there were no glandular enlargements. From these circumstances, I had no doubt of the rodent character of the ulcer ; and I found the man willing to submit to whatever operation might be advisable for its complete removal. To this end, as my choice was limited to caustics or the knife, I selected the latter as being more expeditious, more certain, and attended with less prolonged suffering. Besides, as the cartilage and palpebral conjunctiva were infiltrated, their removal by the knife involved less danger to such important neighbouring structures as the eye and lachrymal passages. Considering the great disfigurement which the complete removal of the lower lid, and the parts adjacent to it below and externally, would entail, as well as the lasting condition of epiphora consequent thereon, I was led to the conclusion that the restoration of the lid by autoplasty, immediately subsequent to the excision of the diseased mass, was not only desirable to prevent disfigurement, but necessary to prevent epiphora and undue exposure of the eye. The special plastic operation which would best answer the requirements of the case, was no easy matter to determine. In the end, Dieffenbach's method of sliding a cheek-flap into the gap left by the previous excision, appeared to me the simplest and best. When, however, I applied the straight lines of his primary triangular excision to the case in hand, I found that, if the base of the triangle sufficiently cleared the infiltrated margin of the ulcer, its apex would reach the mouth. I then tried curved instead of straight lines, and ascertained that, by making a heart-shaped instead of a triangular space, I could limit myself to the excision of the diseased structures only, without interfering with the details of the subsequent autoplasty. To satisfy myself fully, I tried the double operation upon a dead subject in the dissecting room. The curved edge of the flap fitted admirably to its fellow without undue tension, and an arterial twig was seen coursing from below along the subcutaneous surface of the centre of the flap, a matter of no little importance as regarded its vitality. The details of the operation, thus arranged, I carried into effect on March 8, while the man was under the influence of ether. The entire lower lid external to the punctum, with its cartilage and conjunctival covering, was removed. The numerous vessels which spouted were either twisted or ligatured with carbolised catgut. A thick flap was then dissected up from the cheek, slid over, and secured in its new bed, along its inner border and at its outer angle, with entomological pins, and twisted floss-silk sutures. It was supported and covered with a pad of salicylic cotton and a bandage. On the third day after the operation, an outbreak of erysipelas, in the ward occasioned me some anxiety. The man was instantly removed to another ward ; but in a few days erysipelas, spreading from the wound, set in and ran its course over the head and face, without doing any damage to the flap, sufficient exit for any matter existing along its outer border. The upper and inner angle of the flap subsequently alone gave trouble, requiring constant attention and support by adhesive plaster.

On the 18th day, healthy granulations, on the portion of the cheek from which the flap had been taken, having reached the surface, I commenced the process of skin-grafting upon it, with the object of stimulating the surface,

(*a*) Paper read before the Surgical Society of Ireland. The discussion will be found at page 66.

hastening the healing process, and forming a more stable and pliant cicatrix. This process I continued every third day. In a month's time, the man was able to leave the hospital, the parts being all perfectly healed. The transplanted flap at that time was puffy. It has since gradually toned down, and now, ten months after the operation, it is nearly level with the surrounding skin. Owing to the process of skin-grafting, hardly any cicatrix marks the site on the cheek from which the flap was taken. Its surface is not depressed. Indeed, no traces of the operation exist, save the lines bounding the outer and inner side of the flap. There has been no return of the disease. The reconstructed eyelid performs its functions well. There is no epiphora, nor is there irritation of the eye. The man is in attendance for examination.

An accident occurred, which resulted in the destruction of the excised portion, containing the ulcer, previous to any microscopical examination. I regret this, as I was anxious, in so well marked an instance, to test the correctness of J. C. Warren's (Boston, U.S. 1872) doctrine that a rodent ulcer is a small-celled epithelioma. I may remark, that Mr. Golding Bird has recently demonstrated the opposite, viz., its non-epitheliomatous character, in a series of cases illustrated by drawings and microscopical preparations at the Med. Microscop. Soc. of London (*Med. Press and Circ.*, Jan. 24, 1877, p. 68). The subject has a very practical bearing.

When considering the question whether other operative interference was desirable than the mere removal of the diseased structures, I found much difference of opinion existing among those whose advice I sought, and no less difference in special treatises on ophthalmic surgery. Some such works are altogether silent on the point, in others it is discussed in the briefest manner. Mackenzie, however, fully discusses the subject, and gives an opinion totally adverse to autoplasty after excision, especially as regards the lower eyelid. He says, "so far as the loss of the lower lid is concerned, such a procedure is unnecessary. The deformity and inconvenience arising from the want of the lower lid is trifling. The mere contraction of the cicatrix suffices to bring up the cheek to the level of the lower edge of the orbit. The skin unites to the conjunctiva, and at first sight it is not observed that the eyelid has been removed. The palpebral opening is a little smaller than natural, both from above downwards on account of the upper lid descending more than usual, and transversely from the external angle of the lids having assumed a rounded form. Autoplasty under such circumstances, would do little good. (*Treatise on the Eye*, 1830, p. 141). I think that this opinion should be received with some reservation. After so extensive an excision as was required in the case I have detailed, I cannot hold that the deformity and inconvenience which would have arisen from the want of the lower lid would have been trifling; or that a carefully planned plastic operation for its restoration was either unnecessary or likely to do little good. Other oculists not only justify, but recommend autoplasty after excision of the lower lid. Some have manifested a preference for the method of operation I adopted, the principles of which were originally suggested by Prof. Dieffenbach of Berlin, (Caspar's *Wochenshrift*, 1835, No. 1, p. 8: abstracted in "A report upon the Progress of Plastic Surgery" in the *Brit. and For. Medical Review*, April 1839, vol vii., p. 405). I have ascertained that in 1835, Prof. Ammon, of Dresden, successfully performed this operation for cancer, engaging two-thirds of the lower, and a small portion of the upper lid (Ammon's *Zeitschrift fur Ophthalmologie*, 1835, vol. iv., p. 428); and he states that the same operation has proved successful in the hands of Profs. Fricke, of Hamburg, and Ekström of Stockholm. For the cure of severe ectropium, the operation is so thoroughly recognised as to need no comment. For the restoration of the eyelid after excision for intractable ulceration, it is not so recognised a procedure. Among surgeons of our own day, Bader recommends autoplasty in such cases, leaving the method of operation to be determined by the surgeon, as may suit his individual case (Cooper's *Surg. Dict.*, last ed., vol. ii. Art "Tumours of Eyelids"). Such is also the advice of M. Nélaton. "When the ulceration includes the entire thickness of the lid," he remarks, "you should not hesitate to remove it in its entirety, and to subsequently resort to some form of blepharoplasty." (*Pathologie Chirurgicale*, 2nd ed. 1876, vol. iv., p. 157). I feel satisfied that this advice is judicious, that it indicates the most correct surgical procedure, and, if followed, will be agreeable from an æsthetic point of view, both to the operator and patient.

As regards the transplanted flap, the success of the operation, it appears to me, will depend, first, upon its thickness, so that it may include the subcutaneous connective tissue with the vessels before they become capillary; secondly, upon the large size and proper position of its pedicle, so that, while furnishing a copious vascular supply, even to the extremities of the flap, it may admit of gliding rather than torsion, and thus offer the least obstacle to the circulation through it; lastly, upon its form, so that it may be in its new bed without undue tension upon its points of attachment. The occurrence of erysipelas invading the flap, when fashioned with these precautions, need not be a cause for much anxiety.

I have indicated how far I departed from the method of Dieffenbach in the choice of curved instead of straight lines in the primary excision of the lid, and in the subsequent adoption of the expedient of skin-grafting to cover the surface denuded by the transplanted flap. It may be of some practical interest to use this case, to illustrate the advantages of such modifications, and their successful application, in cases of epithelial or other ulcerative processes destroying the whole thickness of the lid.

Clinical Records.

SAMARITAN FREE HOSPITAL.

Cases of cysts in the pelvis tapped per rectum and per vaginam.—Removal of a vesical calculus from a girl aged nine.—Oxaluria with symptoms of calculus.

(Under the care of Dr. ROUTH.)

THE following two cases of cysts in the pelvis, are probably instances of ovarian tumours or cysts of the broad ligament arrested in a early stage by operative interference.

Charlotte W., æt. 23, machinist, was admitted into the Dorset House branch of the Samaritan Hospital on October 10th, 1877.

She was tall and thin, with the thorax much flattened and the mammæ ill-developed, but she had lived well and had no signs of phthisis. Eleven months before admission, the patient was taken ill with violent pains in the back. A week after the cessation of the catamenia, she applied to an Infirmary in the North, in the town where she was living, for relief, which was given to her in a purely medical form, since after examination no operation, scarification, leeching, or even the introduction of a pessary was thought advisable. She persisted in her work at the sewing-machine till a week or two before admission into the Samaritan Hospital, and continued subject to severe pains in the lumbar and sacral region throughout the first week after her period. This was unaccompanied by any feverishness, but her appetite became impaired.

On examination, the hymen was found persistent, the uterus small, anteflected, and somewhat low down in the vagina. The cervix was small and conical, and behind it was a distinctly fluctuating tumour tender to the touch. Examined by the rectum, this cyst felt larger, but its upper limits could not be defined. It produced no distension whatever of the abdomen.

On October 16th, Dr. Routh tapped the tumour *per rectum* with a pneumatic aspirator, removing nearly a pint of an opalescent fluid. It was viscid, sp. g. 1008, neutral reaction with a deposit, one-eighth of its bulk of albumen after boiling with nitric acid. It closely resembled the contents of the simpler forms of ovarian cyst, and did not contain a trace of blood or pus. After tapping, the temperature never rose above

99·8, and on the day she was discharged, Oct. 29th, no trace of the tumour could be detected by digital examination of the pelvis per rectum or per vaginam. She still complained of a slight pain in the back.

Hannah E., æt. 28, married, was admitted into the same hospital in November, 1877.

She had only had one child, born five years ago, and ever since her confinement had suffered from pains in the pelvis and abdomen; besides she had been twice laid up with "the inflammation of the womb." In the left iliac fossa was a fluctuating tumour, the size of a fœtal head, easily detected *per vaginam*, and not tender to the touch. She was subject to leucorrhœa, her catamenia were regular, though scanty; a week before admission she was taken with a feverish attack, accompanied by rigors.

On Nov. 30th, Dr. Routh tapped her *per vaginam* by means of an aspirator. About half a pint of serous fluid was withdrawn; the first drachm was quite clear, but the remainder stained with dark blood. The clear portion was highly albuminous. Her temperature the same evening rose to 100·2° in the axilla, 101·8° in the vagina, but on the third evening it fell to 99·8° in the vagina. The catamenia appeared on the fourth day, and she felt better and freer from pain than at any time since the commencement of her illness.

In both of the above cases, the cyst after tapping was injected with dilute tincture of iodine (two drachms to the quart of distilled water), a practice much in use at this hospital to prevent septic changes in open cavities. It has always been followed by the most satisfactory results.

It was found more convenient from the manner in which the most dependent portion of the cyst presented itself to the touch, to puncture *per vaginam* in the second case. But Dr. Routh generally prefers to puncture by the rectum, as he finds that such cysts are more accessible from that region. Moreover, the sphincter ani prevents the constant dribbling of offensive discharges from the cavity after puncture. On the other hand, fœtid discharges running continuously out of the vagina cause much distress to the patient. The tendency to tenesmus, produced by these irritating fluids, may be counteracted by frequent enemata containing disinfectants, and by the introduction of suppositories.

Under the care of Dr. DAY, and Mr. ALBAN DORAN.

Annie H., æt. 9, a pale, thin child, with an expression of constant suffering on her face, was brought by her mother in January, 1877, to the Metropolitan Dispensary, Fore Street, E.C. The child had been subject to incontinence of urine since her infancy, and for several weeks had suffered from severe dysuria. She complained of great pain towards the end of her school hours, during which period she was always forbidden to leave the room to make water. No calculus could be detected on sounding, and the patient's condition was much relieved by anti-strumous remedies. In July she became subject to more severe pain in the bladder, and distressing irritation about the vulva. She was therefore sent to the Samaritan Hospital, and admitted in October, under the care of Dr. Day. Great relief was afforded by rest in bed and belladonna, but micturition still caused great suffering. At the request of Dr. Day the child was examined under chloroform by Mr. Doran. The labia were found œdematous, the clitoris much enlarged. On passing a sound, a large calculus could be detected in the bladder. On October 23rd, the patient being put under chloroform, Mr. Doran widened the urethra, by means of a Simon's dilator, about a quarter of an inch in diameter at its orifice. After a little more dilatation of the urethra with the forefinger, the calculus was then readily extracted by a small pair of lithotomy forceps. It weighed two drachms and a half, and measured exactly one inch in its longer diameter. Its surface was rough, and it was composed of uric acid, with a coating of oxalate of lime.

On the evening after the operation, the patient's temperature rose to 100°. The next morning it was 98·8°, and all pain had disappeared. Until her discharge, ten days later, the little girl was troubled neither with dysuria nor incontinence of urine. Cod-liver oil and steel wine were ordered, and she was once more made an out-patient. When last seen by the operator at the Metropolitan Dispensary in the last week of the past November, she was in excellent health, with no signs of vesical irritation or incontinence of urine.

In this case Simon's dilator was used in preference to Weiss's instrument, as it is perfectly cylindrical, and hence less liable to seriously lacerate the urethra.

A week after this patient was discharged, a girl, aged ten, was admitted with almost precisely similar symptoms. The incontinence of urine, however, had existed only two years, the dysuria a few weeks. Her maternal uncle had been cut for stone when a youth. The child was carefully sounded, but no calculus could be detected. The urine deposited a considerable amount of mucus, which held in suspension a great number of crystals of oxalate of lime. After a few days' rest in bed, with doses of cod-liver oil and steel, all the bad symptoms disappeared. The patient is now free from any pain or inconvenience.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Fourth Meeting of the Session was held on Friday January 4th, 1878.

Dr. ROBERT MCDONNELL, President of the College, in the Chair.

Dr. COLLINS read a paper on

RESTORATION OF THE EYELID AFTER EXCISION FOR INTRACTABLE ULCERATION.

which will be found on page 64.

Dr. BIGGER desired to make one or two observations on the paper just read by Dr. Collins, and he did so with all the less modesty, inasmuch as he had been associated with Professor von Dieffenbach during his great tour through Continental cities performing operations. His plan of operation in cases of the kind alluded to in the paper was very similar to that described by Dr. Collins. He always took the flap from the outside, and with as little twisting as possible he carried it as far as he could towards the nasal bone, because he wished to give support as far as possible, leaving the duct safe, and securing it by means of a vast number of small pins. He used to take a candle, and stick his pins in this candle to the number of some hundreds before he commenced the operation, and then he secured them as closely as possible together with little pieces of silk. He (Dr. Bigger) had seen some very good results even at that time from the operation, notwithstanding all the aids to surgery which were now so well known. He did not think that he saw any case in which there was not more or less occlusion or narrowing of the space between the lids. If Dr. Collins's case was free from any narrowing, it would be a remarkably successful operation, for he (the speaker) never saw that occur in almost any operation. During the last thirty years he had performed the operation seven or eight times on the lower lid. In the lower lid there was exceedingly little motion, the distance passed over was hardly a line in the opening and shutting of the lid, to draw it from its place. Of course the orbicular muscle did what it could, but there was very little of opposing muscle. These things being considered, they had very little to do but draw the parts carefully together, but still he thought there would always remain that feeling of narrowing across the eyelids.

Dr. HENRY KENNEDY said he had seen one case that was cured without any operation by caustics and internal tonics, in the shape chiefly of arsenic. As long as the case remained under his observation, it appeared to be a complete cure, but he was not aware if there was ever any return of the disease. Jacob called it the "ulcer that didn't heal." He (Dr. Kennedy) did not know if they were justified in going that far, for they knew that ulcers of an analogous character in other parts of the body had been cured. If he had the case that he had referred to, he would try hemlock in the very large doses in which they could now use that drug. It had cured skin cancer in every part of the body, and he thought that might be assumed to be the fact by the person who brought it forward. He meant, of course, with the local means in addition. It was very remarkable in the three or four cases that he had seen of the disease the difference in the sufferings. In one of them, there was extreme suffering, and in the others when the patients were spoken to in reference to the operation of caustics, they said they would bear with them, that it gave them very little annoyance, and they did not care for the

disfigurement. It was remarkable that in one case there was a great deal of suffering, while in the other four that he had seen there was almost none.

Mr. B. WILLS RICHARDSON said there was one author Mr. Collins had not alluded to in connection with the malignity of this ulcer, and that was Sir James Paget, who had examined ulcers of this description over and over again, and had specially alluded to the point that there were no cancerous elements infiltrated in either the wall or the bed of the true rodent ulcer.

Dr. BIGGER.—This ulcer was not what was commonly called Jacob's.

DR. COLLINS.—I looked upon it as a Jacob's ulcer—as a rodent ulcer.

The PRESIDENT wished merely to say that great confusion existed with regard to these ulcers. The name "rodent ulcer," and "Jacob's ulcer," and lupoid ulcerations and so on, and their confusion with epithelial affections was very great, as might be seen by anyone who looked into the literature of the subject at all. In the paper to which Mr. Collins had alluded, by Dr. Warren of Boston, which was one of the most exhaustive, and he thought one of the most thorough contributions that he knew of on the subject, the author had gone very carefully into the literature, and showed the immense diversity of opinion that prevailed. Mr. Richardson had spoken of Sir James Paget's view, which was very decided against its being epitheliomatous. He says that the elements, when examined microscopically, show no difference from those which abound in chronic ulceration. They had Mr. Jonathan Hutchinson holding the same opinion, while a very competent observer, Mr. Warren, differs from these two eminent authorities. All of those leading practitioners were thoroughly competent to form good opinions on the subject, and in his (the President's) opinion, such a difference could only arise from the fact that the ulcers that each examined had differed. He (the President) had examined a good many, and he was quite convinced that anyone who started in making himself a pathological observer, or thoroughly investigated the simpler forms first, would find around the edge of every chronic ulcer in the skin those well-known pearl-like appearances which so closely resembled epithelial tissue, and he would be led on a superficial examination to regard them as specimens of epitheliomatous structure; but a more thorough investigation showed that they were not the true and thorough epithelial growth. The name "Jacob's ulcer" was, he thought, an extremely unsatisfactory one. It was one of those terms which had been applied in rather a lax way to a great number of ulcerations around the eyelids. Efforts had been made to give something more definite of a name to it by calling it a rodent ulcer, distinguishing it between a *rodent* and an ulcer of an epithelial character. The question was whether there was not some fundamental difference between the genuine rodent ulcer and the true epithelial or epitheliomatous ulcer, which was of a cancerous nature, and having a tendency, though not a very rapid one, to contaminate the glands and spread to other parts eventually.

Dr. COLLINS, in reply, said he was obliged to those members of the Society who had spoken kindly of his paper, and might mention in reference to what Dr. Bigger had stated that he (Dr. Collins) had fully recognised Dr. von Dieffenbach's claim to the operation, and had mentioned his name in the course of his paper several times. With regard to the character of the ulcer, he called it a rodent ulcer, and he also called it Jacob's ulcer, as that name was applied to ulcers of various kinds about the head, and especially he thought the name was applied all through by Jacob to the non-epitheliomatous ulcer. He (Dr. Collins) was not able, unfortunately, to ascertain exactly microscopically the characteristics in his case of the ulcer, owing to the specimen having been destroyed. With regard to what Mr. Richardson had said about his not having recognised Sir James Paget as an authority on these matters, he (Dr. Collins) simply brought forward the two most recent communications on the subject of this ulcer, the communication by Mr. Warren, of Boston, who regarded it as epitheliomatous, and also the observations under the microscope and the preparations of Mr. Golding Bird, who took the very opposite view; and he (Dr. Collins) might say that he came to the same conclusion as Dr. McDonnell, the President, that where two such competent observers differed so widely, they must have been describing different microscopic preparations; in other words, some that were truly epitheliomatous, and others that were non-epitheliomatous. As regarded the tractability of the ulcer to cure, it had been going on and pursuing its course steadily for seven years, and he certainly regarded it as intractable to cure by the ordinary methods, such as hemlock; and as he stated in his paper, he thought there were only two methods of procedure, either to remove it by caustic or by the knife.

Mr. F. T. PORTER then read a paper

ON THE REMOVAL OF A FOREIGN BODY FROM THE LEFT LEG.

Of the many difficulties with which the surgeon has to contend, none task his ingenuity and patience more than the extraction of foreign bodies. The following case may not be devoid of interest. The patient, a little girl, aged 13, came under my notice on September 26th, 1877, and placed me in possession of the following history of her case. Towards the latter end of last June she was passing somewhat quickly upstairs, when a "crochet needle," which was in the pocket of her dress, entered the left leg at the lower end of the popliteal space, the handle of the needle at the same time breaking off. On the evening of the accident, she was admitted into a surgical hospital, where she remained for six weeks without benefit. The little girl left the hospital at the end of the sixth week, but in consequence of the needle remaining stationary she was unable to follow her avocation at the stationery business. Having ascertained the exact position of the foreign body by means of a suspended magnetised needle (prepared by Mr. Yeates), I cut down on it on October 13th, 1877. The operation, at which I was assisted by one of my pupils, consisted in an incision two inches long, and half an inch deep over the upper third of the tibialis anticus, the needle was found in the centre of the incision. The patient is now quite restored to health, and able to follow her business. I may add that the operation was painless, owing to the use of ether spray. A wish not to trespass on the time of the Society, prevents me enlarging on the case. In conclusion, I wish to elicit opinion as to the expediency in any case of cutting down on foreign bodies. I hold that it is no small advantage to relieve tension, even when we fail to find a foreign body. I also wish to elicit the experience of members of the Society on the value of the magnetised needle as a diagnostic agent in similar cases. The circumstance of a comparatively blunt needle forcing its way from back to front of leg, through so many dense structures, rather than passing downwards, is of interest.

The PRESIDENT remembered mentioning to the Society some time since, a case in which he had used the magnetised needle with very great success in discovering a needle the same as that removed and now exhibited by Mr. Porter. Those needles generally broke off close to the handle; and he remembered speaking at the time of the necessity there was of removing from the patient everything in the way of steel, such, for instance, as steel crinolines. There were many points of interest for the surgeon, in connexion with the subject of Mr. Porter's paper. It was a question in these cases how far it would not be better to *temporise*. When the needle made its way to the surface, it would make the operation a comparatively simple one. The result of the case now detailed seemed to have justified the course adopted.

Dr. BIGGER said that many of the members of the Society would remember a remarkable case in which no less than about three hundred needles were found in one person. The patient had been a nurse in the Whitworth Hospital, and was transferred to the Richmond Hospital, and she finally came to her death by a needle getting into the elbow-joint. Needles came from all parts of her body. How they got there remained a secret, but the supposition was that she had swallowed them. It was very curious indeed how needles got into various parts of the body without any knowledge of how they were introduced. There was nothing more common, and he had frequently seen them taken from the bodies of children. It was a question whether they should cut down upon them, for sometimes it was a matter of great difficulty. If they cut down upon the middle of the needle they could get neither one way or the other, and what were they to do then? In such a case—and he had met two or three—he thought the wisest thing was to cut the needle in two, and then he afterwards got both ends out

by simple traction. He was not quite sure whether that plan had been adopted by anyone else. Fish-hooks also frequently got into fingers, hands, and heads, and certainly to cut down on these things often puzzled a surgeon even accustomed to hard operations.

The PRESIDENT remarked that it had been proposed as a method of extracting needles under such circumstances, to get magnets sufficiently strong to draw them out. He did not remember who made that suggestion. He remembered mentioning to the Society a case in which he had used a magnetised needle for diagnosis, where a crochet needle had entered close to the knee-joint. The case was one in which a child fell down a grass bank, and the needle penetrated outside the knee. There was some difference of opinion between the child and her grandmother, as to whether the needle was there at all, because there was no mark; but immediately under the patella there was a prominence to be felt, and on using a galvanometer needle, which was even more delicate than the one which Mr. Porter exhibited, a trial was made to discover the whereabouts of the needle, and that was successful. In using the galvanometer, great care must be taken to exclude the air, and the knee must be then slowly brought to the galvanometer, as it swung under a glass shade placed upon a marble slab. Then if there was anything containing iron, the galvanometer was diverted from the zero point, and if they found that occur several times, then there could be no doubt whatever that the instrument was being acted upon by the part under examination. That was so in his case, and he cut down upon the needle and removed it. Great care must, however, be taken in using the needle; even a person walking across the room would affect it. A rather unfortunate result happened in this case; the knee-joint suppurated, and the child recovered with a stiff joint. He was not aware of the galvanometer having been used for the purpose of diagnosis before, but it was very difficult at the present day to be certain with regard to these things.

Mr. F. T. PORTER, in reply, said that in any case he considered cutting down on the needle a good practice, because it would relieve tension. He had heard Dr. Stokes allude to instances of large numbers of needles being found in cases of hysterical malingering. There was no hysteria, however, in his (Mr. Porter's) case.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
AND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER VIII.—TREATMENT: PRESERVATIVE.

THOUGH the virus of rabies may remain for a period confined to the wound in which it has been deposited, yet it is imperative that preservative measures should be promptly adopted. Fleming (*a*) points out that a fatal security might follow from a general belief in the theory of localisation of the poison for a length of time in the wound, and we thoroughly agree with his advice on the necessity of speedy action.

The first questions we have to consider are:—

Can we definitely fix the latest period when intervention might be resorted to? Have we any definite knowledge of the rapidity of absorption? Analogy does not assist us very much on this point. We know that some poisons are rapidly absorbed, and we can chemically substantiate their presence in both the blood and secretions. The poison of the viper has also been thoroughly investigated, and from the experiments of the Abbé Fontana and those of Jesse Foot, (*b*) we can almost fix the latest period when excision of the bitten part would be useful. We know with certainty that the virus of rabies is not so rapidly absorbed. We have adduced evidence of the probable arrest in the wound of the virus, an encysted or imprisoned condition, of which we have a rare example furnished in another disease. In the *Monthly Journ. of Medical Science*, 1853, (*a*) the history of a singular case is recorded:—

A girl, æt. 14, was affected with influenza. She also complained of pain in each arm, at the spots where, as an infant, she had been vaccinated. In fact, in these localities, vaccine vesicles soon became perfectly developed, and an elder sister being re-vaccinated with the lymph obtained from them, "beautiful" vesicles formed and ran a normal course.

We have not such positive evidence in regard to the localisation of the virus of rabies. Though then, as Fleming says, the prompt removal or destruction of the rabific virus must be insisted on, in order to ensure safety, yet we dare not despair of success even when it has been deposited in the wound for some time, and we are justified in resorting to preservative measures, even at so late a period as the cicatrisation of the wound. We cannot definitely fix the period or rapidity of absorption, and on this point further research is necessary.

Crucial experiments to test this point are difficult, though it might be possible to inoculate some animals with the virus, and at varying and subsequent periods, to excise the inoculated part and introduce it into another animal. Also, in case of the human subject, it might be possible, should the wound at any period exhibit an inflammatory or morbid condition, to further test the power of transmission possessed by the particles on other animals. We must then recommend those who should unfortunately be bitten by an animal to adopt precautions, and as soon as the bite is inflicted, resort to some of the measures we shall enumerate.

When the finger is burnt or pricked by a pin there is almost an instinctive feeling to put the finger to the mouth, and we shall then first consider the simplest of measures.

Suction.

This practice originated at a very early period, and was known in the time of Cleopatra, if not for rabies, as a remedy against the venom of the asp. It was rendered famous in England in the 13th century by the heroic exploit of the affectionate Eleanor, who, as history relates, safely and successfully sucked the wound of King Edward I., which had been inflicted by an empoisoned dart. (*b*) Dioscorides, (*c*) Celsus, (*d*) Galen, (*e*) Aetius, (*f*) extolled it, and Latta and Berkenhout (*g*) revived the idea, whilst more modern compilers have unhesitatingly recommended it.

Some, however, have condemned the practice, as Lipscomb, (*h*) who informs us that it is only a pleasing delusion supported by history and fable. He says, it afforded the elegance of poetic fancy, a rich theme for poetic description; but while we admire the fidelity, attachment, and heroism of those who forget the value of their own lives in the attempt to preserve their friends, we should not commend the wisdom of physicians who promise indemnity for such dangerous undertakings. (*i*) A modern physician, Sir Thomas Watson, (*j*) seems to share the needless fear of this old observer, and tells us that he dare not counsel the expedient of suction, as by adopting it the sufferer might be rushing, or bringing his helping neighbour, into the very peril he was anxious to avert.

We are diametrically opposed on this point, and must, unhesitatingly, recommend it. We agree with Fleming (*k*) that suction for the removal of poisons from wounds has been practised from time immemorial, and yet there is no evidence whatever to prove that it has been a fatal practice. On the contrary, not only has the operator in every recorded instance escaped danger, but the operation itself appears to have, in many cases, preserved the life of the wounded individual. The poison is not retained in the mouth, but is immediately and forcibly expelled, so that if there be any danger of absorption by the mouth, or by an abrasion, the chances of infection are infinitesimally small. Even though the risk was

(*a*) "Rabies and Hydrophobia," p. 321.
(*b*) Jesse Foot, "An Essay on the Bite of a Mad Dog," 1788.

(*a*) "Rabies and Hydrophobia." p. 323.
(*b*) Rapin, &c., *Baker's Chronicle*, p. 94.
(*c*) "De Med. Mat.," lib. i., 6, c. 40.
(*d*) Lib. i.
(*e*) "Method Medendi," lib. xiii., c. 6.
(*f*) "Tebrabil," 4; "Sermo," i., c. 10.
(*g*) "An Essay on the Bite of a Mad Dog," Berkenhout, 1788.
(*h*) "The History of Canine Madness," Lipscomb.
(*i*) "Severini," c. 5.
(*j*) *Nineteenth Century*, Dec., 1877.
(*k*) *Veterinary Journal*, p. 16, 1878.

greater than it is, it should not deter the bystander from attempting a noble and devoted act.

Performing an autopsy is dangerous, offering blood for the operation of transfusion, jumping into a river to rescue a drowning person, are attended by risk; but, fortunately, for humanity, there are volunteers always forthcoming to endanger their own lives for the benefit of their fellow-creatures.

Suction, then, should be energetically and speedily employed, either by the bitten individual or the bystander, care being taken to spit freely after each application of the mouth, and, subsequently, the mouth may be rinsed with some fluid, as water, milk, vinegar, or beer, or spirits, which are generally attainable, even though water may be scarce. It must ever be remembered, as Fleming says, that time is a most important element, and waiting for caustics, cupping-glasses, or the surgeon's scalpel may be synonymous with waiting for death.

Expression, Washing Compression, and Cupping.

Bleeding should be encouraged, and the wound squeezed and well washed with cold or tepid water, or any convenient fluid, and suction again repeated. Compression is also an old remedy, and Mosely (*a*) advises, when a person is bitten, remote from any assistance, he should make a tight ligature above the part until proper assistance can be obtained. This simple plan may be usefully adopted: it consists in tying a handkerchief, bandage, strap, or cord round the wounded part, so as to arrest the circulation; it must be applied between the wounded part and the heart; as, for instance, if the wound is on the arm it should not be applied towards the hand, but above the wound towards the elbow.

It is an adjunct to suction, washing, and other local treatment.

Cupping.—Cupping consists in applying an ordinary glass over the wound so as to promote the flow of blood; it can only be employed on certain parts of the body. An enthusiastic writer, in the "Gentleman's Magazine" for 1751, suggested that all physicians, surgeons, apothecaries, and other practitioners in physic, together with the incumbents of the several parishes throughout the kingdom, and every family in the kingdom should be provided with cupping-glasses, upon which the editor remarks, that if he did not know the author, he would be apt to think his profession was that of a glass-maker. In the same journal, same year, the bowl of a tobacco-pipe is advised to be applied, and strong suction made at the small end.

Cauterisation.

The surgeon may adopt the actual cautery, a method dating from the most remote antiquity, though the objection has been raised against it that the eschar formed on the surface or upper part of the wound might cover and shut up some portion of infectious matter, which, remaining unaltered, might afterwards produce the disease. He will of course use his judgment and modify his treatment according to circumstances.

The operator will have to consider the nature, size, and situation of the wound, whether narrow, deep, or angular, whether extensive, and whether on the face or portions of the body, where difficulties of application, from various causes, might arise. This remedy must be accurately applied, and he must endeavour to completely destroy the surfaces which the poison has touched. If the surgeon is consulted at an hospital, or at his own residence, he will have proper appliances, but, if suddenly called on, he will have to make a selection of the cautery, from some of the domestic articles found in every dwelling. If the wounds are superficial and easily reached, he can heat to a bright red or white heat a key, small poker, or any other article, and apply it freely, unsparingly, *mercifully*. If deep and narrow, he will have to select a pointed instrument, as a skewer, &c., so that it may come in contact with the deep wounded surfaces. At an hospital, and under some circumstances, chloroform or ether spray may be used, so as to render the patient insensible to pain. All the older physicians were in favour of keeping the wound open after the cautery, and were not anxious for speedy cicatrisation. Without mentioning Dioscorides, Galen, Avicenna, Ambrose Parey, we may refer to the Zurich treatment, and to the practice of Wendt and Ekstrom, mentioned in a previous chapter.

It may not be necessary to apply the irritating substances they used, but it certainly, on the evidence we have, seems preferable to keep the wound open for five or six weeks, and to encourage suppuration. The treatment of a case of rabies illustrates the indivisibility of medicine and surgery, and we may here introduce an extract from an old and experienced physician.

Dr. Moseley (*a*) remarked in 1808: "Another misfortune to humanity is, that since the separation of physic and surgery into distinct professions every physician and every surgeon is not qualified to undertake complicated cases, such as wounds from rabid and venomous animals, with their consequent diseases. A surgeon now is supposed to know as lit le of physic as possible, and a physician is supposed to know about as much surgery. What, then, must be the fate of a patient in the hands of either, who require the utmost aid of both? Hence, it is, that the knowledge of hydrophobia, and the treatment of the bites of mad dogs in particular, have not advanced with other improvements in medicine. They are as ill understood as they were in the time of Celsus; nay, worse, because Celsus was as renowned in surgery as in physic, and his method was not without great design in both."

Fleming reminds us that on occasion it may not be possible to obtain the cautery sufficiently soon, and we may have to provide a substitute. In these cases a lighted lucifer-match or fusee thrust into the wound may be very serviceable; and filling the cavity with gunpowder and exploding it appears to have proved an excellent method of cauterising dog-bites. According to M. Monière, who resided for fifteen years in Hayti, rabies is very frequent there, and appears in all seasons; but the accidents arising from it are not at all in proportion to the number of persons bitten, as every one knows what to do. Gunpowder is to be found in any house, and in nearly everybody's pocket, and is used in the manner described. Afterwards a blister is applied, and a mercurial treatment, carried to salivation, completes the case. Notwithstanding the frequency of bites from mad dogs, M. Monière has only seen one person die of hydrophobia, and that individual refused to be treated according to this plan

Excision.

We have mentioned the name of Jesse Foot, (*b*) who asserted that excision by a knife of the bitten part is the only sure and certain method of prevention, and that the sooner it be done after the bite the better. He very naively remarks that one does not want to know the utmost extent of time it will be dangerous to wait for, but one is anxious that the operation should take place as soon as possible after the accident. Foot illustrates his opinion by several cases. He claims the first case of Eliz. Pratt, as the first instance upon record where excision of the bitten part with a knife has been solely relied on..

Foot was opposed to the use of caustics in which he was confirmed by the fatal result of two cases thus treated by Mr. John Hunter, where caustic had been carefully, accurately, and freely applied. Foot insists that the sucking of the wound, the application of cupping-glasses to the part, the actual cautery, the filling it up with gunpowder and setting it on fire, the turning the wounds into an issue, the enlargement and scarification of the bitten parts are all fallible. Anything short of complete removal he considered a criminal imperfection. Lipscomb (*c*) mentions that Monro and Hunter state that the disease may be prevented by excision of the bitten part at any time before the occurrence of the second inflammation of the wound. This opinion Lipscomb condemns as replete with danger and deserving of public and solemn denunciation, for delay might sacrifice many lives which promptitude might have preserved. Abernethy recommended the following plan: The cell into which a penetrating tooth has gone must be cut out. Let a skewer be shaped as nearly as may be into the form of the tooth, and then be placed in the cavity formed by the tooth; and next let the skewer and the whole cell containing it be removed together by an elliptical incision. The removed cell must be examined, to see if every portion with which the tooth might have come in contact has been taken away, and the cell may be even filled with quicksilver to see if a globule will escape. The surgeon will use his own discretion as to the extent of the operation, and will follow out general surgical principles, both as regards the

(*a*) Moseley, "Treatise on Tropical Diseases," p. 37.

(*a*) "On Hydrophobia: its Prevention and Cure." Illustrated with Cases. By B. Mosely, M.D., Physician to His Majesty's Royal Military Hospital at Chelsea, &c. London. 1808.

(*b*) "A Plan for Preventing the Fatal Effects of the Bite of a Mad Dog; with Cases." London, 1793.

(*c*) Lipscomb, Pamp., p. 172.

form of the incision, the depth, the use of carbolic acid, clean sponges, free washing with cold water, remembering to do his work well and thoroughly. Fleming's (*a*) remarks are very true when he says, excision is not always easy or safe because of the situation of the injury and its anatomical relations, and if a wound penetrates a joint, the eye, or other important region, the difficulty is increased. Foot (*b*) mentions the time when excision was performed in his cases, and we mention them as a contribution to our facts :—

Case I.—After 32 to 35 hours.
Case II.—After 68 hours.
Case III.—After 12 hours.
Case IV.—At once.
Case V.—After 72 hours.
Case VI.—After 20 hours.
Case VII.—After 6 hours.
Case VIII.—At once.

The knife has the advantages of facility, of the quick and immediate removal of the virus, but it requires a certain degree of skill. When surgical assistances cannot be procured we do not imagine there are many persons who would have sufficient courage to extirpate the wounded part with a knife, and there are very few who would have the resolution to cut the part out themselves—nor is it necessary if they have recourse to some of the other measures open to them. Though excision has been highly praised, and has proved almost a certain preservative, we have equally satisfactory evidence of the efficacy of the next measures we are about to consider.

Case CXXXVI.— ——, male.

Result and Time of Attack.—Six weeks afterwards. Fatal.

Treatment.—Injections of morphia, hot air.

Remarks.—Mr. Fleming considers this an illustrative case, and quotes it in his work, describing its symptoms. The patient was admitted into one of the Paris hospitals on Aug. 12th, 1869, under the care of Mr. Malherbe.

Reference.—"Rabies and Hydrophobia," p. 256. Fleming.

Case CXXXVII.—Charles ——, æt. 38, bitten on the hand by his own dog. He took no precautions as regards the wound.

Result and Time of Attack.—Forty-two days after. Fatal.

Remarks.—Dr. Deroy mentions the following as the most salient features in this case :—Intelligence definite ; consciousness of his condition ; speech jerking, and extreme agitation ; horrible difficulty in respiration ; almost continued spitting ; the sight of shining objects did not appear to irritate him (compare Romberg's case) ; but the difficulty in respiration was such that he could not tolerate any one near him ; the sight of water, wine, or any other liquids did not produce any disagreeable effect upon him ; water poured from a jug into a plate within two paces of him did not affect him. Dr. Deroy said to him, "If you cannot drink out of a glass or a cup, perhaps you can easily do so out of a saucer." But he answered sharply and angrily "I am not afraid of the liquid you offer me, but how can you expect me to swallow water or anything else when I cannot even swallow air." Does not this reply, at once so simple, energetic, and sensible, indicate that in this disease the larynx and pharynx are equally affected with the same spasmodic contractions. (Translation by Fleming).

Reference.—"Rabies and Hydrophobia," p. 251.

Case CXXXVIII.—S. B., male, æt. 27, bitten on the bare arm by a rabid dog.

Result and Time of Attack.—Three months after. Fatal.

Treatment.—Morphia, chloral, bromide of potassium, ice to the spine.

Post-mortem.—Brain very much congested, both lungs congested and emphysematous, heart normal, the other organs healthy.

Reference.—*Lancet*, p. 959. 1877. Dr. Burnett.

Case CXXXIX.— ——, male, æt. 51, bitten on the finger by a rabid dog. Finger cauterised.

Result and Time of Attack.—Five years after. Fatal.

Remarks.—Dr. Hulme remarks, "the details differ from the instances where the morbid influences of the patient's imagination simulates the real malady, and he recovers on the exposure of his delusion when the animal is proved non-rabid. Can the origin of such a convulsive attack in the saliva of a rabid dog be disputed on the ground of the long period which elapsed from the infliction of the wound? The nervous centres are quickly poisoned by serpent venom. True, a few molecules of vaccine lymph, implanted beneath the cuticle, develop constitutional changes in a fixed period. But can the remote consequences of venereal contamination be pathologically explained? At such uncertain intervals is the zymosis complete? Yet how tardily must the fermentation have taken place in the hydrophobia case related in the *Lancet* of June 30th, 1877, by Dr. Burnett, where the bare arm of a man was bitten on February 22nd, and he lost his life, after four or five days' unmistakable attack of canine madness, on May 28th ; or in another case, cauterised recently at St. Thomas's Hospital, fatal three months after! There may not be much practical advantage from pathology determining where animal poison can nestle during five years. But on what grounds can its latency for such a period be controverted? Is there not an analogy between tuberculous exudation or cancerous infiltration arriving at the active state of malignancy, and the history of *materies morbi* in human rabies finally and fatally affecting the brain and spinal column? Why should the period of quiescence be limited without suspicion to months, and a doubt be thrown upon its prolongation for a few years?"

Reference.—*Lancet*, p. 220. 1877. Dr. Hulme.

Case CXL.—Frederick John Izard, æt. 8, bitten on the face by a dog, and the wound occasioned was cauterised by a doctor.

Result and Time of Attack.—About two months. Fatal.

Remarks.—The child seemed well in health up to the 21st October, 1877, when he complained of a headache. He became convulsed at the sight of water to such an extent that it required the united efforts of four persons to restrain him. Deceased, when attended by Dr. Harrison, of Coutts Road, said that there were a lot of flies hovering around, and he refused to take drink, especially in the form of water. He foamed at the mouth and became violent, and died on the 24th October, death being, from the evidence of Dr. Harrison, attributable to the bite of a dog.

Reference.—Report of inquest, November 1st, 1877.

(*a*) Fleming, *loc. cit.*
(*b*) Foot, *loc. cit.*

Novelties.

J. ALLEN & SONS' PORTABLE TURKISH, HOT AIR, AND VAPOUR BATH.

Messrs. Allen and Sons have recently introduced a very useful, simple, and inexpensive instrument, combining the means of applying the varieties of medicated air and vapour baths (mercury, sulphur, iodine, &c.). It can be arranged for local application to the chest, back, knee-joints, &c., or for general application to the surface of the body.

The lamp can be used without fear of accident, and can be easily regulated to produce any required temperature up to 160°. Apart from its value for medical purposes, it may be most advantageously applied as a bed-warmer, being more convenient, far less dangerous, and more complete in its action than the means ordinarily employed for that purpose. The whole apparatus is packed in a box, 12 inches square, with instructions as to its use, &c., for the sum of £1 10s. If medical men were to keep among their stock of instruments some such apparatus as the above, the simplicity of which enables

it to be easily understood and worked by patients, the application of medicated baths, a most reliable remedy in many skin diseases and constitutional disorders, would become a common form of treatment.

Literature.

DISEASES OF WOMEN. (a)

THESE two books, both small in size, and nominally intended for the same class of readers, are widely different as well in style as in arrangement and scope; this will appear more clearly as we proceed.

Mr. Tait's book is evidently the work of a man who has seen the diseases of which he writes, and has had the time and ability to digest what he has observed; his book is practical, and in many places he presents to his readers original observations worthy of attention. The author, moreover, throughout clearly expresses himself, and the volume is consequently agreeable reading, and we may add with truth, instructive as well as agreeable; the author has had a vast field for observation, and has worked it well. The book, however, though advertised as intended "for students and practitioners," is not by any means suitable to students, nor yet is it one adapted to the general practitioner, who requires something as a reference to guide him, where is own experience is at fault; but to the gynæcologist it is a valuable contribution, and we doubt not will be appreciated by them. The great fault of the writer is egotism; the personal pronoun "I" comes in everywhere. Even in the most trifling matters this is apparent; thus, speaking of those troublesome little bodies which spring from the orifice of the urethra, the writer says (page 52), "the most common affection of the meatus urinarius is that for which *I* have used the name of vascular growths." Why, we have known this affection by the name Mr. Tait says he has given it for quite twenty years; in fact we never thought of applying any other name to it. This vein runs through the whole book. With the exception of Mr. Spencer Wells, to whom the work is dedicated, and of Sir James Simpson, whose very errors are revered, hardly a name is mentioned. To publish a book full of authorities and replete with quotations is most objectionable, but to publish a book for "students and practitioners"—and that includes the whole profession—without any acknowlegement of how much has been done by others, is even more so.

The work, we repeat, is, as the record of one man's experience, a valuable contribution to gynæcology, but it is sadly marred by the fault we have indicated.

Very different, indeed, is Dr. Heywood Smith's book; in his preface he says, "of big books on diseases of women there is no end," the inference being that a little one is needed, and he proceeds to give us one, which is certainly not a "practical handbook of gynæcology." It is little more than a book of aphorisms, which while it may aid a student in making up answers which may enable him to scrape through an examination, will in no way add to his knowledge of gynæcology. We fear such a work is more calculated to hinder than to advance a practical knowledge of "the Diseases of Women" of which it is supposed to treat.

MR. COTTON, in the *Repertoire de Pharmacie*, says that the adulteration of santonin may be easily discovered by igniting the substance, dissolving the residue in boiling-water, and allowing it to crystallise, when boric acid separates, recognisable in the usual manner.

(a) "Diseases of Women." By Lawson Tait, F.R.C.S. Eng. "Practical Gynæcology." By Heywood Smith, A.M., M.D. Oxon.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 23, 1878.

HEALTHY EDUCATION.

ON one or two occasions we have felt it our duty to question the soundness of certain theories and doctrines which Dr. Richardson has so frequently sought to popularise. When a man holds very extreme or decided opinions on any one subject, he is very apt to exaggerate or distort the evidence on which they are based. Hence, whether he has been lecturing on alcohol, or food, or smoking, or building of houses, or any other question connected with the wide subject of sanitation, Dr. Richardson has been often led into making statements which would be scarcely borne out by a rigorous examination of the facts on which they were founded. There are few, however, who will dispute either the propriety or the justice of the opinions to which this physician gave utterance in the course of a lecture on "Learning and Health," recently delivered by him at the London Institution. We use the word "propriety" advisedly, for education has now become such a watchword amongst us, and is being forced into so unhealthy, albeit so luxuriant a growth, that it is high time the attention of the public should be drawn to some of the errors into which our educational reformers seem likely to fall; and that the profession also should have an eye to the mischief which is too frequently inseparable from the present system of education, must be our excuse for noticing the subject in these columns.

There can be no doubt that health and education are "not going, as they should go, hand in hand." The health of the child is too often sacrificed to his education, and to the realisation of the hopes which his ambitious parents have of him. His education is conducted with too little regard to his mental capacity and physical con-

stitution. The hours of study are too long, or recreation is neither sufficient nor systematic, and the subjects learnt too many and distracting. Then there is that baneful system of cramming, which is as baneful to the learning as it is to the learner, which makes no distinction between the weak and the strong, which puts a sudden strain upon the minds of many that only the few can bear with impunity, and which, after all, produces but a show of learning that is neither profound nor exact. Now the mischief that may arise from too readily responding to the present outcry for the "higher education" of boys and girls does not, in our opinion arise from the variety or the difficulty of the subjects they are expected to master, as from the large number of youths that are indiscriminately encouraged to undertake tasks that only a few can satisfactorily perform. Under the present system, there is too little room for that principle of "natural selection" to operate which formerly produced more men of genius, although it left more dunces. Great feats of learning or of genius were more likely to be accomplished in an age when the human mind was left to its own natural bent than it is now, when, to use an apt expression of Dr. Richardson, there was more "freedom of intellectual growth." Shakespeare would probably never have shown that exquisite knowledge of human nature he possessed, had his mind been biassed by the prejudices and preconceived opinions incidental to a University education; and Bacon we know left his University at an early age, disgusted with scholasticism and the pedantry of his teachers, and determined to strike out a new path for himself. In a healthy point of view, the natural manner in which high intellectual attainments were developed was free from the objections that can be brought against much of the learning of the present day. As a rule, great intellectual power, or great genius, has always been found to be joined with a strong constitution, which was owing to the fact that the principle of natural selection being allowed more play, they alone were by nature prompted to distinguish themselves in some branch of learning, whose bodily physique was best able to bear the burden put upon it by their great intellectual exertions. This was a great matter, for as Mr. Herbert Spencer has remarked, the first requisite to attain success in life, is to be a good animal, an observation particularly applicable to those whose success depends upon exertions that involve great mental application. Hence, one of our greatest and most original living authors probably felt in his own person the importance of all men attending to their health. In the Rectorial Address which he delivered before the students of the University of Edinburgh in 1866, Mr. Carlyle dwelt much upon the supreme importance of taking care of one's health. "There is no kind of achievement you could make in the world that is equal to perfect health. What to it are nuggets and millions?' The French financier said: "Alas! why is there no sleep to be sold? Sleep was not in the market at any quotation." But if attention to health is of paramount importance to us personally, it is still more incumbent upon us to attend to the health of those who are dependent upon us, and whose healthy education is of as much importance in the interests of society and of the next generation as it is conducive to our own gratification. Yet we are now constantly seeing this principle transgressed, and young children and young girls and young men encouraged to enter upon a course of studies when they are not strong enough for it, and under the influence of which their health will inevitably break down. There is not only the system of cramming, which is so objectionable, but with regard to younger pupils, that system where young children are made to study from 9 in the morning until noon, and again, after a hasty meal, are set to work again from 1 to 4, or 2 to 5 p.m.; while later in the evening they are compelled to prepare their lessons for the following morning. With regard to the system of cramming and the rage for the higher education of women, Dr. Richardson has, like most medical men, seen many "victims to the intemperance of education." In the course of the past year four of these victims had been under the lecturer's professional care. In one case loss of memory had resulted from cramming; in another, sleeplessness and that exhaustion which leads to delirious wandering; in the third instance, over-study had aggravated an hereditary tendency to disease of the heart; and in the fourth case, the overtaxed student seemed to have been reduced to a condition bordering on insanity.

Dr. Richardson thinks that with children under 7 all teaching should be through play; but we entirely agree with a lay contemporary that this plan, which is represented by the Kindergarten system, is by no means suited to all cases, and is even defective in principle. Mixing up play with teaching spoils the one and corrupts the other, and, as a writer justly observes, that which is learned does not go beyoud loose generalisation and vague ideas. There is, however, one method of teaching young children which is rarely heard of, but which, in the case of a delicate girl, we once saw carried out with great success: it is that of oral instruction, in which the use of books on the part of the pupil is almost entirely dispensed with. In the case just mentioned, a first-class governess was engaged, and although her task was rather a difficult one, she managed in two or three years to give her pupil a good education, books being studied only when it was absolutely necessary. This, perhaps, was an extreme case, but with quite young children this system of oral instruction, conducted in a serious and systematic manner, might be more often adopted than it is.

This subject is such a wide one, and is one of so much importance at the present day, that it is impossible in the space at our command to consider it as fully as we should like, but we must at least insist upon all medical men, and especially family doctors, making it their duty to promote the cause of healthy education whenever they have the opportunity of doing so. In what does healthy education consist is a question which most members of the profession can answer for themselves, and we may on some future occasion return to the subject; but, at all events, the general practitioner, although not so often consulted on the matter as he ought to be, will frequently have the opportunity of taking care that the health of his young patients is not jeopardised by the severity of their studies and the intemperate ambition of their parents.

UNIVERSITY OF LONDON.—ADMISSION OF WOMEN TO DEGREES.

At the recent meeting of Convocation, the proposed supplementary charter to admit women to degrees in all faculties, was carried by a majority of 110 votes—242 voting in favour of, and 132 against it.

Judging from past events, and from the now almost universal expression of opinion on the part of the public in favour of the higher education of women, and of the utilisation of their thinking power, it was evident how the House would decide, though few expected that the proposed charter would be carried by so great a majority, the opinion of the medical graduates being known to be against the admission of women to *medical degrees.*

In our issue immediately proceding the meeting, we pointed out the advisability of the medical graduates not taking part in the division, inasmuch as by so doing they would, if the supplementary charter were negatived, only retard the admission of women to the non-medical examination, whereas preparation was actually being made for their admission to medical degrees under the Russell Gurney Act. It is to be regretted that the part they have taken at the recent meeting has brought down upon the medical profession the charge of trades unionism, by the daily journals. We absolve them from such a charge, and credit them with a desire to serve both the university and the public.

So far, then, as the admission of women to degrees is concerned, the discussion is virtually at an end, but there is apparently some difference of opinion among the Senate upon the question of their examination, which may be expected to give rise to a difficulty in the framing of the rules, form of examination, &c., for the conferring of the degree. If the Senate will accept our views upon the matter, such difficulty will immediately disappear. We cannot agree with Sir James Paget "that it would be a scandal and a disgrace to the University of London" to allow women to undergo the same examination as men.

To acquire a knowledge of medicine, no part of the present form of education can be omitted, and if women are to acquire a knowledge of medicine, their education must be precisely the same as that arranged for men. If the medical education of men can be tested only by the present form of examination held at the University, by such only can that of women be tested, and any difference made in the examination or any lenience shown to women, will only tend to limit their instruction and their proficiency.

At the present time, women have a medical school and a full-sized hospital in London, where women only can receive instruction and where the form of medical education differs in no respect whatever from that of the other London medical schools. They will, therefore, like men, be prepared for the examination at the University as it now stands, and it would be both unfair to the women, and in other ways unwise on the part of the Senate, to make any material difference between the examinations for the two sexes such as would give rise to the idea among the public that the examination for women was not on an equality with that for men.

Notes on Current Topics.

Mortality of Abstaining and Moderate Drinking Lives.

At the last meeting of the Society of Medical Officers of Health, a paper was read by Dr. Edmunds, entitled :— "Observations on 1,000 consecutive deaths occurring within seven years after insurance in the experience of the Temperance and General Provident Institution, with notes on the comparative mortality among abstainers and non-abstainers."

Reviewing a large mass of figures, Dr. Edmunds showed that among the 1,000 deaths which he had tabulated the mortality of the abstainers in comparison to the carefully-sifted moderate drinkers was as follows among equal numbers of insurants :—

In the gross mortality three abstainers died, where four moderate drinkers died.

Of diseases of the nervous system 70 abstainers died for every 108 moderate drinkers.

Of lung disease, 282 abstainers died for every 261 moderate drinkers.

Of heart disease, 51 abstainers died for every 47 moderate drinkers.

Of liver disease, kidney disease, and "dropsy," taken together as practically the diseases of the excretory organs, 42 abstainers died where 78 moderate drinkers died.

Of zymotic diseases, 82 abstainers died where 54 moderate drinkers died.

Of casualties, 46 abstainers died where 39 moderate drinkers died.

At the discussion to which the paper gave rise, we are not surprised that much interest and many conjectures were excited by the facts that, as shown above, the abstainers had died of lung disease, of heart disease, of zymotics, and of casualty in larger ratio than the moderate drinkers, while from nervous disorders and disease of the excretory organs their mortality had been so small. Dr. Edmunds accounted for this by supposing that persons with larger nervous energy would tax their physical frame more severely, and would run risks to life which men of less nerve would avoid. Thus the larger proportion of total abstainers died from disease of the respiratory and circulatory apparatus, in consequence of overwork, and from accidental injury, in consequence of extreme courage.

This explanation, however, appears to us extremely improbable. If any reliance can be placed upon these statistics, they rather confirm the opinions which have been generally entertained with respect to the greater tolerance of alcoholic stimulants in some diseases than in others. We would naturally expect that amongst those who were predisposed to liver and kidney affections the mortality would be greater, even of moderate drinkers, than it would be of total abstainers. While, on the other hand, from the tolerance of alcoholic stimulants which is generally shown by those who are predisposed to certain pulmonary diseases—especially phthisis—and to certain affections of the heart, we should expect that the total abstainers would more readily succumb to those affections. But the fact is, implicit reliance cannot be placed upon

the statistics which Dr. Edmunds adduced. The data are scarcely sufficient, the age of the insurants is not taken into consideration, and no allowance is made for the result of mere accident. The last mentioned fallacy is well shown by the fact that, while 46 abstainers died from casualties only 39 moderate drinkers died from the same cause. If we were to rely upon figures only we might assume that the total abstainer is more subject to casualties than the moderate drinker, which is absurd, as no one would contend that the former is more likely to fall down and break his leg than the latter.

The Metropolitan Hospital Sunday Fund.

A MEETING of the Council of the Metropolitan Hospital Sunday Fund, was held at the Mansion House last week, Sir Sydney Waterlow, Bart., M.P., presiding. The formal business of the meeting consisted in the election of the Distribution and General Purposes Committees. The re-election of the first was moved by Sir Rutherford Alcock, who bore testimony to the financial ability with which the duties had been discharged. The latter committee, with a slight change, was also re-appointed, and on the motion of Mr. R. B. Martin, Mr. Custance was unanimously re-elected secretary. Sir Rutherford Alcock then brought forward for consideration the question of admitting the several surgical appliance societies to participate in the distribution of the Fund. The most prominent amongst these societies are the City of London Truss Society, the National Truss Society, the Surgical Aid Society, and the Provident Surgical Aid Society. The former possessed an invested fund of £30,000, and might, therefore, be excluded from the list, but all these societies were engaged in a work of essentially the same nature as that of hospitals. He submitted, therefore, to the consideration of the council whether they were not entitled to share the funds annually distributed.

The Chairman pointed out that the committee were debarred by one of the rules from giving aid to any institution except "hospitals and dispensaries," and the resolution should, therefore, take the form of proposing an alteration in that rule.

Dr. Glover urged that surgical societies fairly came within the category, and it was competent for the council to deal with them as such.

The Chairman said a similar point was raised in the earlier days of the fund, and decided in the negative. They could not now come to an opposite decision without stultifying themselves.

Bishop Claughton, Professor Marks, and others, spoke against the motion.

At present the rule stands, thus :—

"Those hospitals and dispensaries only, which are managed by a committee duly constituted, and which produce their printed reports and balance sheets, duly audited for the last three years, shall be allowed to participate in the fund."

After a considerable time spent in discussion, it was resolved, on the motion of Canon Miller, seconded by Mr. Jabez Hogg, that, "In the opinion of the council the question of admitting surgical and other kindred societies within the limits of the rule in question be referred for the consideration of the constituents of the fund."

The Health of Dublin and the Irish Provinces.

THE mortality of the city which had fallen down for one week to the level of that of the worst cities in England, has again risen and is rising. It reached last week 31·7 per 1,000 of the population, being 7 per 1,000 above Glasgow, and somewhat worse than the average mortality of the same week of the last ten years. Small-pox is becoming alarmingly prevalent, and Cork Street Fever Hospital contained 17 cases at latest report. From the Registrar-General's returns for the last quarter, it will be seen that, excluding 66 deaths in public institutions, the number of deaths registered during the quarter was equal to an annual mortality of 27·0 per 1,000 of the population, the deaths from the seven principal zymotic diseases representing an annual rate of 4·1 in every 1,000 persons. The annual rates in the several districts ranged from 16·1 per 1,000 in Rathmines, to 34·1 per 1,000 in Meath Street District; and the annual rates from seven zymotic diseases varied from 0·6 per 1,000 in Blackrock, 0·7 per 1,000 in Rathmines, to 5·0 per 1,000 in Kingstown, 5·2 Peter Street District, and 5·3 in No. 4, South City (Denzille Street and Grand Canal Street) District; the high zymotic rate in these three districts is principally due to measles; in Kingstown measles and its complications caused 20 per cent. of the deaths from all causes during the quarter, the chief mortality from the disease having been in the earlier weeks. The total death-rate for the city was 29·1, and for the suburbs 19·6; the rate represented by deaths from the seven principal zymotics being 4·6 per 1,000 inhabitants in the city (4·0 on the north side, and 5·0 on the south) and 2·6 per 1,000 in the suburbs.

The respective annual death-rate represented by the deaths registered during the quarter in the seven provincial town districts included in the weekly returns are :— Belfast 25 per 1,000 of the population, Cork 29, Limerick 23, Londonderry 16, Waterford 24, Galway 17, and Sligo 17 per 1,000. There were no deaths from small-pox registered in any of these districts. In Belfast fever caused 71 deaths, scarlatina 43, diarrhœa 36, measles 31, whooping-cough 6, and diphtheria 1; these 188 deaths being equal to an annual mortality of 4·1 per 1,000 of the population. The deaths in Cork from the principal zymotic diseases number 137, representing an annual rate of 6 per 1,000 inhabitants; they consist of 96 deaths from measles (equal to an annual rate of 4·2 per 1,000 persons), 23 from fever, 17 from diarrhœa, and 1 from scarlatina. In Waterford there were 11 deaths from measles, 8 from fever, 5 from diarrhœa, 2 from scarlatina, and 1 from whooping-cough recorded, these 27 deaths being equivalent to an annual rate of 3·5 per 1,000 persons. The registered mortality from the principal zymotic diseases in Limerick, Londonderry, Galway, and Sligo was comparatively light, and does not call for special remark.

WITH the exception of Calcutta and Madras, St. Petersburgh returned the highest death-rate last week of any city in the world from which the Registrar-General receives statistics, namely 44 per 1,000 of its population.

Hypodermic Injection of Ergotin and other Remedies in Hæmoptysis.

In the *Wien. Med. Presse* Dr. Jos. Hirschfeld makes some very practical remarks on the employment of these remedies.

Swallowing bits of ice is preferable to the external application of cold. It is aided by deep inspiration and holding the breath, except when the bleeding occurs from a cavity. The compression exerted by the forcibly inspired and retained air exercises, undoubtedly, a certain pressure upon the vascular walls and the gaping wound. With this object, Hirschfeld causes the patient to suck a cooling drink slowly through a glass tube. Internal styptics, he thinks, are of little value, and not infrequently upset the stomach. Among narcotics, digitalis is most important, especially in some cases of heart complication.

The sovereign agent, however, in hæmoptysis is ergotin, which, as is known, acts as a vaso-constrictor. Drasche was the first to use ergotin in this way in 1871. It is best administered in a glycerine solution (one to 10). To prevent any irritation from the punctnre, and to allay the irritability of the nervous system frequently present in these cases, he precedes the injection by one of morphia, or adds morphia to the solution of ergotin.

The Tincture of Veratrum Viride.

This drug appears to be a favourite medicine on the other side of the Atlantic. There are few agents, says a writer in the *Pacific Medical and Surgical Journal*, so much relied on in certain critical cases as this. The range of its application in disease is extending. It is the nearest substitute for the almost obsolete lancet. Veratrum is not one of those doubtful agents which vary indefinitely in their operation on different persons, but on the contrary its physiological and therapeutic action is almost uniform and certain. The materia medica contains no arterial sedative which can be relied on with so much confidence. There is nothing so uniformly potent in controlling priapism—a single dose being given at bed-time. Compared with digitalis, it is sure, prompt, and not cumulative. Compared with antimony, its effects are not so permanent, but it has no effect upon the character of the blood, and it does not purge. In the treatment of inflammatory affections especially pneumonia, and in acute rheumatism it has been found very serviceable. The tincture, which is officinal in the B.P., is a reliable preparation, and may be given in six to eight min. doses, every three or four hours.

The Liquor Traffic in France.

In France, according to recent statistics, the consumption of alcohol has progressively increased during the last 40 years. It was two litres per head in 1839; it is now considerably increased. The alcoholic drinks chiefly used are wine, cider, beer, brandies, and liqueurs. Wine is the national drink *par excellence*. On an average, the consumption of it per inhabitant per annum is 120 litres. But while only 38 to 80 litres are consumed per head in some departments, 360 are consumed in others. The consumption of cider is diminishing; it is about 20 litres per inhabitant. Brandy is taken to facilitate the digestion of cider, and the more cider is taken the more is taken of brandy. The consumption of beer has increased in the last fifty years. In 1823 it was about 8 litres per inhabitant; it is now about 22. The departments which consume most alcohol (spirits) are those which do not consume wine. It has been further shown by M. Lunier:—

1. That it is in the departments which consume most alcohol that excessive drinking produces most cases of accidental death.

2. That the cases of habitual drunkenness are five times more numerous in the departments which consume most spirits than in those which chiefly consume wine.

It is the same with cases of madness arising from alcohol. The proportion is almost everywhere in ratio to the direct consumption of spirits. The only exception is in La Vendée and La Charente Inférieure, which only consume white wines; and it is now known that these wines, taken in excess, are nearly as dangerous in this respect as brandies.

A Salubrious Residence.

The Omagh Board of Guardians recently prosecuted a woman for keeping her dwelling house in a dilapidated state, nearly roofless, totally uninhabitable, and highly dangerous to the lives of herself and her children.

The sanitary sub-officer said that the defendant lived in the house with her four or five children, and on the last morning he visited her she, with the children, were getting up from a bed of rushes off the floor. A large sow was lying close at hand. The defendant only laughed at him when he told her she must repair the house.

The medical officer of the district, stated that he had been in the house dozens of times, and in all his experience he never had been in such a wretched hovel. It was quite uninhabitable, and he was astonished the children had not died from cold. There was no bed in the house except a lot of rushes, and the floor was six inches deep in mud. The defendant had a snug little farm, but witness believed her to be a monomaniac. She *had a brother-in-law a clergyman, and he with her two brothers came to see her, but had not done anything for her.* Witness urged them to do something, but they walked away without doing anything. If sold, the farm would bring above £100.

The defendant was informed that a month would be allowed to have the repairs effected.

Treatment of Catarrhal Jaundice by Enemata of Cold Water.

We learn from a recent number of *La Presse Médicale* that Dr. Koull (of Gustrow), recommends this disease to be treated by injecting cold water into the rectum by means of an irrigator. The operation should be practised once in the 24 hours. The quantity of water used should depend upon the susceptibility of the individual. The temperature of the water should commence at 12° Reaumur to be decreased to 3°, as the bowel will not well bear the contact of the water when the temperature remains the same. Seven injections have been sufficient to effect a cure in the practice of Dr. Koull. This treatment removes the feeling of oppression at the epigastrium, the headache, anorexia, &c. In the majority of cases, after the second injection, the fæces are coloured with bile, and the colour of the urine becomes more natural. In the opinion of the

author, the cold water excites the peristaltic movement of the bowels, as well as the secretion of bile, the collection of which in the biliary passage is the chief obstacle to its free evacuation.

Deaths from Accidental Poisoning.

During the past year, 41 cases of fatal poisoning have been reported in the *Pharmaceutical Journal*, which though not presumed to be nearly all that have occurred in Great Britain, give some clue as to the relative frequency of the fatalities from each substance and include the most interesting cases. The cases have been from arsenic, 1 ; atropia sulphate, 2 ; carbolic acid, 8 ; chloral hydrate, 4 ; corrosive sublimate, 1 ; cyanide of potassium, 1 ; an embrocation, 1 ; hemlock, 1 ; laudanum, 2 ; mercurial powder, 1 ; " nurses' drops," 1 ; opiate draught, 1 ; opium, 3 ; paregoric, 1 ; phosphorus paste, 1 ; prussic acid, 5 ; strychnia, 5 ; and teething powders, 2. Concerning these it may be remarked that carbolic acid was administered for medicine three times in public institutions, and mistaken once for cough mixture and once for water. The sulphate of atropia was in the form of eye water and not labelled " poison." The strychnia was in three cases taken in the form of vermin killer, but in one had become mixed with santonin, and a similar accident has led to two cases of poisoning in Canada during the year.

Home Hospitals.

The *Saturday Review*, with its accustomed ability, once more discusses the question of home hospitals. For various reasons, however, the editor thinks them not very correctly designated ; the name given in no way conveys the intention or the design of these institutions. Nevertheless, if certain difficulties of management, and of a professional nature can be surmounted, they will be found to fill a decided public want. The repeated objections urged and felt by the " well-to-do," on entering hospitals supported by charity will be effectually obviated ; for it is intended to make them places in which the charges are meant to be remunerative but reasonable, and home hospitals will be made self-supporting ; and " There is at any rate one ground on which everybody must wish well to these self-supporting institutions. They ought no longer to tend towards promoting the abuse of public charities by people who can afford to pay. At present there are strong inducements towards obtaining admission to these admirable charities under circumstances which they were certainly never intended to meet. The greater chance of a cure under the best advice and most careful attendance may seem worth some sacrifice of self-respect or conscience. We have known affluent persons who have contrived to elude the rules which govern the management of these institutions, and who have either paid liberally afterwards (when conscious-stricken or when detected), or perhaps have neglected to pay at all. The establishment of the so-called home hospitals would tend to greatly discourage such abuses, and at all events it ought to make it more easy to take measures to deal with them effectually. On the whole, the scheme has our best wishes ; and, if once fairly set afloat, it might be hoped that it would in time spread from London to the rest of the Kingdom."

A German View of the British Medical Utopia.

An article appears in the *Allgem. Med. Zeitung*, which is devoted to the inculcation of unity and *esprit de corps* amongst the profession. To point the moral and adorn the tale a comparison is drawn between the recreant Germans and model English, the description of whose practice is an amusing satire. For in France and England, says the writer, pressing necessity has driven the doctors to take action together, and at the present time the public have become so accustomed to it, that no one would think of allowing the doctor to be sent for before his fee was ready for him. It never enters into the head of a doctor to pay a professional visit under any other conditions. It is well known that in England and France not a single visit is made, even to the poor, for which either the parish or the State does not pay. Never is a practitioner allowed in those countries to make a gratuitous visit. It is, therefore, only necessary for doctors to be united to get patients to make these immediate payments. It may not be brought about all at once, but with time the custom may be established.

The Use of Capsicum with Quinia.

It is not generally known that either capsicum, ginger, or other aromatics, combined with quinia, will make the patient more tolerant of large doses of this medicine, and obviate some of the disagreeable head symptoms apt to arise from its administration. Moreover, as Prof. Wm. H. Thompson has remarked, " a good dose of capsicum combined with twenty grains of quinine will act as well as thirty grains of quinine without the capsicum. Spices in general stimulate the portal circulation and promote the flow of bile, and hence their universal use in hot climates. There is a tendency on the part of quinine and capsicum to purge, and sometimes to purge violently. In such cases the purgative action is caused by the increased flow of bile produced by the capsicum. Ginger and quinine, when combined, do not purge, and it makes a very good combination. The proportions should be one grain of capsicum to three of quinine ; with ginger, one grain of each."

In malarious climates capsicum should, if possible, be preferred, as it is in itself a good stimulant, and possesses anti-periodic properties. For years we have been in the habit of prescribing a little tincture of capsicum in an ordinary quinine mixture, with the view of preventing any slight giddiness or headache that might otherwise arise from its administration.

Last week the rates of mortality in the principal towns of the United Kingdom were somewhat less than the previous week—being 24 in Glasgow, 26 in London and Manchester, 28 in Edinburgh, 29 in Bristol and Oldham, 32 in Dublin, and 33 in Liverpool per 1,000 of the populations. Plymouth gave the highest death-rate in the kingdom, namely 36 per 1,000. There were 35 deaths from small-pox in London last week, but not one in any of the provincial towns. Whooping-cough was exceptionally prevalent in Birmingham, Liverpool, and Plymouth, and scarlet fever in Manchester,

The Origin of Oxygen in the Animal Economy.

MODERN physiologists differ from those of the old school with regard to the place in the living animal organism in which the oxygen taken in in breathing, has its oxydising action: the latter, supposing it to be the blood, the former the tissues of the body. A direct proof of the new view has recently been sought by M. Oertmann in an experiment of a somewhat peculiar character on that long-suffering animal, the frog. He produced so-called "salt frogs" by injecting a salt solution (0·75 per cent.) into vascular system of the animal, an aperture being made in another part of the system, to let the blood flow off. In this way by the pumping action of the heart, all the blood can be driven out of the body, and replaced by a salt solution, and such animals will sometimes continue to live from one to two days in this state. M. Oertmann studied the consumption of oxygen and production of carbonic acid in these salt frogs, as compared with those containing blood, and fonud no essential difference, whence he infers that after removal of the blood from the frog's body, the exchange of material continues for some time in the same degree, and the place of the oxydation process is shown to be the tissues and not the blood.

Puerperal Infection of New-Born Children.

THERE are recorded three cases of this kind in *Centralblatt fur die Med. Wissenschaften.* The first was under the observation of Von Hecker, and is recorded as follows. A woman in the last stages of pregnancy was operated on for tracheo-stenosis which threatened death. Subsequent to the tracheotomy it became evident that a fatal issue would ensue from secondary hæmorrhage, and Cæsarean section was done forty hours later to save the child. The mother died, and the child, when one-and-a-half hours old, was taken into the confinement ward. It became sick on the following day with symptoms of puerperal infection, as shown by dyspnœa, high temperature, dislike of nourishment, and grayish-yellow colour of the skin, and died forty-eight hours later. The examination showed double purulent pleuritis and pneumonia. As the umbilical cord has not yet sloughed off, infectious miasm was apparently admitted by means of the respiratory function.

Kustner has collected two cases, where children, aged respectively two and three days, died of pneumonitis and pleuritis. Both children were exposed to inhalation of the discharges, which in one case were certainly putrid. One mother died on the fourth day of septic poisoning with peritonitis, the other had facial erysipelas and some uterine inflammation. It is concluded by Kustner that the lochiæ in impure air become a particularly good generating fluid for fermenting bodies, and may produce pneumonia and septic poisoning if inhaled when putrid, or if they give rise to a putrid condition in the lungs subsequent to the sojourn of the child in the impure air.

NEW YORK now contains 1,188 regular practitioners, 156 homœopaths, and 897 "miscellaneous"—unqualified practitioners. With such a tail-end, heaven help the inhabitants.

A Use in War.

AFTER all there is hardly anything from which some benefit to some person cannot be eliminated. We find the following in the *Student's Journal.*

"Students who wish to complete their sets of bones will be pleased to hear that the suggestion I made a short time ago, as to the importation of bones from the seat of war has been acted upon by at least one of the firms that cater for the wants of those who are studying anatomy, but I am not at liberty to give names or to say whether bones were obtained through Russian or Turkish agency, lest the information should reach the head quarters of the contending armies. Suffice it, that a consignment of splendid bones has arrived, and are now on sale."

Verily, this is a cogent illustration of the truth of Hamlet's speech:—

> Imperial Cæsar, dead and turned to clay,
> Might stop a hole to keep the wind away;
> Oh! that that earth which kept the world in awe,
> Should patch a wall t' expel the winter's flaw.

The "glorious circumstance of war" is fallen low indeed, when the soul of a Saracen Pasha may "suffer the rude knaves" (of Students) "to knock him about the sconce, and will not tell them of his action of battery."

Salaries of Medical Officers of Health.

A CONTEMPORARY gives some interesting data with regard to the salaries of medical officers of health, supplied by the "Medical Directory." The pay, per annum, of a medical officer of health varies from 15s. 9d, at Orsett, in Essex, to £800 at Blean, in Kent, and elsewhere. Between these two extremes there are some curious items, a few of which we give, £3 3s., £18 2s. £16 7s. 6d., &c. It would be interesting to learn on what principle the local authorities proceed to enable them to gauge the value of the services of a medical man to the tenth of a pound; but in the case of Orsett we are utterly at a loss to know what is expected of a man who receives the munificent sum of 15s. 9d. for looking after the sanitary arrangements of No. 6 district of the Orsett Union. We feel scarcely competent to decide. Mr. Clarke is also the local government officer for the same district, but his combined salary is only £3 15s. 9d., so that the inhabitants of No. 6 district have nothing to find fault with on the score of extravagance.

The Lectures at the London College of Surgeons.

PROFESSOR ERASMUS WILSON will commence a course of six lectures on "Dermatology," on next Monday, the 28th inst.; Professor Parker will deliver a course of nine lectures on the "Morphology of the Batrachia," commencing on the 11th of February; Professor Flower will then deliver nine lectures on the "Comparative Anatomy of Man," in continuation of his course of last year, commencing on the 4th of March; and in June next, Professor T. Spencer Wells and Mr. B. T. Lowne, will complete the lectures for the present year, the former by a course of six lectures, the subject of which will be hereafter advertised; and the latter by three lectures on "The Physiology of Nerve Stimulation."

Small-pox a Hundred and Fifty Years Ago.

In the *Ephemerides Medicales* of the *Union Medicale*, we find the following: 10th of January, 1722.—J. Jurin, Professor of Anatomy in the School of Surgeons in London, writes a long letter to Caleb Coatsworth, member of the College of Physicians. He communicates a table which he had prepared of the mortality of London during the 42 years preceding 1667 to 1722, comparing the mortality from all causes with that from small-pox. The following are the figures:—

Total deaths in 42 years, ...	903 798
Total from small-pox, ...	65,079
Deaths from small-pox, per 1,000 of population	72
Ratio	1 in 14

Another Death from Chloroform.

On Saturday last, an inquiry was held by the Exeter coroner touching the death of a patient whilst under the influence of chloroform in the Devon and Exeter Hospital. A very painful operation was about to be performed, and deceased, who was about eighteen years of age, had chloroform administered to him. A healthy male usually inhales from six to eight drachms before he becomes totally insensible, but when deceased had inhaled little over one drachm a spasm passed through his body, and although cold water was dashed over him, and other steps taken to restore animation, he died almost immediately. The deceased's heart had been previously examined, and there was nothing to show that he was not a fit subject for chloroform. The jury returned a verdict of Accidental Death.

The Appeal for a Poor-law Medical Officer.

The Fund which was started, with the object of relieving the urgent necessity of an Irish Poor-law medical officer, the circumstances of which will be found in our advertising columns, is about to be closed, and the money contributed will be immediately appropriated. We solicit a consideration of the case by those who have not contributed, and will be glad to receive further subscriptions within the ensuing week and before the list is finally closed.

We acknowledge receipt of £1 from Dr. Thos. Beamish, of Passage West, Cork.

Albuminuria of Nervous Origin.

M. Tessier, of Lyon, thinks that albuminuria is more often of nervous origin than is generally supposed. There are, indeed, many facts to show that nervous phenomena frequently precede the albuminuria, and that they may be considered to have some causal connection with the disease, receives some confirmation from the experiments of Claude Bernard respecting the production of albuminuria by lesions of the fourth ventricle.

Locomotor Ataxy of Traumatic Origin (?)

According to M. H. Petit, whose opinions were brought before the notice of the French Association for the Advancement of Science, locomotor ataxy has sometimes a traumatic origin. In patients predisposed to this disease some accident may probably hasten its development; but facts are still wanting in support of M. Petit's opinion. It may, nowever, be a possible and concomitant cause, not to be overlooked by those who are engaged in studying the etiology of the disease.

Bitters for Beer.

Professor Galloway, of the Irish College of Science, writes to the Dublin papers to say that his attention was directed to an advertisement which appeared in one of the journals devoted to the brewing trade of a bitter as a substitute for hops. He procured a sample of this bitter, but there was great difficulty in obtaining it, as the vendors were careful to whom they supplied it. It was found to be picric acid, mixed with a little colouring matter.

Beer, he says, was occasionally to be met with in Dublin at that time which owed some of its bitterness to that acid. But beer is not the only alcoholic liquid which requires supervision. There is at the present time a large quantity of sherry wine made which is not manufactured in the grape-producing districts, but in our cities and large towns.

Fees to Medical Men for Attendance at Poor-Law Investigations.

During the progress of a recent investigation held at the Limerick Workhouse it became necessary to call certain medical officers not connected with the institution, Dr. Holmes, Dr. Gelston, and Dr. O'Connor, and to take testimony from them with reference to the state of mind of a girl who was not under their care, and, therefore, not within their official duty. After examination the medical witnesses applied to Mr. Bourke, the Inspector who held the inquiry, for an order on the Guardians for a fee to them for attending to give evidence, which order that gentleman gave at once. The Guardians, however, refused to honour the draft when it was brought up.

The Action of Lobelia Inflata.

This medicine would be found more efficacious than it generally is in the treatment of some forms of asthma were it administered in much larger doses than most practitioners venture to prescribe. In a paper read before the College of Pharmacy of New York, Dr. Plumb denounced as erroneous the statement that lobelia in large or too frequent doses produces extreme prostration and death preceded by convulsions. He had himself taken very large doses, and he had repeatedly seen prescribed doses of one-half to two or three drachms without any injurious effects following, even when the drug had been retained on the stomach.

Professor Erasmus Wilson has now the satisfaction of seeing the object of his national undertaking—Cleopatra's Needle—safely moored in the Thames, which event occurred without further mishap on Monday. The next question to be solved is "What will he do with it"?

Sir Stirling-Maxwell, M.D., Chancellor of the University of Glasgow, died last week at Munich of typhus fever.

The "Peculiar People" again.

An inquest has been held at Southend on the body of a child whose parents belong to the Peculiar People. The child took cold, which developed into inflammation of the lungs. The parents gave it honey and gruel, but declined to call any doctor in. They told the coroner that they preferred to trust in the Lord rather than in man. They called in two elders of the church, both of whom laid hands on the child, and one, a labourer, named Angelo Chalk, also anointed it with oil. The coroner made some strong comments, and the jury expressed a hope that the guardians would prosecute the father.

Pure Water tested by Electricity.

A new method of testing the purity of drinking water, by electrical experiment, is described by Dr. Falk, of Berlin. From researches carried on in the laboratory of the School of Artillery, in Berlin, it appears that the conductive properties of water for the electric current vary rapidly according to its degree of purity, the resistance decreasing with the purity of the water. It is possible we are told, in this manner, to detect with great ease and certainty the presence of the smallest quantities of organic matter in water.

Poor-law Superannuation in France.

The Parisian Poor-law Board has recently adopted a resolution concerning its medical officers which is worthy of notice, and furthermore of imitation. Any medical officer who shall be obliged to retire from the service, either through ill-health or unavoidable misfortune, will henceforward receive an annual allowance of £48, renewable according to the exigencies of his position.

Bread for Warriors.

An Austrian military paper, the *Vedette*, states that some bread of the same kind as that issued to the Russian troops in Bulgaria, was recently obtained and examined by the military intendance in Vienna. A careful analysis showed that the bread contained 19 per cent. of sawdust, and 14 per cent. of sand.

A German paper gives a test for watered milk, which is simplicity itself. A well-polished knitting-needle is dipped into a deep vessel of milk and immediately withdrawn in an upright position. If the sample is pure some of the fluid will hang to the needle, but if water has been added to the milk, even in small proportions, the fluid will not adhere to the needle.

Professor Redwood has explained that the sign ℔ should always represent the troy pound; that lb. represents the avoirdupois pound. ℥ stands for the troy ounce (480 grains), and oz. for the avoirdupois ounce (437½ grains).

We understand that the Lord President of the Privy Council granted an audience to the Executive Committee of the General Medical Council on Friday last, with a view to Government legislation on certain medical matters.

Nottingham, it will be remembered, was selected as the place of meeting of the British Association in 1879. It appears, however, that a difficulty has arisen, and there is now a possibility that Sheffield will be selected.

The next Evening Meeting of the Pharmaceutical Society of Great Britain, will be held on Wednesday, February, 6th, 1878, at eight o'clock.

According to the report of Dr. Gilfoil, the attempted cultivation of the cinchona-tree in Australia is a complete failure, from climatic reasons.

Correspondence.

IS TYPHOID AN EPIDEMIC?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the *British Medical Journal*, Dec. 15, Mr. R. P. White, of the Meath Hospital, states that "there is a severe epidemic of, *i.e.*, typhoid fever passing over the country at present." Anything coming from Dr. White commands my sincere respect, but this statement is one so calculated, in my opinion, to do mischief, that I cannot refrain from noticing it. Believing as I do that there is no such thing as an epidemic of typhoid fever, I think such a statement calculated to divert people's minds from the true source of this very dangerous disease, viz., dirt. I firmly believe that where there is perfect conservancy, then there will be no typhoid—and this fact (for fact I look on it to be), cannot be too forcibly driven into the public mind. I know, and experience daily shows, the difficulty there is in opening the minds of even the well-educated and well-to-do people on this subject. I find water closets in the centre of houses, leaky pipes communicating with baths and slop pans; consequently, foul odours, and yet the most dire offence you can offer the proprietor is to express an opinion on their faulty construction. Until Dr. White proves the absence of all sources of contamination in the locality of those cases of which he has cognizance, I for one will not believe that typhoid fever passes over the country in epidemic waves.

I am, however, quite prepared to believe in waves of carelessness, recklessness, and reluctance to take the trouble necessary to suppress and remove the various sources from which the exciting poison may emanate. As I once heard a medical officer of the army, much occupied in India in inquiries relative to the sources of zymotic disease, say—"Good conservancy means health: neglected conservancy means cholera, typhoid, and other cognate diseases."

I am, &c.,

Portlaw, co. Waterford. J. W. Martin.

TELEPHONIC AUSCULTATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Last night I listened to a young lady's chest with a telephone; the young lady stood in the hall, and I was thirty feet away, in the dining-room. One cylinder was placed on the chest, and the other at my ear, the connecting thread of the little toy being kept quite tense. I heard the healthy sounds of a very healthy chest quite distinctly.

Yours truly, W. B. P.

LEGALISED SALE OF POISON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is gratifying to learn that, by a recent Order in Council, that most dangerous practice, the indiscriminate sale of hydrate of chloral and its compounds, is abolished. The resolution of the Pharmaceutical Society declaring that chloral hydrate and its preparations ought to be deemed poisons within the meaning of the Pharmacy Act, 1868, has been approved of by the Lords of the Privy Council.

In consequence of a case of poisoning by syrup of chloral, which came under my care nearly four years ago, I then called the attention of the public to this crying evil, and it is surprising that it should have been suffered to exist so long.

My chief object, however, in writing this letter is, to draw attention to another abuse, the unrestricted sale of chlorodyne, a drug equal in potency to laudanum. But here, unfortunately, the stamp duty steps in legalises the sale. When is this odious tax, which may be termed blood-money, to be repealed? On the 6th of March, 1868, a meeting was convened, by the Lord Advocate of Scotland, the then member for the Universities of Glasgow and Aberdeen, for the laudable purpose of ascertaining whether the medical profession had any particular grievance which he might be the means of bringing before Parliament. I then suggested the abolition of the stamp duty, and this question was warmly and generally supported by the meeting. The only excuse advanced for the tax was, that the Government could not afford to lose a somewhat lucrative source of revenue. But this is a lame apology for trifling with the health of thousands of our fellow-creatures; and even in a monetary point of view, the sum raised by stamps on quack medicines could be easily met by a fresh duty in many other ways.

I am, &c.,

Harley Street, W., Dec. 22, 1877. J. M. Winn, M.D.

LORD CAIRNS AND HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to your leader under this title in your last issue, will you permit me to remark that I have never conversed with any medical man who has not admitted that homœopathy had so far done good, that it has all but abolished polypharmacy, and put an end to the heroic treatment of acute disease; and this indeed you also admit in your leader.

The question thus arises what is the extent of the benefit thus conferred on human beings?

Twenty-five years ago bleeding, blistering, and salivating, were considered necessary in the treatment of acute inflammatory disease, and under this treatment in our hospitals there was a mortality of from twenty to thirty *per cent.*

In our more scientific hospitals of the present day, such diseases are chiefly treated by a wise hygiene and expectancy, and the mortality has been reduced to from eight to twelve *per cent.*

I say nothing of the *positive* advantages of homœopathic therapeutics, but if the above statement is true, the only logical conclusion must be, that homœopathy has at least negatively conferred an all but incalculable benefit to mankind.

The profession is strong and noble enough to admit this, "and thus to rise on stepping stones of their dead selves to better things."

George Wyld, M.D.

Great Cumberland Street, Hyde Park, W.

THE CORONER'S INQUEST ON MR. HAYES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Re M. A. Hayes, deceased.

Sir,—In reference to an article headed "A Dublin Coroner's Inquiry," which appeared in your issue of the 15th inst, we trouble you with this letter, and will thank you to give it prominence in your next issue.

We will not occupy your space in correcting the many errors in your article—it is not too much to say it conveys an impression directly at variance with the facts, and much that you comment on never occurred at the inquest at which the writer was present.

The inquest was held by Dr. N. Whyte, of Dublin, a medical man of great experience, and the jury was one of unusual intelligence and respectability, and it numbered amongst its members a doctor of medicine and *two* lawyers. Not a jury to catch up such suggestions had any such even been made.

The Accident Insurance Company, in which the deceased was insured, were represented at the inquest by their Dublin agent and by their solicitors, and the writer attended on behalf of the family.

It is always in the discretion of the coroner to hold an inquest or not, and the conduct of the inquest in a great measure rests with the police authorities, who select some intelligent inspector for the purpose.

Now, the question of holding a *post-mortem* examination was necessarily left by the Company's solicitors and by us to the discretion of the jury, before whom several witnesses (including Dr. Brady, the medical man first called in on the discovery of the accident, and who usually attended the family) were examined carefully and freely. On hearing the medical and other evidence and seeing the body and place where the accident occurred the jury unanimously decided that the deceased had been accidentally drowned, and stated that the evidence on this point was so conclusive that they saw no reason for having a *post-mortem*, and had you been present, Mr. Editor, you had come to no other conclusion.

Dr. Croly was not produced, as the medical evidence given was unquestioned, both by the police and by the Company's solicitors, and, as the jury were satisfied, there was no reason why more money should be circulated amongst your profession.

The police-inspector who had charge of the case required Dr. Brady's attendance only, perhaps because he had first seen the dead man, and because the coroner can only certify for the fee of one medical man, and that with the sanction of the jury.

You are quite wrong in saying that the liability of the Insurance Company to pay depended on the finding of the coroner's jury; it is still quite open to them to refuse to pay, and in such case we may have a word to say with you on the subject. However, owing to the attendance of the Insurance Company's solicitors (whose medical adviser had "passed" deceased's life some two years previously), the attention of the jury necessarily was pointedly challenged to the question of death from disease or accident.

The family of a deceased person have no right to grant or withhold permission to hold a *post-mortem*. Anyone who holds such examination without the direction of a coroner's jury or of the executive is guilty of a misdemeanour, and subjects himself to unpleasant consequences.

We are, your obedient servants,

Thos. Geoghegan & Sons.

Dublin, Jan. 19, 1878.

HYDATIDS OF THE LUNG.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir.—In reference to your article on "Hydatids of the Lung" in the Medical Press of January 9th, I would draw attention to the case I published in your journal of February 21st, 1877, in which I introduced a trochar. Strange to say my patient had been in Australia for some years. I saw this patient on the 13th January, he was then in pretty fair health, but has still a spit and cough, and a small lump in the side which he says is increasing.

I remain, yours truly,

H. Talbot Higginson, M.D. Ed.

Bridge House, Bangor, Co. Down.

A NEW HOSPITAL FOR DUBLIN.

We learn with much satisfaction that Mr. John Berry, of 108 Leinster Road, Rathmines, who died last week, has bequeathed his fortune, amounting to about £26,000, and derived from large estates in the co. Kildare, to trustees for the purpose of founding an hospital at, or near the city of Dublin, for the sick poor without religious distinction. The trustees named by the generous testator are Cardinal Cullen, Mr. Theobald Purcell, Q.C., and Mr. Sergeant Sherlock, Q.C., M.P., under whose auspices we feel every confidence that his desires will be effectually

carried out. Additional hospital accommodation is much needed in Dublin; not, indeed that space or medical skill are wanting to meet the requirements of a much larger sick population than now occupy the Dublin hospitals, but because money is sadly needed to keep the beds already provided, in occupation, and to allow of the admission of very many who urgently need medical assistance, and are invariably excluded. It will be a question for the trustees to consider, with this well-known fact before them, whether they will best carry out the intentions of Mr. Berry, by adding to the accommodation for the lower classes, or by founding for Dublin a "middle class" hospital, such as has proved so successful in England in providing for a large population who are above the social rank of ordinary hospital patients, and yet not capable either of paying the medical expenses of a long illness, or maintaining themselves when thrown out of employment by continued illness. The numerical importance, and the urgent wants of such classes in the way of hospital care in a city like Dublin, must be obvious, and we hope the trustees may—if the option is allowed them by the terms of the will—consider from this point of view the appropriation of the bequest.

We believe that the testator has manifested his gratitude to his medical attendant, Dr. Hepburn, of York St., by designating him one of the medical staff of the institution, a choice which secures to the hospital a valuable and most zealous officer. The bequest is the most valuable one which the sick poor of Dublin have received since the death of Mr. Egan, of High Street, and the amount is sufficient to provide and endow an institution of great value to the community.

EXAMINERS FOR THE QUEEN'S UNIVERSITY.

The election of examiners for this university is announced to take place on the 1st of March, the following being the subjects attaching to each examinership:—Medicine, surgery, midwifery, materia medica, and medical jurisprudence.

The holders of office at present are the following:—

Medicine—Benjamin G. M'Dowell, M.D.; H. Charlton Bastian, M.R.C.S.E. *Surgery*—Anthony H. Corley, M.D.; William Stokes, M.D. *Materia Medica*—Charles F. Moore, M.D.; Prof. Pye, M.D.; *Midwifery*—William Roe, M.D.; John Guinness Beatty, M.D. *Medical Jurisprudence*—Matthias O'Keefe, M.D.; William Stoker, M.B.

These appointments are tenable for two years. The emolument for medicine and surgery is £100 per annnum; for midwifery and medical jurisprudence £75 per annum,

The Etiology of Typhoid Fever in Soldiers.

Soldiers, from their position and the facilities for observations concerning them, should afford opportunities of clearing up disputed points in the etiology of many diseases. M. Leon Colin has devoted his attention to the etiology of typhoid fever in the French service. Some of his conclusions are:—

1. The predominance of typhoid found in the army depends on the degree of receptivity, special to numbers of men, young and robust, and unaccustomed to large towns. If you take away from the population of a small place children, old men, and, in a word, all those persons who are for various reasons unpredisposed to this affection, you evidently increase the chances of its attacking those for whom it has a selective affinity. These chances reach their *maximum*, if the population thus reduced are submitted to such influences as are common in large towns. 2. The actual increase of mortality in the French army from typhoid fever is not the result so much of military insalubrity, but of the increased proportion of young soldiers specially inclined to this affection. Supposing the number of children per troop were notably increasd, the medical statistics of the army would establish the greater frequency of affections common to infancy, as croup, diphtheria, whooping-cough, but the *casernes* would not therefore be incriminated, as being more favourable than formerly to the genesis of these affections. If, then, typhoid fever finds an easier development in the army on account of the young element, the number of affections special to old soldiers may be diminished. Statistics prove a marked and compensating decrease of pulmonary phthisis, since the total mortality of the army from year to year continues to diminish. 3. The relative immunity of armies in the country proves that the extreme receptivity of the soldier is not sufficient for the spontaneous generation of the malady, the most probable cause of which is the poisonous emanations in the atmosphere of large towns.

Medical News.

College of Physicians in Ireland.—At the examinations held this month the following obtained the licenses in Medicine and Midwifery:—

Medicine.—John Leonard Aherne, Henry Armstrong, Thos. Francis Arthur, Annie Reay Barker, Bartholomew Madigan, Joseph Michael Redmond, Richard Foster Owen, Arthur Leggo Roe, William Ribton Spowart.

Midwifery.—John Leonard Aherne, Henry Armstrong, Thomas Francis Arthur, Annie Reay Barker, Bartholomew Madigan, Joseph Michael Redmond, William Ribton Spowart, Joseph Fitzhenry Woodroffe.

Society for the Relief of Widows and Orphans of Medical Men.—The Quarterly Court of the Directors of this Society was held, last week, in the rooms of the Royal Medical Chirurgical Society. The chair was taken by Dr. Pitman, V.P. The sum of £1,238 was voted to be divided, according to their circumstances, among 60 widows, a sum of £55 was distributed to 12 orphans, and £25 10s. was given from the Copland Fund to 4 applicants for assistance. The expenses of the quarter amounted to £39 1s. 3d. The Treasurer informed the court that the Christmas present had been distributed on Dec. 17th, among 58 widows and 14 orphans, and was received with much gratitude, the amount given was £326. Fresh applications for grants were accepted from 2 widows and 2 orphans. Six new members were elected.

Growth of Population.—It is now nearly seven years since the last census was taken, so that the population returns then presented would now be far from correct were they taken as the basis of calculation by the Registrar-General and local authorities generally. In the absence of actual returns, therefore, the Registrar-General is in the habit of estimating, as nearly as he can, the various populations at the middle of each year, starting on the assumption that the rates of increase show on comparing the two last census returns remaining in force. In two towns, namely Salford and Oldham, this course has been departed from, and local information is taken in its stead. London is estimated by the Registrar-General to have increased from 3,254,260 in 1871, to 3,577,304 in 1878. Similarly Brighton is estimated to have risen from 90,011 to 103,923; Portsmouth, from 113,560 to 129,461; Norwich, from 80,386 to 84,620; Bristol, from 182,552 to 206,419; Wolverhampton, from 68,291 to 74,240; Birmingham, from 343,787 to 383,117; Leicester, from 95,220 to 121,473; Liverpool, from 493,405 to 532,681; Manchester, from 351,189 to 360,514; Bradford, from 145,830 to 184,088; Leeds, from 259,212 to 304,948; Sheffield, from 239,946 to 289,537; Hull, from 121,892 to 143,139; Sunderland, from 98,242 to 112,459; and Newcastle, from 128,443 to 144,596. The recent great alterations in the boundaries of the borough of Nottingham have altered

the population very greatly, so that, while the number of inhabitants in 1871 was 86,621, there are now estimated to be no less than 165,267; the population of Salford has risen from 124,801 to 170,251; and Oldham from 82,629 to 107,366; Manchester and Salford together certain, it is calculated, 530,765; thus differing very slightly from Liverpool. The density of these populations varies greatly, namely, from 11·3 persons per acre in Norwich, to as many as 102·2 in Liverpool. They stand in order thus:—Norwich 11·3, Leeds 14·1, Sheffield 14·7, Nottingham 16·6, Wolverhampton 21·9, Oldham 23, Bradford 25·6, Newcastle 26·9, Portsmouth 28·9, Salford 32, Sunderland 34, Leicester 38, Hull 39·4, Brighton 44·1, Birmingham 45·6, Bristol 46·4, London 47·5, Plymouth 52·8, Manchester 84, and Liverpool 102·2 per statute acre.

Hydrophobia in Cheshire.—Another death was reported yesterday at Over in Cheshire, making four from hydrophobia within three weeks in the same neighbourhood, where intense excitement exists in consequence.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after i has passed through the post.

THE HONBLE. GRANTLEY BERKELEY.—Communication received, and will be considered.

MR. G. R. J.—Your letter, requiring an answer which could only be given in one quarter, was duly forwarde d on its receipt; but no reply had arrived at time of our going to press.

A RADICAL SANITARIAN.—Your letter is too political, though we shall quote a few lines from it:—"The future of Ireland and of her people must be considered hopeless so long as our Legislature is indifferent to our sanitary requirements. Overcrowded dwellings, impure air, deficient scavenging, bad drainage, with a train of disease, dirt, and poverty are not conducive to either the moral or the material prosperity of any country. Agitators should preach the gospel of cleanliness and thrift; and clergymen, in place of dogma and theological definitions, the Evangel of temperance; whilst corporate authorities should be compelled to perform their duty."

IN our issue of the 9th inst. was a paragraph on the "Treatment of Obesity by Bladder Wrack or Fucus Vesiculosis," the fluid extract of which was mentioned as an American preparation. Messrs. Corbyn and Co. have forwarded us a sample of the fluid extract (dose 3j.) which they have been supplying for some years past.

THE OPPONENTS OF THE CONTAGIOUS DISEASES ACTS.—Our readers will remember that a few weeks since our "Correspondence Columns" were occupied in a discussion on the merits and demerits of the Contagious Diseases Acts. We gave space, as is our wont, to both sides, until great pressure of other important matters compelled us to close the discussion. We are surprised, therefore, to find in the last number of the *Medical Enquirer* (organ of the Acts' opponents) "letters which had been refused insertion in the MEDICAL PRESS AND CIRCULAR." One of these letters *appeared* in our issue of Dec. 19 (minus the quotations from the Rescue Society, whose statistics are not generally acknowledged), the other had already appeared in substance, and as we were compelled to close the discussion we could not afford space to repeat it. As conductors of a public organ of the profession we are quite impartial in the matter, and, as a matter of fact, we inserted more letters against the Acts than for them. We are astonished, therefore, to find that the opponents of the Acts do not act fairly or truthfully towards the only medical journal (MEDICAL PRESS AND CIRCULAR) which has allowed them to ventilate their opinions, and are forced to the conclusion that they, like the opponents of most legal measures, the anti-vaccinators, anti-vivisectors to wit, can see no good out of their own narrow circle, no truth beyond the pale of opposition.

CLINICAL SOCIETY OF LONDON.—Friday, Jan. 25th, at 8½ p.m., Mr. Pearce Gould, "On a Case of Spina Bifida cured by Injection of Iodine" (a living subject). Mr. Berkeley Hill, "On Cases of Spinal Curvature treated by Sayre's Plaster Jacket (living subjects). Mr. Nunn, "On two Cases of Cancer of the Breast." Dr. Broadbent, "On a Case of Paracentesis Thoracis."

A CANDIDATE FOR THE SERVICE will find the information he requires on reference to our advertising columns. The list of candidates for appointments will be closed February 2nd.

PREMATURE.—We do not know if the following, which appeared in last week's *Sheffield Telegraph*, and subsequently copied into the leading daily papers, is intended as a joke upon the medical profession. If true, the practitioner who was guilty of such a rash act is probably suffering as he deserves to be from considerable mental depression and loss of appetite: "A poor woman lay very ill in her scantily-furnished home in Sheffield. The doctor was sent for and came. He at once saw that here was a very grave case, and that she had, he thought, little chance of recovery, even if she could get the nourishments her illness required. As he was about to leave, the question was put, 'When should we send for you again, doctor?' 'Well,' was the reply, as he looked at the poor woman, and then at her wretched surroundings, 'I don't think you need send for me again. She cannot possibly get better; and, to save you further trouble, I'll just write you out a certificate for her burial.' And he did. After the doctor departed, the woman—women always were wilful—get rapidly better. She has now completely recovered, and goes about carrying her burial certificate with her."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Lectures on Diseases of the Nervous System. By S. Wilks, M.D London: J. & A. Churchill.

The Retrospect of Medicine. Vol. LXXVI. Edited by Drs. W. and J. Braithwaite.

Dédoublement de la Personnalité. Par le Dr. Azam, Bordeaux.

Sanitary Report of Wandsworth for 1876.

On Ringworm. By Tilbury Fox, M.D. London: Henry Renshaw.

St. Bartholomew's Hospital Reports. Vol. XIII. London: Smith, Elder, & Co.

The Westminster Review. Revue Scientifique. Le Progrès Medical. Clinic. Dental Journal. Obstetrical Journal. Glasgow Medical Journal. Paris Medical. Glasgow University Magazine. Home Chronicler. Temperance Record. Students' Journal. New York Medical Record, &c., &c.

VACANCIES.

City of London Hospital for Diseases of the Chest.—Assistant Physician. Honorary. Candidates must address the Treasurer by the 26th inst. (See Advt.)

Ipswich Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and lodgings. Applications to Dr. Chevallier, Medical Superintendent.

Limerick Union Workhouse.—Resident Medical Officer. Salary, £100, with allowances. Election, Jan. 30.

Mountmellick Union, Clonaslee Dispensary.—Medical Officer. Salary, £100. Election, Jan. 24.

Northampton General Infirmary.—Physician on the Staff. Testimonials, &c., to the Secretary at the Infirmary.

Nottingham Dispensary.—Resident Assistant Surgeon. Salary, £160. Applications, with testimonials, to the Secretary Broad Street, Nottingham.

Queen's University, Ireland.—Examiners in Medicine, Surgery, Midwifery, Materia Medica, and Medical Jurisprudence. (See Advt.)

Royal Free Hospital.—Two Junior Resident Medical Officers. Board and residence provided, but no salary. Applicants must address the Secretary before the 30th inst. (See Advt.)

Wilts Pauper Lunatic Asylum.—Medical Superintendent. Salary, £600, with furnished apartments. Endorsed applications, "Medical Superintendent," before the 12th February, to be addressed to the Clerk of Committee, Devizes.

Births.

DAVIES.—Jan. 14, at Pembridge Villa, Bayswater, the wife of Dr. Gomer Davies, of a daughter.

HARDING.—Jan. 14, at 6 Upper Fitzwilliam Street, Dublin, the wife of Surgeon-Major Harding, F.R.C.S.I., Army Medical Staff, of a daughter.

SMITH.—Jan. 15, at 2 Portugal Street, Grosvenor Square, W., the wife of Heywood Smith, M.D.Oxon., of a son.

Marriages.

ANDERSON—ANGELL.—Jan. 17, at St. George's Hanover Square, W., J. W. T. Anderson, L.R.C.P., L.R.C.S., to Katherine, daughter of T. J. Angell, solicitor.

BROWNE—GRANT.—Jan. 9, at St. Peter's, Hammersmith, J. Walton Browne, B.A., M.D., eldest son of Dr. S. Browne, of Belfast, to Matilda Elwin, second daughter of the Rev. F. B. Grant, M.A.

SYKES—STAINES.—Jan. 16, at the Parish Church, Marylebone, William Sykes, M.R.C.S., of Mexborough, Yorks, to Kate, youngest daughter of the late Richard Staines, of Harewood Square, London.

THOMAS—DAVEY.—Jan. 1, at St. John's Church, Clifton, Lewis W. Thomas, of Highbury, to Edith Constance, eighth daughter of J. G. Davey, M.D., of Northwoods, Bristol.

THOMPSON—ORPIN.—Jan. 8, at Kendlestown, co. Wicklow, Robert Norman Thompson, M.B., Kilquade, co. Wicklow, to Helen Constance, elder daughter of William Basil Orpin, Esq., Kendlestown, co. Wicklow.

WRIGHT—FINLAY.—Jan. 3, at Monkstown, co. Dublin, Wm. M'Dowel Aikin Wright, B.A., M.B., Braganza, Dalkey, to Emily, second surviving daughter of George W. Finlay, Local Government Auditor, Hybla, Kingstown.

Deaths.

ALLWOOD.—On board the outward bound Ship *Northumberland* to Melbourne, John P. Allwood, L.R.C.P., M.R.C.S., Surgeon in charge, aged 33.

BLUNDELL.—On Jan. 15, at Piccadilly, James Blundell, M.D. aged 87.

CLARKE.—On Jan. 9, at Lynton, Devon, John Clarke, M.R.C.S.E. aged 80.

ELLIOT.—On Jan. 7, of cholera, at Chowringhee Road, Calcutta, Surgeon-Major John Elliot, M.D.

HOLT.—On Jan. 11, at Uckington, Cheltenham, Joseph Rose Holt, M.R.C.S.E., aged 85.

KERR.—On Jan. 12, at The Hale, Newnham-on-Severn, William Charles Kerr, M.D., aged 78.

LYALL.—On Jan. 13, at Lennoxtown, Stirlingshire, William Lorimer Lyall, M.D.

IRISH POOR-LAW INTELLIGENCE.

FILTH REMOVAL.

THE Local Government Board for Ireland has placed before the sanitary authorities in Ireland the following facts in relation to the subject of filth removal.

It appears in the last report of the English Local Government Board that from the year 1848 to the present time, a period of almost thirty years, sanitary works for the two purposes, chiefly of sewage and water supply, have been carried on with the aid of loans, supplied, at first, from various sources, but in recent years almost wholly from Imperial funds; and that in 1877, the date of the report, no less a sum than £38,750,740 of debt remained outstanding, charged on local rates on account of such loans. The greater part of these loans were raised in the latter part of the period mentioned, and they are now proceeding at the rate of £5,000,000 per annum.

Similar operations in Ireland became available since the Sanitary Act of 1866, a period of eleven years, but were little resorted to until the passing of the Public Health Act, 1874, since which time much activity has been shown in contracting loans to construct works for sanitary purposes.

A considerable part of this expenditure in England has been made upon works of irrigation and sewage farms, more especially in towns ranking in the second or third class, or even in still smaller classes of towns, of which there are a great number in England, each with its own governing body.

Such expenditure has, from various causes, not always been attended by success, even where the experiment has been apparently made under suitable circumstances. Nevertheless, in the report of Messrs. Clare Reade and Rawlinson, many cases of comparative success will be found—that is to say, cases in which the utilisation of town manure on sewage farms has gone far to meet the expenses of filth removal.

It is not always, however, that sufficiently favourable circumstances exist to justify the governing body of a town in making trial of a sewage farm or of irrigation works for this purpose. Some examples of unequivocal success are, however, to be found in the report.

The sanitary history of Liverpool begins with the earliest time of sanitation in Great Britain, and has been associated throughout the whole period with a very high death-rate in comparison with other towns.

Throughout that period one mode of filth removal has been persistently carried out—that is to say, the gradual suppression of the midden-steads and blind cess-pools, and the substitution of water-closets and trough-closets, with a corresponding system of drains and sewers.

In the year 1854 a local Act was passed for Liverpool, under which the substitution of water- and trough-closets for middens was vigorously carried on, at considerable cost, by the corporation; and in 1876 it is found there are 70,000 water-closets and 3,710 trough-closets, while the number of middens remaining are 14,012.

These operations, with other sanitary improvements, have not been without their effect on the death-rate of Liverpool, which, in 1876, was 27·5, in comparison with 30·7 as the average of the previous ten years.

When the Liverpool water-closet and sewer system shall have attained the utmost perfection of which it is capable, there must always remain the large continuous operation of scavenging such of the dry refuse as could not be passed through the sewers. At present many middens still remain to be dealt with by the scavengers, and the annual cost of the whole, including the watering of the streets, in 1876 was £74.563. The receipts for manure sold were only £8,690.

The sanitary history of Birmingham is as different from that of Liverpool as the difference between two such towns could possibly be, only 7,065 water-closets existing at Birmingham in comparison with 70,000 at Liverpool, although the difference in population is only as 35 to 50. The course of action at Birmingham has been subject to much variation, attended by great expenses. The first operations were in the construction of drains and sewers into adjacent streams. This resulted in the authorities being restrained by the Court of Cancery from further pollution.

Utilisation of the sewage by means of sewage farming was the expedient next resorted to, but, if at all successful, it has been so only in a small degree, and to a small extent.

In the year 1873 the pail system, for some time previously in operation at Rochdale and Manchester, attracted attention at Birmingham. Since its introduction at that date the number of pails has increased to no less than 20,000 in the year 1877, and is still increasing at the rate of 200 per week. This form, therefore, of filth removal appears to be likely to become the general system of Birmingham, after the example of Manchester, where, having been commenced in 1869, it is now more nearly advanced to general adoption.

One important feature of the pail system as practised at Rochdale and Manchester, is the periodical collection not only of the fæcal deposits from the entire area of its operation, but also of all dry refuse from the ash-tubs associated with the pails, which, in bulk, forms the larger portion of the refuse of all towns.

The modes of disposing of the dry refuse at Rochdale and Manchester have been previously described; but at Birmingham a new kind of machinery is in operation, patented by Mr. Fryer, the inventor, for the wholesale destruction by fire of otherwise useless *débris*, deriving from the incinerated mass a valuable description of charcoal, and, at the same time, applying heated gases to the evaporation of moisture from the fæcal deposits, without occasioning the loss of the ammonia which so greatly enhances the value of the manure.

The resulting product, although obtained by a different process, is nearly identical with that manufactured by Liernur's process, and called Poudrette, which has been shown to be a manure dry and portable, and of a high chemical value.

Mr. Fryer's method of obtaining a similar manure, assuming it to be of equal chemical value, appears to deserve attention from the governing bodies of towns which have not yet entered upon the introduction of any general system of domestic scavenging, because, in the first place, its action is comprehensive, providing, as it does, for the removal and utilisation or destruction of every kind of town refuse; and, secondly, because the only aid it demands in the collection of its materials is the construction and scavenging of pails and ash-tubs, as economical a mode of collection as any other, and not involving, under any circumstances, a pollution of streams or of well-water, or any saturation of the soil with matters injurious to health.

How much Ireland is behind England in sanitary progress is more observable in relation to filth removal from towns than

in any other respect, for while in the latter country various modes have been in course of adoption for many years past, with more or less success, we are in this country now only at the beginning of such operations, comparatively, and the first task which now presents itself to the Irish sanitary authority is to see the lower classes of the population furnished with some provision for domestic cleanliness which may admit of prompt mode of removal. Where a total absence of all conveniences exists a grave error would be committed by attempting to remedy it by the use of midden-steads, which English example shows to be a remedy worse than the disease, and which would have to be replaced at much expense by other contrivances hereafter. At present the two alternatives appear to be some form of water-closet or some form of pail-closet.

THE CRIPPLES' HOME AT BRAY.

UNION PATIENTS AND THE LEGALITY OF THEIR MAINTENANCE.

THE Chairman of Quarter Sessions gave last week his decision in the case of the Ballymoney Guardians against the auditor of the Local Government Board, which had come before him by way of appeal from the decision of the magistrates. The facts of the case were these :—A young girl who was suffering from a severe spinal complaint, had been sent to the Cripples' Home, at Bray, by the Guardians of the Ballymoney Union, at a cost of somewhat under £3, which they had defrayed out of the rates. The auditor in taking the accounts had disallowed this item, on the grounds that the Cripples' Home was not an hospital within the meaning of the special Act under which the guardians had purported to act ; and the guardians, having refused to refund the sum disallowed, believing that they had acted within their powers under the above Act, the auditor summoned them before the magistrates, and obtained an order for payment. From this order the guardians had appealed. The attorney for the respondent objected to the hearing of the appeal, inasmuch as there was no provision under the Poor Law Acts for making such appeal to the Court of Quarter Sessions. In the course of a lengthened and able address, the Chairman, shortly after the sitting of the court yesterday, decided to reverse the order of the magistrates, on the ground of its informality, as well as upon the merits of the case, holding that the guardians had acted within their power. The Chairman commented severely upon the argument which had been advanced on behalf of the auditor, that the Local Government Board were the sole arbiters, touching the construction and meaning of the Act of Parliament relied on.

COOKSTOWN BOARD OF GUARDIANS.

THE Chairman having read the circular convening the meeting, "to consider the application of the medical officer of the workhouse for an increase of salary,"

Mr. Gunning said he begged to move that Dr. Hamilton's application be granted, and that his salary be increased £20. It would be a mere trifle when spread over the union. Mr. Gunning (continuing) referred in complimentary terms to Dr. Hamilton's long services for a period of thirty-five years, and remarked that the Sanitary Act had made an addition to the salaries of the other medical officers, but had not benefited Dr. Hamilton in the least.

Mr. M'Entire wished to know what was the salary at the commencement.

Clerk—£40.

Mr. M'Entire—I thought so, but it has been increased more than once.

Clerk—It was afterwards raised to £50 ; some years after to £60, and then some time after reduced to £50, and in 1866 it was increased to £80.

Mr. Gunning—Gentlemen, I have showed you that the increase will not make a difference of a fourth of a farthing on the rates, and I now propose that the £20 be granted.

Dr. Charles seconded the motion. They would all concur with Mr. Gunning's remark as to the great attention that Dr. Hamilton had at all times given to his duties. (Hear, hear.)

Mr. Stanley moved that £10—the salary allowed to the consulting sanitary officer—be added to Dr. Hamilton's salary.

There were then three polls taken, the final one being on the original motion and amendment, when the numbers stood thus :—For the amendment 9, for the motion 14.

THE SANITARY ACT IN BALLINASLOE.

AT the meeting of the Ballinasloe Town Commissioners attention was drawn to the neglected state of the water works and market house.

The Chairman.—It is not our business to see after it at all, but it is the duty of the board of guardians. It is a farce to see the manner in which the sanitary business has been carried out. When we were the sanitary authority we saw the arrangements properly carried out.

Mr. Sharpe.—It is a disgrace to the town.

After much discussion a notice of motion was handed in to the effect that a memorial be presented to the Government praying that a bill be introduced at the approaching session of Parliament to transfer the sanitary powers from the guardians to all bodies of town commissioners irrespective of population.

DROGHEDA UNION.

THE SANITARY ACT.

A CIRCULAR letter was read on the subject of filth removal, urging on local bodies more energetic steps in dealing with the Sanitay Act.

Mr. Everitt—The supreme authorities for carrying out the Sanitary Act, which ought to be one of the most important to the community, may save themselves the trouble of sending circulars about it until they became more energetic themselves. The act has lapsed into a complete humbug in their hands. They may put their Sanitary Act in their pocket; it is only a humbug ; a means of raising salaries.

STRANGERS AT MEETINGS OF POOR-LAW GUARDIANS.

AT Mountmellick petty sessions last week, a member of the board of guardians summoned Denis Feighery, contractor to the board, for not leaving the board room when desired so to during the proceedings on a recent occasion. The summons was based on a sealed order of the Poor-law Commissioners, dated 1840, whereby a party so offending is liable to a penalty of £5. One of the magistrates said that it was most uncalled for to summon the defendant, and the case was dismissed.

ENNIS DISTRICT LUNATIC ASYLUM.

PAYING PATIENTS.

UPON the subject of paying patients and the Treasury Grant the following minutis was agreed to :—

"In reply to the letter of the Privy Council 4th January, 1878, the Government of the Clare Lunatic Asylum at meeting this day request that the inspectors inform us if patients contributing to their maintenance be entitled to receive the Parliamentary grant of 4s. per week from the Treasury and what amount of contribution would disqualify paying patients from the grant."

Dr. Cullinan said he had received a letter from Dr. Nugent on the subject, which stated that if a patient does not contribute more than £14 a year the Board are entitled to get £10 Treasury grant, but when it exceeds that sum, no contribution will be given.

VACCINATION PROSECUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to bring to the notice of your paper the following case of attendance at a Petty Sessions Court, so as to get your opinion, or of some of your readers, on it.

I had to report a case of neglect of vaccination to the Poor-law Guardians. The parent of the child refusing to have it vaccinated, was brought before the Petty Sessions Court, and was fined under the Vaccination Act. I had to attend as the witness; the parent still refusing to vaccinate was again brought before the same Court, a fine was recorded, but not enforced, as it was found out that a person could not be prosecuted under the Vaccination Act a second time for the same case. I was again the witness next time the parent was prosecuted under the Sanitary Act; this was dismissed for some informality in the notice; I attended this third time as witness. Again the parent was summoned under the Sanitary Act, and was given a certain time, within which he was to have the child vaccinated; this fourth time I attended as witness. Again the time having expired which was given, the parent was brought before the same Court, and at his request the case was adjourned for a fortnight, so as to enable him to have the assistance of professional counsel. This is the fifth time I attended the Court as witness in the same case; the last two occasions I was served with regular summons to attend.

I applied now to the magistrates for an order for a fee for my attendance, and was refused, as I am the dispensary officer and sanitary officer of the district, and as such it was considered part of my duty to attend as witness.

I consider this is a hard case, so much of my time being taken up for one vaccination case, the pay for which, if I vaccinate, will be one shilling.

Your obedient servant,

EDW. B. DORMAN, M.D.,
Medical Officer and Sanitary Officer,
Kinsale Dispensary.

Kinsale, 5th January, 1878.

[If our correspondent will call the attention of the magistrates to the definition of his duties as dispensary medical officer, which he will find set forth in Article 22 of the Regulations (page 245 "Irish Med. Directory for 1877), and to the terms of the Medical Charities and Vaccination Acts (pages 494 and 497); also to the definition of his duties as sanitary officer (page 544), they will, we are sure, be satisfied that vaccination prosecutions is not any part of his official duties. The Local Government Board has repeatedly recognised the giving of evidence in such cases as an extraneous matter to be paid for by an extra fee, and Parliament has recognised it as such by giving the magistrates a special power to order a fee—Vac. Amendment Act, 26 & 27 Vic., cap. 52, sec. B., page 498. It is left in the discretion of the magistrates to order the fee, but it is also entirely in the discretion of the medical officer to give his professional evidence. If he declines to attend as witness he may be required to go by means of subpœna, but when asked his professional opinion as to the efficacy or desirability of vaccination in any particular case he may refuse to give it unless his fee is guaranteed. As it is above all things desirable that the vaccination system should be efficiently worked, we do not advise any medical officer to adopt this course except in extreme cases and as a matter of important principle, but it is, nevertheless, open to him to do so.—ED. M. P. & C.]

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 12, 1877.

Total registered deaths in Dublin and suburbs*			192
Ten years average of same week			188
Excess of mortality above average			4
10 weeks ratio of deaths Rathmines		16·8 per	1,000
" " " " Donnybrook†		26.2	"
" " " " Blackrock		20·2	"
" " " " Kingstown		19·7	"
" " Entire Dublin District		31·7	"
COMPARATIVE RATIOS—London		25·6	"
" " Glasgow		24·4	"
" " Edinburgh		28·3	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 36; average number in the second week of the last ten years 39. Among the deaths from these causes are 5 from fever (1 typhus, 2 typhoid and 2 simple continued fever), 11 from measles, 5 of which occurred in Meath Street District, where but few deaths from this cause had been recorded in recent weeks, 9 from whooping-cough—an increase of 3 on the number in the first week of the year,—3 each from croup and diarrhœa, 1 each from scarlet fever, dysentery, &c. Of the 36 deaths from zymotic diseases 26 were amongst children under 5 years of age.

Fourteen children died from convulsions.

Bronchitis caused 44 deaths, pneumonia 11, and pleurisy 1; these 56 deaths are 7 over the average number of deaths from diseases of the respiratory organs in the second week of the last ten years.

Seven deaths were attributed to heart disease, 1 to aneurism, 6 to paralysis, 3 to apoplexy, 1 each to epilepsy and brain disease unspecified; and 2 each to Bright's disease and kidney disease unspecified.

Thirteen deaths resulted from phthisis, 3 from hydrocephalus and 1 from cancer.

BELFAST.—Six deaths from fever, 2 from scarlatina, 1 from whooping-cough, and 4 from diarrhœa were registered during the week.

CORK.—Eight deaths from measles, 3 from whooping-cough, and 2 from diarrhœa were registered.

LIMERICK.—Two deaths from measles and 2 from scarlatina were registered.

WATERFORD.—Eleven deaths from measles were registered; the Registrar remarks "Measles prevalent, but on the decline."

QUARTERLY SUMMARY.

Births.—In the Dublin District the number of births registered during the quarter amounted to 2,201, being equal to an annual ratio of 28·0 in every 1,000 of the population.

The number in the city was 29·8 in every 1,000, and in the suburbs 21·6.

There was registered in London during the same period 36·1 in every 1,000, in Glasgow 36·2, and in Edinburgh 33·3.

Deaths.—The number of deaths registered in the Dublin district during the quarter amounted to 2,192, affording an annual ratio of 27·9 in every 1,000 of the population; the average number in the fourth quarter of the previous ten years was 1,946.

The deaths north of the Liffey were 27·9 in every 1,000, south of the river 30·1, and in the suburbs 19·6 in every 1,000.

The number of deaths registered in London was 22·3 in every 1,000 of the inhabitants, in Glasgow 22·7, and in Edinburgh 21·8.

Diseases.—Dublin Registration District.—The deaths from zymotic diseases registered during the quarter number 436, or 19·2 per cent. of the total deaths, and equal to an annual rate of 5·6 per 1,000 of the population; the average in the fourth quarter of the previous ten years was 434. The deaths last quarter from the seven principal diseases of this class represent an annual mortality of 4·1 per 1,000 inhabitants.

One hundred and forty-seven deaths, or more than one-third of the mortality from all zymotic diseases last quarter, resulted from measles and its complications, which proved fatal in 122 instances during the preceding three months, and in 146 during the June quarter.

Ten deaths from small-pox and 1 from chicken-pox were registered last quarter.

The remaining deaths from zymotic diseases include 56 from fever, (13 typhus, 29 typhoid, and 14 simple continued fever), 35 from whooping-cough, 33 from scarlet fever—it is worthy of note that not one death from scarlet fever was recorded during the last five weeks of the quarter—13 from diphtheria, 38 from croup, 4 from quinsy, 6 from erysipelas, 32 from diarrhœa, 11 from dysentery, &c.

One hundred and seventy-three children died from convulsions; this number is 46 over the average for the corresponding quarter of the previous ten years.

Bronchitis caused 363 deaths, pneumonia 89, asthma 6, pleurisy 5, laryngitis 4, and lung disease unspecified 26; these 493 deaths, which are 112 over the average mortality from diseases of the respiratory organs in the fourth quarter of the ten years 1867-76, form 22 per cent. of the deaths from all causes.

One hundred deaths were attributed to heart disease, 11 to aneurism, 1 to pericarditis; 36 to apoplexy, 30 to paralysis, 13 to cephalitis, 9 to epilepsy, 4 to insanity, 24 to brain disease unspecified; 2 to jaundice, 1 to hepatitis, 32 to liver disease unspecified; 7 to Bright's disease, 2 each to diabetes and cystitis, 1 each to nephritis and stone in the bladder, and 15 to kidney disease unspecified.

Phthisis caused 217 deaths, or 10 per cent. of the total, mesenteric disease 38, hydrocephalus 50, scrofula 14, cancer 50, and gout 2.

Fifty deaths from accidents or negligence, 6 cases of homicide, and 5 of suicide were registered,

Officiers de Sante.

As our readers are aware, in France there is a lower grade in the profession who have certain powers limited in degree, and whom we may compare to a certain extent with our English unqualified assistants. Their position is a wrong one, as our unqualified assistants' *rôle* is a wrong one.

At the Academy of Medecine, Paris, Oct. 17th, M. Leven read a paper on "The Operations Interdicted to Officiers de Santé, and the Necessity of a New Law." The *Paris Médical* considers the question a very simple one. There is no half-sickness, consequently there should be no half-doctors. An Officier de Santé may be called to a woman in labour in the country, labour is retarded by some cause, which the forceps will specially remedy The Officier de Santé is not allowed to use the forceps.

A child may swallow a bean, the foreign body lodges in the larynx, and unless tracheotomy is performed the child must immediately die. The Officier de Santé cannot interfere.

Have we not had reason to say our unqualified assistant occupies a somewhat similar position. The French desire reform in their laws, and the suppression of two classes in the profession. We thoroughly agree with the necessity of the change suggested.

Our own grades might be altered with advantage, and we look forward to the time when there will be no longer any dispute as to whether the M.R.C.S. or the L.R.C.S. is the better diploma, whether the L.R.C.P.E., L.R.C.P. and L.K.Q.C.P.I. confer the title of Dr., and when the public will be able to send for the nearest doctor, knowing that they will be able to obtain the services of a practitioner who has been tested and found up to the standard. Individual ability will always command the field, for a diploma is not the *end*, but only the "beginning of the end.'

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January* 12*th*, 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JAN. 12, 1877.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	32	153	192	29	55	...	11	1	...	9	5	3	5	3	53
BELFAST . .	20,687	182,082	28	152	98	15	20	...	...	2	...	1	6	4	...	...	19
CORK . .	13,816	9 1,965	41	66	73	9	26	...	8	...	...	3	...	2	...	1	22
LIMERICK .	8,509	44,209	40	21	34	1	17	...	2	2	...	...	...	...	2	4	13
LONDONDERRY	21,865	30.884	8	8	5	...	2	...	...	...	...	...	1	2	...	...	...
WYTERFORD .	17,209	30,626	36	12	21	3 1	5	...	11	...	...	...	...	...	...	1	1
GALWAY . .	21,358	19,692	11	...	4		...	...	...	...	...	...	...	...	...	1	2
SLIGO . .	30,835	17,285	24	5	8	...	4	...	...	...	...	...	1	...	...	1	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 30, 1878.

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TWO CASES OF ARTERIAL PYÆMIA WITH COMMENTS.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S.,
Physician to St. Mary's Hospital.

Case I.—*Old Mitral Disease—Rheumatic Fever—Obscure Illness of Long Duration, Ultimately Distinct Signs of Embolism of Retinal, Cerebral, and Renal Arteries.*

Miss ——, æt. 25, seen January 9th, 1877. Has had rheumatic fever twelve years ago, with heart affection, was ill for many weeks. Lately has been attacked again in joints, but now the pain affects the head at the back part, not, however, continuously. The pain and stiffness were severe this morning, but have now quite gone off. Temp. 100; pulse weak. Hands hot. Urine very red and thick. Loud apex murmur heard at precordia, and in both backs. Second aortic sound weak. Bowels loose. Hyd. c cretâ, gr. ij.; pulv. Doveri, gr. ij., *h.n.* Mist. pot. citrat. efferv., ℥j.; pot. iod., gr. j., *quater die.* Chloral gr. xv., *o. n.*

13th.—Pulse 100, sharp; temp. 103. Sleeping better. Some rheumatism of right hand. Breathing better. Acidi. salicylici, gr. xv. sodæ carb., gr. xv.; tr. aurant, ℥ xv.; aq. ℥j., ad vices vi omni horâ *in dies.*

16th.—Temp. 101·8; pulse 108. No articular rheumatism. Skin moist. Speedy relief from salicylic acid, but after the second day it distressed her head, and was left off. To take four doses to day, and to-morrow to begin quinine in two-grain doses *ter die*, with effervescing saline *ter die* also.

26th.—Temp. 101; pulse 84. No articular rheumatism or lung mischief, but is very weak, and inclined to faint, has no appetite at all. Quinine exchanged for ferri. et quinæ citratis, gr. viij.; tr. nucis vomicæ, ℥ x; aq. ℥j., *ter die.*

Feb. 8th.—Temp. 101·4; pulse, 120. Tongue clean, moist. No sleep last night; had many crying fits and hysterics this morning; is now better. Has lately had twice three doses of salicylicate of soda, powdered quinæ disulph., gr. v. in solution, *ter vel quater die.* On this she improved at once, and began to eat, and continued better up to 17th or 18th, when she had a syncopic attack, and was found by her sister bathed in icy-cold sweat. I saw her on the 13th and on 20th. The temperature was normal both times, but the pulse was excited, about 100. The quinine caused some headache and deafness, and after the dose had been reduced, it was left off on the 19th.

27th.—Temp. 99·2; pulse 105. Lungs and heart as before. Low-spirited. Taking a small bottle of champagne daily. Calomel gr. i., *h.n.* Acidi nitrici, ℥ iij.; aq., ℥i., *ter die.*

March 6th.—Much better, more appetite. Temp. 100·2.

13th.—Worse. Temp. 104·7; pulse excited. No appetite. Is thirsty, languid, hardly speaks. Bowels right. Urine normal. Nights restless sometimes. One or two very suspicious spots on abdomen, but no pain in it. Lungs free. Murmur as before. Mixt. pot. citrat. ℥j.; c, ferri. et. quin. citrat. gr. viij., *ter die.*

15th.—Urine of natural colour, sp. gr., 1010, clear, slightly albuminous, neutral, or slightly alkaline.

16th.—Temp. last night, 104. Pulse to day, 105. Bowels right. Abdomen swells at night. No more spots.

20th.—Temp. on night of 17th was 105·8. In the mornings it has been about normal. To day, at 5 p.m., it was 101·2. Pulse 96. Bowels a good deal confined. No appetite. Face pale. No abdominal tenderness. Two rather doubtful spots. Spleen not notably enlarged. Forehead hot, had headaches. Nights restless. Gets up almost every day to her sofa. Hyd. c. cretâ, gr. ij.; aloes, gr. ij., in pill *h.n.* Acidi nitrici, ℥ ij.; aq. ℥j., *ter die.*

27th.—Temp. at 5 p.m. 98.4, pulse 100. Temp. at nights 100.4, in mornings 98.6. Is not so weak as she was. No fresh spots, bowels costive. Takes three pints of milk daily and beef-tea, but no solids except a little herring.

April 3rd.—Temp. to-day 102 at 4 p.m.; pulse 100

Some days appears much better, was so yesterday: ate ham and cucumber for supper, and was hysterical afterwards and slept badly. A few crepitations heard at posterior bases of lungs.

10th.—Temp. 104; pulse 93. On night of 8th temp. was 104, on night of 9th 102.2. Was very well until 8th, went out three times for a drive, then lost all appetite and got more thirsty, drinks six bottles of soda-water daily; nights bad since 8th.

17th.—Has had a great deal of rheumatic pain in various parts last four days, appetite very bad still, sleeping badly. No cough. Temp. 98.6 in mornings, and 100.4 at nights; is now, 5 p.m., 102.2; pulse 93. In both supra-spinal fossæ the breath sound is deficient, there is prolonged expiration, and some crepitations. Pot. chloratis, gr. x., *t. d.*

23rd.—In bed last four days with pains in joints and head; nights bad. Pulse 120, pretty full; temp. 101. Urine high coloured.

May 28th.—Temp. 101·4; pulse 115, of fair force. Lungs and heart as before. Has had a good deal of purpura lately; now there is but little to be seen. Skin is rough, with desquamating epidermis. Anæmic. Has had a good deal of rheumatism lately, for which she has been taking salicylic acid with advantage. I pressed a trial of change of air.

June 20th.—She went to Sydenham, where she was attacked with severe pain in left side, and was soon brought back. Her sight failed, and now it is doubtful whether she can see at all, though the eyes appear normal. The urine has become decidedly smoky and albuminous. Dulness in splenic region extensive, occupying the lower third of left side, as well as the posterior part of left hypochondrium. Dulness and deficient breathing in both lower backs; fairly good condition of upper fronts. Pulse 105; temperature 100. Rheumatic pain gone; is very pallid. I did not see her again, but she survived till July 16th. Dr. Griffith, who continued to watch her, has kindly informed me that she became totally blind, occasionally delirious, and hemiplegic, with intermittent attacks of vomiting and diarrhœa, and died in a typhoid comatose state.

CASE. II.—*Rheumatic Fever, Mitral Murmur, Obscure Fever of Typhoid character, Mental Impairment, Hemiplegia.—Post-Mortem Lesions of Mitral Valve and Endocardium of Auricle, Blocks in Spleen and Kidneys, Plug in Right Middle Cerebral Artery.*

A. W., female, æt. 17, admitted August 21st, 1877. She was suffering from rheumatic fever, her first attack, as was said; but there was a mitral systolic murmur. She was treated with salicylicate of soda, gr. xl., *o. h.*, ad vices vj., for several days, but with occasional intermissions.

29th.—Quinine was ordered, gr. v. *ter die*, with the salicylicate occasionally.

Sept. 6th.—She was free from rheumatism, took food well, felt comfortable, tongue was clean, she ate ordinary diet, had good nights. Some noisy râles were heard in backs on deep inspiration, breath sound was weak at right lower back.

10th.—Pulse was good, 104. She enjoyed her dinner (meat).

13th.—She seemed ill, but still took food well; tongue natural. Air entered the lungs well in deep inspiration, but the lower backs were dull, and no breath sound was heard unless a deep inspiration was taken, then crepitations and half moist râles were heard in plenty. Taking mist. salin., efferv. ℥j., *quartis horis*, last three days.

17th.—Much small petechial eruption of pin-point size in neck and trunk, this has been present for many days. Murmur at apex persists. Appetite not so good. Ammon. carb. gr. iv.; dec. cinch. ℥j., *ter die*. I was now absent from the hospital for two or three weeks, and have no notes of what passed in the interval, but there was no no material change.

Oct. 8th.—Pulse was 103, pretty regular. Tongue was coated and dry. She was taking glycerole of carbolic acid, ♏ x., *quartis horis*, and brandy 6 oz. since 4th.

12th.—Pulse 100, of good force, pretty firm. Tongue clean. Takes milk well. Has been in a perfectly typhoidal state for several days. Began to improve about two days ago. Is conscious, but looks very dazed and stupified.

15th.—Lost power over left arm yesterday; leg also affected.

22nd.—Hemiplegia continues. Complains of pain in head. Keeps patients in adjacent ward awake by screaming. She is rational when spoken to, but has the aspect of dulled or weakened intellect.

24th.—Cries out with pain in head; refers it to forehead. Manner foolish.

27th.—Is less noisy. Left leg moved better than left arm. Is conscious. Knows everyone; when a fresh nurse comes into ward soon gets to know her name. Is not at a loss for words.

30th.—Screams continually disturbing the whole ward. Chloral and morphia, and a free allowance of stout had not much effect in quieting her. She became very emaciated and demented, and was sent about Nov. 10th to the Marylebone Infirmary, where she died, Nov. 16th. The accompanying table shows that the temperature was notably higher during the earlier half of her illness, than during the later.

Table of Temperature in case of A. W.

	A.M.	P.M.		A.M.	P.M.
Aug. 21.—	103.	99·6	Sept. 22.—	100	101
,, 23.—	101·4	101	,, 23.—	101·8	103·5
,, 24.—	102·6	—	,, 24.—	100·3	102·4
,, 25.—	101·8	103·6	,, 25.—	101·9	102·9
,, 26.—	103·2	99·6	,, 26.—	100·4	103·2
,, 27.—	101·6	—	,, 27.—	100·6	103
,, 28.—	101·8	102·4	,, 28.—	100·8	104
,, 29.—	102·6	104·8	,, 29.—	103·8	101·6
,, 30.—	101·2	102	,, 30.—	100·6	101
,, 31.—	99·4	103·4	Oct. 1.—	102·2	103·2
Sept. 1.—	102.8	101·8	,, 2.—	100·4	103
,, 2.—	102·4	103·6	,, 3.—	101	102·2
,, 3.—	102·8	104·6	,, 4.—	101	103
,, 4.—	103·6	98·4	,, 5.—	99	101·2
,, 5.—	102	104·6	,, 6.—	99·2	101·6
,, 6.—	101·4	105	,, 7.—	97·8	100·2
,, 7.—	103·2	103	,, 8.—	101·5	102
,, 8.—	100·2	103	,, 9.—	98·6	101·3
,, 9.—	103·3	104·3	,, 10.—	98·6	99·5
,, 10.—	101·2	102·4	,, 11.—	101	101·5
,, 11.—	101·2	106	,, 12.—	98·8	100
		(cold pack.)	,, 13.—	99·2	101
,, 12.—	102	103·2	,, 14.—	99·4	100·8
,, 13.—	101·4	104·2	,, 15.—	101·5	99·6
,, 14.—	102·8	103·4	,, 16.—	101	99
,, 15.—	100·6	103·8	,, 17.—	99	101·6
,, 16.—	100·4	102	,, 18.—	100	101·2
,, 17.—	100·4	103·6	,, 19.—	99	99·6
,, 18.—	100·6	104	,, 20.—	99	101
,, 19.—	100	103·4	,, 21.—	100	101
,, 20.—	102·2	104·2	,, 22.—	98·2	99·4
,, 21.—	102·2	103·2	,, 23.—	100·2	101·2

The temperatures were not regularly recorded after this, but do not seem to have exceeded 102.

A *post-mortem* was made Nov. 19th. No sign of decomposition. Brain very pale, its convex surface showed no softening. On laying open the right Sylvian fissure the middle cerebral artery was found obstructed from about one-half an inch from its origin, and the three vessels into which it divided were also obstructed for about one-sixth of an inch. The plug in the large vessel consisted of a whitish material; that in the branches was of a rather darker colour. The convolutions of the island of Reil were softened, as well as the corpus striatum at its anterior intra-ventricular part, but no other part of the brain, which was normal. The heart presented some thickening and roughening of the larger flap of the mitral valve, and a very remarkable patch of vegetations, of villous appearance, on the endocardium lining the posterior part of the left auricle, adjoining the

attached mitral flap. Lungs and pleura normal. Spleen contained several good-sized, pale, whity-yellow fibrinous blocks; it was of large size, and adherent to the left lobe of liver. The left kidney contained a small fibrinous block; the right a large one, margined by a dark blackish zone of congestion. Liver and other organs normal. The blocks in the spleen felt very notably firmer and more substantial than the adjacent normal parenchyma; and on a sectional surface their level was evidently above that of the surrounding part. Microscopic examination of splenic blocks showed in most parts only the usual corpuscles, together with numerous yellow masses made up of disintegrated blood globules. In some spots there was much granular matter with fibrils like those of fibrine; and in others, from near the margin of the block, there was decided wasting of the natural structure, with masses of fatty molecules pretty numerously diffused among elastic fibres. In the blocks of the kidneys the tubes were very opaque, with coarsely granular epithelium. The Malpighian tufts also were opaque, their capillaries indistinct, as if overlaid by some granular film, and some of them also shrunken within their capsules. The bands of the matrix were also infiltrated with granular matter.

It seems to me very difficult to believe that the fibrinous blocks in this instance were formed simply in the way laid down by Cohnheim. If they had been at first mere masses of coagulated blood, they must, as they became decolourised, have undergone very considerable softening and wasting. I cannot see how they could remain so firm and prominent as I found them, if they were undergoing such changes as a cerebral clot undergoes while it is being gradually absorbed.

The chief interest of the above records consists in the demonstration they afford that febrile disorder, succeeding to rheumatic fever, may exist for a considerable time before any decided evidence can be detected of its real nature. In Case I. the pyæmic fever commenced about the end of January, but June was well advanced before decisive signs of its presence were manifested. In Case II. the interval was not so long, but still for about a month it was impossible to declare with certainty to what the persistent febrile condition was due. The occurrence of purpura in both cases preceded the advent of graver symptoms, and should be regarded in cases of valvular lesion as of ominous significance. It was an early symptom in Case II. The diagnosis, which was ultimately so fully justified in Case I., had been kept steadily in view as a probability from a very early period, but when the malady continued so obscure for such a long time it was difficult not to vacillate and imagine the existence of typhoid, or obscure remittent, or latent phthisis, or persistent rheumatism. The remarkable variations in the evening temperature exhibited in the table are, I think, more indicative of pyæmia than of any other febrile malady, and when present may aid the diagnosis. Thus, on August 25th the evening temp. was 103.6, on the 26th only 99.6. On September 4th the evening temp. was 98.4, while on the 3rd and 5th it was 104.6. On September 11th the evening temp. was 106, while on the 10th it was 102.4, and on the 12th 103.2. The absence of rigors in both these cases is noteworthy, and of course added to their obscurity. The absence of chorea in both these cases, when the blood must have long been contaminated with fibrinous detritus, should receive an explanation from those who uphold Kirke's doctrine.

THE Russian law as it now stands, compels a medical man to visit any one who sends for him, under penalty of a fine of from five to ten roubles for the first refusal, from ten to fifteen for the second, and from fifty to one hundred for the third. Moreover, any physician so offending, who may be in the service of the government, is liable to be dismissed. In 1869, a similar law was repealed in Prussia, and the profession in Russia is striving to obtain a similar concession.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,
Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page 64.*)

CASE X.—*Syphilitic Disease of Cerebral Vessels; Convolutional Degeneration of both Anterior Lobes, but more particularly of the Left. Marked Volitional Tremor, especially of the Labial Muscles. Progressive General Paralysis. Quasi-epileptic Seizures. Dementia.*

THIS case is one of that series which comes under the title of general paralysis of the insane. I have had twelve such under my care during the past four years; in seven of these there was a distinct syphilitic history, and in five absolute syphilitic manifestations. In none was there marked atheroma of vessels or increased arterial tension. These cases were all males between thirty and forty years of age. In five the paresis was coincident with mental derangement. In four the paresis existed before the memory was observed to fail, and in three mental alienation of a melancholic kind was noted previous to muscular inco-ordination. In five cases there was a large amount of albumen in the urine, and, what is interesting to note, each of these improved greatly under treatment, and in direct ratio as the albumen decreased. In all, the paralysis first affected the muscles of articulation and expression, especially the labial muscles. In seven there was decided epileptic seizure, with unconsciousness, and in five the epileptic seizures were not so pronounced, but simulated an intense state of sensorial hysteria, accompanied with deep emotional depression, and vocal manifestations (howling, barking, and groaning). In four cases the aura foreshadowing these seizures commenced in the tongue, as though innumerable pins were pricking it. In others it always commenced in the foot or hand of the side which was most paretic.

It will be found, if care be taken in diagnosis, that one-half of the body is invariably more paretic than the other. In ten out of the twelve cases recounted there was decided paresis of the *right* over the *left* half of the body. Only two were drunkards; the rest had been steady, well-conducted men, and all of them were really athletic in their young days.

J. D., æt. 33, came under my care on the 4th of October, 1876, and died on the 1st of October of the following year. He was a man of good *physique*, rather dark complexion, and quite free from any sign of premature degenerative change. Yet from mere facial expression alone it was conjectured that there was a weakness of intellect from cerebral disease, which became apparent immediately ideation and volition were called in action. There was a decided neurotic history in his family, but as far as he himself was concerned there was no evidence even of a neurosis until his present illness came on. He contracted syphilis at the age of 22, without experiencing any severe constitutional effects; he was married and the father of three children.

For some months previous to the paralysis his sexual desire was excessive, but actual virility was almost effete. Until he was twenty-eight years of age he was intelligent, industrious, even-tempered, and of a quiet amiable disposition, and was noted for his powers of physical endurance; he could walk twenty miles without feeling fatigued, and could throw a cricket-ball over 100 yards. The first indication of the approach of the disease was referable to the change in his moral nature; he became perverse and irritable, and decidedly emotional—as his wife said, the least thing would upset him; he would laugh and cry alternately from the slightest cause, and at these times the emotions would produce such a revulsion in the co-ordinating motor centres that the lips particularly, but his whole frame generally, became violently agitated. This instability of mind and its attributes preceded in

this case any other objective signs, but only for a very short period—so short, in fact, that I am inclined to doubt that any time really exists in general paralysis of the insane, where ideation and volition not only become co-incidently involved in the most incipient stage, but that the progressive degenerations are perfectly metrical and synchronous in their psychical and volitional manifestations.

He suffered from severe headaches, which were sometimes accompanied with vomiting, and always with constipation. When in this state he was depressed and inanimate; there was increased heat of head, with intolerance of light and migratory ptosis of both eyelids more marked in the left than in the right; the secretion of urine would be scanty, and the temperature, which was usually below the normal, would rise one or even two degrees.

Attacks like these occurred for the most part every three or four weeks. When he was at his best the temperature and secretory functions were normal. He first had a fit with unconsciousness in June, 1876, and a few months after this he came under my care in what might be called the second stage of the disease. There was defective reasoning power and want of voluntary muscular co-ordination; mere automatic movements were performed with some degree of exactness, and contrasted strongly with defective volition. When spoken to he usually said "yes" or "no," with a tremulous staccato articulation. This form of tremor in association with purposive idea-volitional speech is merely an exaggerated condition of the statement which has just been made relative to automatic and voluntary acts in general, and the following remark of the nurse was practical and explanatory. She said that he would go to her and speak a few sentences clearly and distinctly, and then the tremor of the lips commenced, but more particularly was this the case when she put a question to him for an answer. He then became confused, and his words were a mere jabbering. I have often noticed this with considerable interest. He could go through the letters of the alphabet and repeat a few words of one syllable with some degree of articulation, and so, in like manner, with the numerals until these became made up of more than one syllable, and then his difficulties increased with the number of syllables, so that where he had to make a combined effort to think and to speak the whole of the facial muscles were brought into the most inco-ordinate spasmodic action, which gave to the face a grotesque appearance; it almost amounted to an explosive action before the muscles had regained their original tranquillity. How very different is this from the ordinary speech ataxy and aphasia from localised brain lesions, as well as the imperfect articulation from disease of the pons varolii or of the bulbar nerves! Yet, upon a little reflection, it is quite easy to comprehend why the localisation of the function of articulate language presented a subject for so much discussion and difference of opinion amongst such learned men of the French school as Bouillaud, Velpeau, Gratiolet, Broca, and others, and we can now understand the reason why such differences ever existed, and explain them upon a psycho-physiological basis—thanks to the associated outcome of clinical and pathological work. In the *British Medical Journal* for June 19, 1875, will be found an article by Auguste Voisin, M.D. Medicin de la Salpêtrière à Paris, entitled "Analysis and Pathological Physiology of the Troubles of Speech in the General Paralysis of the Insane," explaining most clearly by pathological research how by certain lesions these various troubles are engendered. He says the troubles of speech in general paralysis are of various orders and bear different denominations. They are termed stuttering, drawling, hesitation, jabbering, stammering and quavering.

These denominations are too often confounded in the observations of general paralysis, and indifferently employed. The intimate cause of theses symptoms do not seem to me to be sufficiently known. I will here speak of the analysis and pathological physiology of the modifications of language. The faculty of language infers soundness (1) of the cortical substance of the anterior lobes of the brain—the seat of intellect; (2) of the nervous fibres, which pass from the cortical substance to the bulb, and which serve as conductors of the will; (3) of the bulb and the intra-bulbous nucleus of nerves animating the muscles, which are called into play during speech; (4) of the nerves animating the muscles; (5) of the muscles themselves.

The participation of these various organs is indispensable to the regular exercise of speech. It is not, indeed, enough for the movements of these muscles of tongue, pharynx, glottis, and face to be rightly co-ordinated; it is necessary to have a sound intellect, a knowledge and memory of words, and the voluntary excitement must be easily transmitted to the nerves proceeding from the medulla oblongata; every restraint on the action of the organs presiding over these functions will disturb speech. Upon the whole, patients suffering from general paralysis present troubles of speaking the etiology of which is multiple.

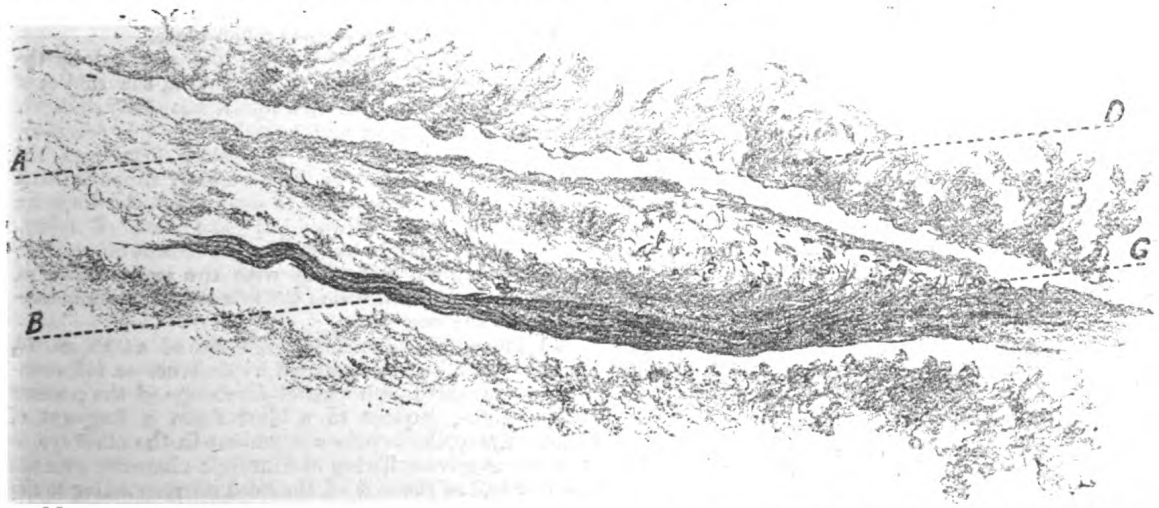
The causes of stuttering, of hesitation, of drawling, in speech originate in the brain because they are morbid phenomena, involving disturbance of the intellect of the will, and of the memory of words. The causes of jabbering, stammering and quavering in speaking have their origin in the medulla oblongata; they are symptoms corresponding with disturbance of automatic and involuntary co-ordination. The first order of the troubles of speaking is determined by the infiltration of the cortical substance of the frontal convolutions and of the island of Riel, with blastema, and the production of it by the production of embryoplastic nuclei—first in the vessels, next in the nervous substance, among fibres conducting the will, and by the ulterior organisation of these embryoplastic nuclei into fibrillary tissue. The second order of symptoms is occasioned by the infiltration of blastema and by the multiplication of embryoplastic nuclei in the vascular sheaths of the perivascular spaces; next amidst the nerve fibres of the bulb, and by necriobiotic alterations of the cells of the original nuclei of the nerves of the medulla, and especially of the facial. With this singularly interesting and truthful delineation of the pathology of the troubles of speech we will resume the thread of our clinical observations. We found that one of the chief features in the first and second stages of this disease in our patient was the want of voluntary co-ordinating power, and especially ideo-volitional co-ordinating power. There were no particular illusions or hallucinations, and his delusions were referable more to his personal physical strength than to anything else. He would often state that he could run or walk with any man in the ward, when he could scarcely get the length of twenty yards without stumbling.

It is interesting to note that, although the muscular development was good, and the electro-motor response was normal, yet the dynamographic manifestations showed that there was a marked inability on the part of the muscles to maintain their definite contractile power, and so, again, in raising weights. When lying upon his back he could raise forty pounds in weight with either leg. But this power was the engenderment of a primary molecular impulse, for upon second trial the legs would shake violently, and voluntary power was almost completely lost. This muscular fatigue is pathognomonic. The loss of reasoning power as the case progressed was in advance of the disturbance of normal motor acts, for it was only some three months before his death that he gave any objective evidence of failure of automatic power, and with this the general health began to decline, his appetite failed, he lost flesh rapidly, his mode of progression became more slow and purposeless, and the attacks of epilepsy became more frequent; his urine was sometimes retained, and at other times the sphincters were incompetent. He would commit acts of indecency towards the close of his existence, which were clearly indicative of his rapidly-failing mental powers. The urine was qualitatively but not quantitatively examined. It was usually

limpid, of a specific gravity varying from 1016 to 1020, always of an acid reaction, and free from albumen. It would appear from an article by Dr. J. Merson in the "West Riding Lunatic Asylum Medical Reports, 1874," entitled "The Urinology of General Paralysis," that there is an increase in the quantity of urea, and that the chlorides and phosphates are notably diminished. From the great labour which this paper must have given the author, and the care bestowed upon the examinations, I should think that the statements were exact, conclusive, and of the greatest practical value. Our patient, for a week previous to his death, was partially unconscious, and frequently convulsed, delirious, and excitable. There was a decided paresis of the right over the left half of the body.

At the *post-mortem* examination made twenty-four hours after death there was scarcely any cadaveric rigidity. The skull was of normal thickness and not adherent to the dura mater. This membrane was natural and the veins and sinuses were free from plugging. The arachnoid membrane was opaque throughout, and the sac was distended with fluid. The pia mater was rather anæmic than hypervascular. When the brain was removed it weighed 47 ounces, and gave evidence of softening. There was general convolutional flattening and thinning of the grey matter. This was especially seen to exist in the convolutions of the frontal lobes, but more particularly in those of the left hemisphere where they were shrunken and wrinkled, and it was evident that these lobes were especially and almost exceptionally the seats of disease. Upon section through the frontal convolutions, particularly the first and second, the grey matter was scarcely appreciable, and the white matter, in continuity was softened but free from hæmorrhagic staining. The brain substance of the centra ovale was pale but firm, and the other parts gave no evidence of any gross lesion.

The vessels were free from atheroma. Upon section they remained patulous, and their walls were thin, semi-translucent and hyaloid. I am indebted to my friend, Mr. W. H. Kesteven, for the microscopic examination of the brain and of the vessels. He found miliary and fuscous pigmentary degeneration throughout the nerve cells of the frontal convolutions which was more marked at the border line between the grey and white matter, but the pathological changes found in the vessels were of the greatest moment, inasmuch as they afforded a rational explanation of the vascular origin of the cerebral degeneration.



EXPLANATION. (*a*)

The woodcut shows a longitudinal section through a capillary vessel of the second left frontal convolution, where the coats are separated, and in some parts almost obliterated, by an aggregation of small cell or nuclear growths. This invasion will be seen to involve the inner rather than the outer tunics of the vessel, and this is the point upon which Heubner lays so much stress, and considers it to be especially diagnostic of the syphilitic origin of these changes. Upon further examination of other vessels these morbid products were to be seen in different stages of development and in their destructive effects upon the capillary walls. In some parts the lumen of the vessel was partially obliterated by the diffuse small cell growths proliferated from the normal epithelium of the lining membrane, whilst, in other parts, vessels were seen whose coats had been more or less destroyed by these adventitious products, and appeared to be made up nearly by a network of elastic and connective tissue fibres. I have detailed this case with observations at some length because in its consideration are embodied several questions of considerable pathological and psychological importance. For instance — What class of mental troubles can we ascribe, either directly or indirectly to syphilis as its cause? I should say that syphilis, by the diffuse changes which it is known to instigate in the small vessels of the brain, was the cause of at least two-thirds of the general paralysis leading to dementia, as we meet with it in this country, and next to this we can include melancholia, which is, however, as far as my own observation serves, more due to the degenerative changes resulting from alcohol than from syphilis. Lastly, Are we in a position to maintain this doctrine of Dr. Heubner in respect to these vascular changes being the result of syphilitic influence? It certainly seems to carry with it considerable weight, but as yet it has not been sufficiently investigated by pathologists in this country, although there can be no question concerning its value. Dr. Heubner points out that this syphilitic degeneration differs essentially from atheromatous degeneration in its duration, anatomical appearances, and mode of termination. He says that whilst atheroma attacks the greater and middle arteries, syphilis attacks the middle and smaller ones; that whilst atheroma attacks any or all of the arteries of the body, syphilis attacks only the smaller vessels of the brain. For my own part, I am not at all inclined to agree with those observers who speak of syphilitic disease of the main arterial trunks. There is little doubt but the chief factors here are the poisons of alcohol, gout, and rheumatism, or of these combined, but not of syphilis. Therefore, if we have well marked degenerative changes in the small vessels of the brain, which differ from atheroma on the one hand, and from the hypertrophy and connective tissue changes of Bright's disease on the other, we may (and especially with a syphilitic history to guide us) come to a fairly rational conclusion that they are essentially the outcome of syphilis.

(*a*) Since this paper was written some well-executed drawings have appeared, showing this syphilitic change in the cerebral vessels, by Dr. Barlow, Dr. Gowers, Dr. Greenfield, and Dr. Davidson in the "Pathological Society's Transactions" for 1877.

WE are glad to notice that the mortality of Dublin last week was reduced to the proportions of London and Edinburgh, namely, 28 per 1,000. Dublin has not shown so favourable a rate for many weeks; we hope it will be maintained, as our repeated protests against the laxity of the city authorities had no other object in view.

Clinical Records.

LIVERPOOL SOUTH DISPENSARY.

Ulcer of Duodenum found immediately after Birth.

Under the care of CHAS. ROLLESTON WOODS, A.B., M.B. Dub.

A CHILD, a few hours old, was brought in suffering from hæmatemesis, which had continued from birth without intermission. As no cause could be ascertained astringents were given, which stopped the hæmatemesis for a time, but soon after it recurred, accompanied by melæna, and the child died thirty-five hours after birth. At the *post-mortem* examination I found the lower lobe of the right lung completely hepatised. The rest of the lungs were healthy. In the abdominal region I found extensive peritonitis, and on opening the duodenum there appeared on the posterior wall a circular ulcer about one centimetre in diameter, with defined edges, and extending through muscular and mucous coats, and perforating the serous coat by one or two very small openings. Both the parents are healthy, and, according to their own statements, never had syphilis, which, if true, is not a little remarkable.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, Surgeon to the Hospital.

(1.) *Excision of Knee-Joint.*—(2.) *Ditto of Wrist, with portions of the Ulna and Metacarpal Bones.*—(3.) *Amputation of Thigh.*—(4.) *Ditto above Ankle* [*Syme*]. (5.) *Depressed Fracture Skull. Trephining.*—(6.) *Refracture of Leg for deformed union.*—(7.) *Enucleation of Eye.*—(8.) *Two Cases of Cancer Lip.*—(9.) *Circumcision.*—(10.) *Amputation of Supernumary Great Toe.*—(11.) *Ditto of Finger.*—(12.) *Club Foot; Tenotomy.*—(13.) *Anchylosis of Elbow.*—(14.) *Dislocation backwards both bones of Elbow.*—(15.) *Compound and comminuted fracture of Forearm.*—(16.) *Severely crushed Hand from machinery.*—(17.) *Autopsy on a case formerly treated for Ilio-Femoral Aneurism.*

THE first six of the cases quoted in above heading have already been referred to in previous issues of this journal (*a*), but it is thought desirable, now that they have concluded, to give their termination. They, and the other patients, the subjects of the present summary, were amongst the "discharges" during the last six weeks of the year just ended.

(1.) In the excision of knee case, convalescence, whilst advancing with exceptional rapidity, was interrupted and delayed by a severe attack of erysipelas, which being recovered from, improvement again progressed, the young woman returning to her home in England just four months after the operation, able to walk with comfort, and, so great had been the accommodation of the pelvis and lower spine, without any high heel or sole. In connection with the attack of erysipelas, it may be noted that hers was the only case which presented in the hospital about the time; there had been no example of the affection "in the house" for a considerable period previously, and though there happened, when this one occurred, to be quite an exceptional number of heavy operation and severe injury cases in the large ward in which the girl lay, no other patient took it.

(2.) Concerning the wrist resection, quite as favourable a report cannot yet be recorded, though the lad left the hospital with a fair enough prospect of eventually having a useful limb. The sinuses had all healed, and the site of the excised carpus and adjoining bones became filled with a firm fibrous material, leaving a not unshapely hand. There was some and increasing power of control over the fingers.

(3.) The thigh amputation was on a stout female, æt. 25, for long-standing disease of knee and lower end of femur. Resection was attempted, but the femur proved to be implicated so high as to necessitate section about mid-thigh, and the operation being converted into an amputation by long anterior rectangular flap method. Though the woman's health appeared excellent all through, recovery was slow, the stump not being entirely healed for some ten weeks. (*b*) The bone specimen on boiling exhibited to a remarkable degree the characters of lightness and friability.

(4.) The "Syme" amputation was for long-standing and extensive caries in a woman, æt. 30, who made a splendid recovery, being able to leave the hospital in less than two months with a soundly-healed and perfect stump, on the heel flap of which she could readily bear her weight, and, using a high-heeled boot apparatus, walk, without the aid of a cane even, in a manner that showed how the limb would, after a little practice, be quite equal in point of utility to its fellow.

(5.) The girl, the subject of trephining for depressed fracture of skull, with escape of brain matter, continued to amend steadily; the paralysis noted as existing in the right upper extremity entirely disappeared, and when she was discharged from the hospital five weeks after the operation, perfect recovery had taken place.

(6.) Circumstances necessitated the removal by the mother from the hospital of the infant, the subject of refracture of leg, ere yet the result was fully declared. Though three months had passed since the operation, consolidation was still not absolutely firm, and the little limb continued to be kept steadily supported on a light posterior gutter-splint, to counteract the lingering tendency to bend forward at the seat of injury. Doubtless the delay in union was dependant on constitutional depravation coincident with the severe attack of whooping-cough with which the infant had sickened subsequent to the operation.

(7.) The enucleation of the right eye of a man, æt. 74, a stone cutter, was necessitated by destructive inflammation, accompanied with partial discharge of the contents of the globe, sequent to a blow from a fragment of stone. Sympathetic pain was present in the other eye, as well as excessive suffering of neuralgic character over the anterior half of the side of the head corresponding to the injured eye. This condition was completely relieved by the enucleation, the patient leaving the hospital in good health a little more than a fortnight after it. The isolation of the globe on this occasion was a matter of considerable difficulty owing to intimate adhesions of a firm fibrous character, which existed over its entire posterior surface; these were so dense that part of the structure had to be removed with the damaged eye.

(8.) Of the two cancer lips, one of exceptional dimensions was operated on purely for palliative effect and at the urgent solicitation of the patient, a labourer, æt. 51. This was a case of cancerous infiltration, irregularly involving the entire lower lip, nowhere for less than an inch of its depth; the disease extended beyond both angles of the mouth, the morbid growth on the left side being prolonged far up into the cheek beneath the integument, engaging the mucous membrane extensively, but not implicating the skin much further than the angle of the mouth. The removal of the disease entailed the cutting away of a very large mass. After securing a number of vessels, the tissues covering the chin were widely detached by means of a Langenbeck's curved sharp-edged rasparatory, which, with some further dissection into the neck, and of the cheeks on either side, furnished a very fair new mouth; the whole, when brought together and retained in position by hare-lip and entomology-pins, showing wonderfully little deformity. Reactionary hæmorrhage necessitated the re-opening of the wound a few hours after

(*a*) Those of 26th of September, 21st and 28th November, 1877.

(*a*) There was subsequently exfoliation of a small scale of bone.

the operation. Subsequently, the case did well, and the man left the hospital in a month, presenting a marvellously good appearance, and expressing himself deeply gratified at the amount of palliation obtained for his wretchedness.

In the second case of cancer-lip the disease was of very limited extent, and entirely confined to the free border. It was easily removed by small elliptical incisions; the little wound had entirely healed in three days.

Amongst other cases of minor operative surgery was a circumcision and amputation of supernumerary great toe, which each possessed points of interest; there was also a disarticulation of finger and tenotomy for club-foot.

(9.) The circumcision was on a man, æt. 30, the subject of acquired phymosis. The orifice, through which the urine was discharged, was the merest pin-hole, scarcely discernible to sight on the closest inspection—through it a fine pocket probe could not be introduced, yet the man had borne with this condition for many years. The foreskin was removed by Ricord's operation; the mucous lining proved to be exceptionally tense, thick, and leathery—its cut edge was accurately co-apted to that of the integument, and united by several points of carbolised cat-gut suture. The wound healed entirely in four days.

(10.) The supernumerary great toe was removed from a young woman: it was as large as the natural one, similar to it in appearance, but standing out from the foot at right angles; pointing directly inwards it effectually prevented the wearing of any foot gear. The articulation at its proximal phalanx seemed to be a portion of a joint common to it, and the meta-tarso-phalangeal articulation of the normal great toe—wherefore, instead of practising disarticulation, the phalanx was cut with the forceps, so as to keep clear of this joint. The little wound healed kindly, and without deformity. The girl had also double great toe on the other (left) foot. Here, however, the toes were of smaller size, ran parallel to one another, being in part fixed together, and did not materially interfere with a boot being worn.

(11.) The finger case occurred from neglected paronychia of the third finger of the right hand in a pensioner, æt. 60, resulting in extensive disorganisation of the soft parts, and necrosis of all the phalanges. The digit was removed at the metacarpo-phalangeal articulation—the wound healed moderately quickly by granulation.

(12.) The club-foot was in a female infant, of 11 months, who had exaggerated talipes equinus. With division of the tendo-Achillis and bandaging to a suitable splint, the case did well.

Two cases of damaged elbow required manipulative interference.

(13.) In one, a stout, large woman, æt. 26, had fallen heavily some weeks previously, on the right elbow, and seemed to have received fracture of the internal condyle, this being followed by consecutive fibrous anchylosis of the joint. The adhesions were freely ruptured, under chloroform, and considerable power of motion regained.

(14.) In the other, a very stout and powerful young man fell down a staircase, rather better than a week prior to coming under observation. The parts were then so enormously tense and swollen that accurate diagnosis was out of the question. Under the constant application of cold, the swelling became somewhat lessened, and the presence of displacement was recognised. Chloroform was given and a dislocation of both bones backward reduced, but owing to the great size of the parts, not without considerable difficulty; speedy amendment of the local trouble followed.

There were two other interesting cases of recent injury of the upper extremity of so severe a character as to necessitate indoor treatment. In one—

(15.) A man, æt. 23, fell about 20 feet out of a window; in addition to severe contusions about the pelvis and trunk, there was a compound fracture of the right ulna about three inches below the elbow; the radius on the same side was also extensively comminuted above the wrist. The wound having been "sealed" with lint soaked in the blood, and over it a compress of lint saturated in Friar's balsam, the limb was put up on anterior and posterior splints. The wound healed in a few days, and the case progressed most favourably, speedy union occurring with early and good use of the limb. In the other case:—

(16.) A lad, æt. 14, had his left hand caught between rollers; the subsequent effusion and tension was so great that when the boy came into the hospital the hand was almost globular in form, both palmar and posterior surfaces being gangrenous. The sloughs large and deep took several days to separate, after which the parts began to heal rapidly, and notwithstanding the extensive destruction and loss of soft parts, there seemed at the time of the boy's discharge from hospital fair promise of an unimpaired limb being preserved. It could not be ascertained whether any of the metacarpal bones were broken or not.

(17.) An opportunity was afforded of making a partial autopsy on a man who had formerly been treated for an ilio-femoral aneurism of considerable size, and which had consolidated. The case was at the time briefly referred to in the issue of this journal for the 25th of July last year. On Christmas Day, the patient applied at the hospital again, in a state of extreme prostration from a fresh graft of aggravated capillary bronchitis. The weather was, and had been for some days previously, exceptionally hard and severe. The man made no attempt at rally, and only lived two days, the tissues over the old aneurism were found condensed, hardened and thickened, the artery for some inches being a firm rope-like structure about as large as a No. 18 catheter, its channel completely obliterated, from the origin of the deep epigastric and circumflex vessels downwards to a bifurcation corresponding to the point of origin of the profunda.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the ordinary meeting of this Society, held on the 22nd inst., Dr. C. West, President, in the Chair, Mr. C. Higgins read a paper on a case of "Rodent Ulcer." The patient was a married woman, æt. 45. Her health had always been good. The disease commenced thirteen years before admission to Guy's Hospital, at the remarkably early age of thirty-two, as a pimple on the left side of the nose, which, however, showed but little tendency to ulcerate until five years after its first appearance. During the progress of ulceration a second pimple, of apparently the same nature as the first, made its appearance in the angle between the right side of the nose and cheek; it did not, however, ulcerate. The eyeball, which was quite healthy, was excised, and the ulcerated surface destroyed with a paste of chloride of zinc and starch applied on strips of lint; after separation of sloughs some cicatrisation took place. The disease soon commenced again, and eighteen months later the surface of the ulcer and adjoining infiltrated tissue were destroyed with the galvanic cautery and chloride of zinc paste; the second pimple was also burnt out. After separation of slough, cicatrisation again took place, but four months later the disease was again spreading rapidly. The whole of the thickened margin and base of the ulcer, with a large amount of the adjoining healthy structures were cut away with a scalpel, the bleeding stopped with a "thermo-cautery," and chloride of zinc paste applied all over the cavity left. The wound finally healed entirely, but subsequently some recurrence took place, and the diseased tissues were again removed with knife, cautery, and caustic. Cicatrisation once more took place, and the wound has since remained firmly healed.—Mr. Gaskoin introduced a male patient, æt. 57, who had apparently a rodent ulcer on the left side of the vertex.—Mr. Hulke showed some of the late Mr. Moore's preparations of this disease from the museum of the Middlesex Hospital. Mr. Moore was the first who attacked some of these advanced cases of rodent ulcer. Mr. Hulke also showed photographs of some of his own cases, and one of Mr. G. Lawson's. In all, the method adopted was free

excision with the knife, the actual cautery close to the bone, and the free application of the chloride of zinc paste. Unless these cases were dealt with sweepingly at first, the disease may be excited to increased activity. The ulcer in Mr. Gaskoin's case had not the character of rodent cancer, and its situation in the hairy scalp was extremely rare.—Mr. NETTLESHIP was under the impression that rodent ulcer almost always began as a pimple.—Mr. BARWELL agreed with Mr. Hulke that "cancer" was a better term than "ulcer" for this disease. The distinction between such cases and simple lupus, which could be cured by simple scarification, seemed great. Mr. Barwell added that he now used Paquelin's thermo-cautery in the place of the galvano-cautery, and by its means had recently eradicated a rodent ulcer of the face.—Mr. HULKE remarked that rodent cancer is epidermal from its very origin, and never begins beneath the skin.

A paper was then read "On the Proportions of Red Corpuscles in the Blood in some Skin Diseases," by GEORGE THIN, M.D. The investigations recorded in this paper were made by the methods introduced by M. Malassez, of Paris, which consists of diluting the blood to a known degree by artificial serum, and in counting the number of corpuscles contained in a given quantity of the diluted blood. The latter part of the operation is done by counting the corpuscles seen in a measured length of a capillary tube of known capacity. M. Malassez has found that in Paris the number of red corpuscles in a millimetre cube of blood varies in healthy men between four and five millions; in females the number is less. The same observer found that the number diminishes greatly in wasting diseases. In cancer he counted in a man as low a number as two millions and a-half, and in a woman one million and a-half. In phthisis his lowest numbers were, in a male two millions and a-half, and in a female slightly under one million. In selecting persons suffering from skin disease for examination, only those were chosen in whom there was no reason to believe that the condition of the blood was affected by medicinal treatment, or the existence of other maladies. The following numbers were found in cases of skin disease:—

Psoriasis: man, aged 25 ...	5,250,000	per mm. cube.
,, ,, ,, 25 ...	4,820,000	,,
,, woman, aged 27 ...	4,330,000	,,
,, ,, aged 18 ...	4,448,000	,,
Eczema: man, aged 60 ...	3,750,000	,,
,, ,, aged 19 ...	4,200,000	,,
,, girl, aged 12	4,420,000	,,
,, woman, aged 26 ...	4,350,000	,,
,, ,, aged 20 ...	3,880,000	,,
,, ,, aged 25 ...	5,050,000	,,
Pemphigus (chronic): man, aged 30—40	3,580,000	,,
Acne sebacea: girl, aged 16 ...	4,050,000	,,
Prurigo (Hebra): boy, aged 13	3,420,000	,,
(Counted in same case after an interval of a month ...	3,550,000	,,
Acne rosacea (second stage): man, aged 47	4,140,000	,,

Now, in examining the above table it will be seen that the state of the blood as regards the quantity of its red corpuscles differs in skin diseases very little from that which obtains in healthy individuals. It is seen, also, from these figures that an outbreak of psoriasis is compatible with a high proportion of blood corpuscles. In eczema the number is about normal. The case of the man aged 60 was a severe one, and had lasted many months, and the hygienic conditions were bad. In the man aged 19 the disease had invaded in a scaly infiltrated form nearly the whole surface of the body, and had lasted for a number of years, the case being one of great severity. That in such a case the number should have exceeded four millions—the enumeration having been repeated several times with great care—shows that a diminution in the number of red corpuscles is not a necessary condition of eczema.—Mr. GASKOIN pointed out that the old treatment of psoriasis by venesection was rather borne out by these observations, which showed an increase in the blood corpuscles in this affection.—Mr. M. BAKER understood Dr. Thin to say that these observations disproved the dependence of certain skin diseases upon morbid blood-condition. But there were no doubt other conditions besides the proportion of corpuscles to be taken into account.—Dr. THIN only meant to convey that it was too much the fashion to assume a profound blood condition in diseases of the skin without any grounds for the assumption, and his observation only showed that in one respect at least the blood was not modified

A paper was also read by Dr. JOHN HARLEY in continuation of a former paper on "Simple Atrophic Sclerema."

MEDICAL SOCIETY OF DUBLIN.

THE third meeting of the Session was held on Wednesday, January 2, Dr. GORDON, President in the chair.

Dr. WALTER SMITH read a paper on

FACIAL PARALYSIS, WITH REMARKS ON THE ACTION OF INDUCED CURRENTS AND INTERRUPTED VOLTAIC CURRENTS.

After narrating briefly the notes of several cases he discussed the question of the differential action of induced currents and interrupted voltaic currents in its bearing on the diagnosis and prognosis, especially of peripheral paralysis. Speaking of the curious difference in action of a slowly and a rapidly interrupted galvanic current upon paralysed muscles, he expressed the opinion that the cause lies not only in the abbreviated duration of the current, but also in the extremely short interval between the successive shocks of a rapidly interrupted current, the paralysed muscles being exhausted by a too rapid succession of stimuli. The paper was illustrated by several diagrams.

The PRESIDENT said he had seldom listened to a more practical paper at any meeting of the Society than that just read by Dr. Walter Smith, both for diagnosis, prognosis, and practical treatment. They certainly met with cases where the disease was of a transient character, and also cases commencing with peripheral paralysis, and then going on to brain disease.

Dr. HENRY KENNEDY rose to bear testimony to the value of the admirable paper just read. He desired to mention one remedy which he had known used with success after even electricity had failed but at a time when electricity was not used in that form, and with that accuracy and detail to which reference had been made in Dr. Walter Smith's communication. The remedy he (Dr. Kennedy) referred to was mercury. He recollected one case in which the late Sir Philip Crampton had recommended the use of mercury, and had pushed it even to salivation and with success. He (Dr. Kennedy) was sure any patient would be willing to submit to even that cure rather than continue to endure the affection. Even in what seemed to be the most incurable cases it had been used with benefit. The transient character of the affection had repeatedly come under his notice. It was by no means an uncommon thing to see the affection confined to one side of the face, and it was of so transient a nature that even within a few hours, without doing anything for it, it passed away. It was, he believed, more or less in connection with the circulation. In reference to peripheral paralysis, he would venture to remind the Society of the admirable remarks of the late Dr. Graves on the subject. But it was not in reference to the face that he spoke, but in reference to the extremities. The application of cold to the feet and legs was quite capable of itself of producing paralysis.

Dr. AQUILLA SMITH.—Did you ever see more than one case of that disease treated successfully with mercury?

Dr. KENNEDY.—Never; but electricity was not then so well applied as it is now.

Dr. AQUILLA SMITH had treated about half-a-dozen cases of this kind with mercury, but it signally failed, and he treated those cases subsequently with success by electricity, and all he used was the common electro-magnetic machine—the small American machine.

Mr. H. G. CROLY said that the last case described in the paper of Dr. Walter Smith came first under his (Mr. Croly's) observation, and the child who got the attack of facial paralysis was perfectly well in the morning, and a few hours after taking some violent exercise facial paralysis came on, and the case was a most characteristic one. He applied leeches to the stylo-mastoid foramen, and a couple behind the ear, and that gave relief for a time. Then he applied a blister over the back of the nerve, and afterwards he gave small doses of iodide of potassium and painted the nerve with iodine. Later again, he used electricity, and in its application she suffered a good deal of pain; perhaps the latter was caused by his not having applied it so satisfactorily as Dr. Smith afterwards did, for on questioning the child, she said that when Dr. Smith administered the electricity it did not hurt her at all. He might observe that he felt a small gland in the region of the stylo-mastoid foramen, and whether that gland (which was in the track of the nerve and which was about the size of a

small pea), had anything to say to pressing on the nerve, or whether it came on from the irritation of the blister, it would be difficult to say. That case was almost well now, though there was a slight deformity still existing. The patient could shut her eye, whistle, and wrinkle her brow, but there was still a slight appearance of paralysis remaining. He thought in that case that the delay between the early treatment of leeching, &c., and the proper application of electricity was too long, and he thought the cure had been delayed a good deal on that account, and he thought there was a good deal of muscular atrophy allowed to go on. He had no doubt that had the electricity been sooner applied by Dr. Smith with the great care he afterwards used in its administration, the case would have been well by this time. He might mention, too, what he might call surgical cases of paralysis. Recently he removed a tumour from the parotid region, region, and the day after the operation the patient had all the symptoms of facial palsy. He saw the patient within a very short time, and he had recovered the use ol the muscles of the face, so that one would scarcely know that there was a trace of facial palsy remaining. He had another case where facial palsy followed the removal of one of the jaws, and in that case the face recovered itself completely. There was another case which he thought worth mentioning. Two years ago a lady came to him from the co. Limerick, and he was consulted about her. She suffered great pain at the side of the head and ear. Immediately on looking at her he observed that she had lost the power of the orbicularis muscle : she had complete paralysis of that muscle—facial palsy, in fact. He suggested a consultation with an aurist, and when that took place they immediately came to the conclusion that the case was a very serious one, and he gave an unfavourable opinion of its result. The lady died shortly afterward with head symptoms, convulsions, &c. There was complete deafness in that case. He would like to ask Dr. Smith whether he had any experience of the injecting of minute doses of strychnine in cases of facial palsy?

Dr. FINNY said the question of the interval between the occurrence of facial palsy and the application of either faradic or galvanic electricity was a very important one. At present he had a case of the kind in which he was employing electricity. In that case the faradic excitability was greatly diminished, but not entirely lost. Even with a strong current the muscles did not respond in the least, but with galvanic electricity there was diminished excitability. He had hoped that Dr. Walter Smith would have been able to throw more light on the question of prognosis than he had, because his cases left one very much in doubt as to whether even in spite of the action of galvanic excitability the disease was accelerated or diminished, and whether the causes would be repeated or not.

Dr. WALTER SMITH in reply, said that as to the action of strychnia administered hypodermically, he had tried it in several cases of facial paralysis, and he had never found the slightest improvement result from its use. With regard to what Dr. Finney had said, all he would say was that the sooner electrical treatment was begun and carefully carried on, the better for the patient, and as regarded prognosis, that could not be given from a single examination, or from any particular day of the case. It must be the result of several examinations made within short intervals of each other.

Dr. J. W. MOORE then communicated a report of a fatal case of typhus with hyperpyrexia.

The Society then adjourned.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
AND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER VIII.—TREATMENT : PRESERVATIVE.—
(Continued.)

Caustics.

Lipscomb preferred the use of a caustic when it could be immediately and accurately employed, and we have mentioned Youatt's belief in the nitrate of silver, which seems to have been also recommended as a local application by a German professor, M. de Mederer. (*a*) The caustics which have been and may be employed are numerous, and may be more or less lauded. The strong fluid acids, as acetic, nitric, sulphuric, hydrochloric, and carbolic acid, and such powerful escharotics as nitrate of silver, perchloride of iron, muriate of antimony, and corrosive sublimate, have been generally employed, as well as strong ammonia, caustic potass, or soda, chloride o zinc, quick-lime. That agent must be employed, which is most convenient and most prompt, time being an all-important consideration.

Whether a solid or fluid caustic be used, it should be employed unsparingly, and some of the best are nitrate of silver, potassa fusa, muriate of antimony, perchloride of iron, or carbolic acid.

The fluid caustics have been more resorted to, as they most certainly penetrate all the sinuosities of the wound. The nitrate of silver is generally at hand, as most surgeons carry it in their pocket-cases. We need not enter into detailed particulars as to the exact methods of procedure in each case, as they are simple ; their efficacy, however, depends on their free use.

The Result of Cauterisation, Excision, and Caustics.

It is to be regretted that we have not more means of ascertaining to what extent cauterisation, excision, and the application of caustics to wounds have been used, nor of estimating their relative value ; we have some isolated and individual statistics, as those of Blaine, Youatt, Earle, Ekstrom, Wendt, and from Zurich, and they are of a sufficiently satisfactory character, establishing the advantages of precautionary measures.

We are indebted to Fleming for the following particulars :

M. Bouley, impressed with the great interest that belongs to this question, has endeavoured to make the most of the statistics available to him, and has given the result in the following terms :—"If we compare with regard to their consequences the bites from rabid animals, which have been cauterised and those which have not, a considerable difference is remarked with regard to their consecutive innocousness. In fact, in 134 cauterised wounds, the innocuity is shown in 92 cases, and the mortality in 42 ; or 68 per cent. in the first, and 31 in the second. For the non-cauterised wounds the result is the reverse of the above, and is much more manifest. In 66 of these the mortality is 96, or 84 per cent., and the immunity only 10 or 15 per cent."

But this excellent authority adds, in default of sufficient information with regard to the cauterised wounds, it has not been possible to establish a distinction between them as to the degree of cauterisation they received or the time at which it was applied—two conditions on which the certain efficacy or complete inutility of this means of preservation depend. If this information had been furnished, there is every reason for stating that the number of cauterised wounds which remained inoffensive would have been considerably increased, as the destruction by fire of the tissues in contact with, and even impregnated, by the virulent saliva, it may safely be asserted, prevents the disease, if resorted to before absorption has taken place. Of 115 cases of hydrophobia terminating in death in France, Tardieu has tabulated them as follows, in order to show the results of neglect or tardy cauterisation of the wounds :—

Years.	Died of Hydrophobia.	Not Cauterised.	Tardy Cauterisation.	Insufficient. Cauterisation.
1852-53-54	44	26	18	0
1855	21	11	5	5
1856	20	11	6	3
1857	13	10	3	0
1858	17	6	5	6
	115	64	37	14

In Algeria, out of the 16 cases of immunity already referred to, 14 had the wounds inflicted by rabid animals cauterised more or less promptly ; in two instances three persons were cauterised 24 hours after being wounded, and a fourth in 36 hours. The following table gives the detail of the 16 cases :—

(*a*) "Medical Facts and Observations," vol. i., p. 17.

Immunity after—

Immediate cauterisation with the hot iron	7
,, ,, by cones of gunpowder ...	1
Cauterisation by late application of hot iron	1
,, after at least 24 hours	3
,, ,, ,, 36 ,, ...	1
,, with muriate of antimony after 3 hours	1
Immunity without adopting precautions	2

Thus it will be seen that one half of the cases of immunity might be supposed to be due to immediate cauterisation, three-eighths to tardy cauterisation, and one-eighth escaped without any treatment.

Of the 47 deaths tabulated by Roucher as occurring in Algeria, we find that their relations with preventive or preservative measures are as follows :—

Died without wounds having been cauterised	25
,, ,, indications of precautions	10
Died after tardy and incomplete cauterisation with hot iron	2
Died after tardy cauterisation with the hot iron ...	5
Died after tardy and incomplete cauterisation with nitrate of silver	1
Died after immediate cauterisation with ammonia, supplemented by the hot iron an hour and a-half subsequently	1
Died after immediate cauterisation with ammonia ...	2
,, ,, ,, ,, ,, hot iron ...	1

In 47 deaths only one occurred after immediate cauterisation with the hot iron ; 12 were preceded by delayed or insufficient cauterisation, and 35 had not been submitted to any preventive treatment, for it is very probable that in the 10 cases which afford no indication of precautions having been adopted, none were resorted to, so that, of the 37 cases allowed to take their natural course there were 2 of immunity and 35 deaths, or a mortality of 94·6 per cent. Of the 9 in which cauterisation with the hot iron was immediately employed there was only 1 fatal case, or a mortality of 11 per cent., and of the 16 cauterised after some delay, or in a manner more or less imperfect, there were 10 deaths, or a mortality of 62·5.

Among the fatal cases more or less known there was only one in which the wounds had been at once treated with the actual cautery, and another in which ammonia was applied first and the hot iron afterwards. In three instances there was a delay of nine and twelve hours, and in other three, of some hours. In three more of the 47 cases cauterisation was incompletely effected by ammonia or nitrate of silver ; in one case cauterisation was only resorted to after two days, and twice the wounds were dressed immediately with liquid ammonia.

The only patient who died after having his wound immediately cauterised with the hot iron was believed to have been saved, as he enjoyed excellent health for six and a-half months, and in that time had taken part in the expeditions against the Kabyles in 1851, and returned quite well.

In the two which had the wounds dressed immediately with liquid ammonia the period of incubation extended to 116 days and 130, a circumstance which might give rise to the supposition that caustics have a retarding influence on the development of the disease.

General Treatment.

Having thus complied with some of those measures recommended by the test of practical experience, the physician may have to exercise his discretion in further dealing with his patient, and it may become a question whether he should order any medicine or any supplementary treatment. Though we are satisfied that there is no *specific* internal remedy, yet the administration of some form of medicine may have a beneficial action in soothing the fears of nervous or timid subjects. Mental influences play a very important part in this disease, and they must necessarily not be overlooked. The physician will be guided by the temperament and peculiarities of his patient, and if he considers the administration of calomel, sulphite of soda, magnesia, or carbolic acid likely to satisfy his patient's mind, he should certainly order such innocent medicaments. Bouley says : He is convinced that the practices or medications, whatever they may be, which addressed themselves to the *morale* of those who are the victims of rabaic inoculations may prove very useful, and that he has caused persons who were labouring under the dread of hydrophobia to take some innocent beverage as an infallible specific. He adds : "The memories I entertain of the immense contentment it has produced have always confirmed me in the belief that it is not good to destroy such illusions and belief, but, on the contrary, to create them."

This no doubt may be called charlatanism, but when we remember that in a large number of diseases we are obliged to order some innocent form of medicine in order to secure the adoption of the rules of diet and hygiene, which are our real remedial measures ; it may be more excusable to order a placebo when we are dealing with patients who are harassed by anguish and phantoms of the mind, and who require to a greater degree all the encouragement and consolation we can lend. We must act on the mind by our own moral power and influence, and by impressing, if remedial measures are adopted, their security. If our patient's nervous system requires stimulation we must adopt appropriate treatment to restore it to its normal tone. If sleep is absent or disturbed, we have a choice of agents, and remembering the value of refreshing sleep in restoring nervous power, we may legitimately resort to chloral hydrate, or the subcutaneous injection of morphia.

One of the most useful supplementary agents we consider the Turkish bath. We do not regard it as a preservative *per se*, but it may be advantageously employed as an adjunct to mental treatment. We regard the Turkish bath as a most useful auxiliary in the medical treatment of nearly all diseases, and recognising its power in relieving the pores, and thus restoring the proper balance of the skin's function in eliminating noxious matters from the blood, in imparting general tone and elasticity to the system, we regard it as an appropriate adjuvant. Unfortunately, like many other useful measures, its efficacy has been too highly vaunted, and enthusiasts have claimed for it the place of an universal *panacea* in all diseases. We do not attach much importance to the case of Dr. Buisson, for his description of his sensations is not in accordance with that furnished by the majority of observers ; and some of his facts, as that a patient can drink when blindfolded, are not verified by practical experience. We have, however, abundant testimony furnished by those who have been bitten, and who, after adopting the preservative measures we have mentioned, have been nervous and alarmed, in its favour. They were restored to a positive sense of security by the use of the bath.

From inquiries we have made at numerous baths, we have gathered a large amount of information confirmatory of this view. We need not particularise the various details connected with the Turkish bath, as it has become almost a necessity of modern life, and we presume there are few medical or laymen who are not thoroughly acquainted with the *modus operandi*.

As free and copious perspiration has been advised and regarded popularly as a safeguard, it is secured in the fullest extent by this system. No contra indication existing (as in women, menstruation, advanced pregnancy, &c.), its judicious employment may be directed. Whilst the patient is under treatment the well-known "lyssi," mentioned by Zanthos, Marochetti, and Magistel, might be looked for ; they have not been found by the majority of observers. We have mentioned their situation, form, and the treatment adopted by those observers.

We must lastly bear in mind a very important matter mentioned and impressed by Fleming : If a person has been bitten by a dog, or if animals have been wounded by it, and the creature at the time does not exhibit any distinct signs of rabies, it is well, in order to tranquillise the minds of those chiefly concerned, and who are apprehensive of danger, to secure it properly for a number of days, say a fortnight or three weeks, before allowing it to go at large again. If it was really rabid when it inflicted the injury, it will soon exhibit unmistakable signs of the disease and die ; or it may then be killed, and every precaution taken accordingly. If the above-mentioned period passes without any manifestation of rabies, then the possibility of future disaster ensuing from the wounds is happily disposed of, and great anxiety abolished. But if the dog is destroyed without any evidence that it was suffering from the disease, then months of the most painful suspense, and even anguish, may perhaps elape before the result can be known. In these circumstances all that can be done is carefully to inquire into the aggressive animal's history, ascertain all the symptoms exhibited by it, and its behaviour immediately before and after inflicting the wound.

In any case, however, there should be no hesitation or delay in adopting the precautions just indicated to preserve those bitten from after consequences. M. Desjardine fully recognises the value of this measure. As soon, he says, as a

person has been bitten by a suspected animal; hasten to secure it so that it can do no more damage, and watch it closely instead of killing it at once, as is the custom. Give it several drops of syrup of buckthorn, and afterwards a dose of phosphorus, 15 centigrammes, reduced to powder and mixed in sufficient quantity of water. If the animal lives its healthy condition should be made known to the person, for the mind exercises so great an influence that it seems at times and in certain conditions, according to the idiosyncracy of the individual, to constitute the sole and unique cause of this terrible affection. But if, on the contrary, the dog dies, its death must be carefully concealed, or another must be substituted, in order to make the person believe the animal was healthy, and that the treatment to which he was submitted was merely adopted to dispel the fear and alarm he experienced at the seat of the injury.

We have now fully considered curative and preservative measures, and, lastly, we must deal with the most important section—Prevention.

Case CXLI.—A. C., male, æt. 9½, bitten on the right hand and leg by a dog; wound cauterised with nitrate of silver.

Result and Time of Attack.—Six weeks and three days. Fatal.

Treatment.—Chloral, bromide of potassium, injections, ice.

No *post-mortem*.

Reference.—*Lancet*, p. 421. 1877. Dr. R. Steele.

Case CXLII.— ——, male, æt. 42, bitten on the left hand by a dog six months old.

Result and Time of Attack.—Seven weeks, four days. Fatal.

Treatment.—Morphia.

No *post-mortem*.

Reference.—*Lancet*, p. 423. 1877. Mr. Rigden.

Case CXLIII.—Peter M. R., æt. 48, bitten on the left leg, below the calf, by a strange dog.

Result and Time of Attack.—Eight months. Fatal.

Treatment.—Chloral hydrate, bromide of potassium.

No *post-mortem*.

Remarks.—The patient said he felt fully convinced that the wound had nothing to do with his present symptoms, as he knew the dog that had bitten him was not mad, but was alive at the present time.

Reference.—*Lancet*, p. 424. 1877.

Case CXLIV.—C. J., a mason, æt. 17, bitten on the thumb and ball of the left hand by a dog supposed to be mad. The wound was cauterised with nitrate of silver.

Result and Time of Attack.—Two months after. Fatal.

Treatment.—Injection of morphia and chloral by enema.

There was no *post-mortem*.

Remarks.—This makes the third case of hydrophobia occurring in Devon in 1877, where it had been previously unknown. As is generally the case, there was no fear of water or any liquids, and it was only when a patient tried to swallow that a paroxysm came on. The mere idea of swallowing anything was sufficient to set up violent paroxysms. There was a gradual increase of temperature up to 103° F. from 99°, above which it never went, and this rise of temperature coincided with the development of the disease up to its most acute and characteristic appearance.

Reference.—*Lancet*, p. 567. 1877. Dr. Adams.

Case CXLV.—Arthur C., æt. 2 years and 9 months, bitten by a stray dog, which had bitten three other dogs. The wound was a lacerated one, at the side of the right elbow, it was cauterised with nitrate of silver, and dressed within two hours of the time when the bite was inflicted. It healed up very readily, leaving a slightly raised and thickened cicatrix. The child frequently spoke of the dog, showing that the recollection of the bite was exercising an influence on the child's nervous system. In this case the hydrophobic stage set in between the thirty-eighth and forty-eighth day, and death occurred before the end of second day.

There was no *post-mortem*.

Reference.—*Lancet*, p. 568. 1877.

Case CXLVI.— ——, servant, male, æt. 63, bitten on the little finger by a small terrier pup, aged three months. It was said by a veterinary surgeon to be rabid.

Result and Time of Attack.—Six months. Fatal, in seventy hours.

Treatment.—Injections of morphia.

No *post-mortem*.

Remarks.—This patient was very nervous, as during the year 1869 there had been rumours of cases of hydrophobia having occurred in the town.

"Five cases of hydrophobia said to have occurred in Halifax during the past five months." (*Lancet*, p. 213. 1869.)

The almost incredible number of four were under the care of one practitioner, upon whose accuracy of diagnosis and veracity, the register of deaths for the year 1869 is thus increased, in one class of diseases, and the total percentage of deaths from rabies throughout England in proportion to population, very peculiarly affected. The deaths in 1869 from rabies were 19. We have looked in vain through medical journals for notes of these four cases; the fifth we traced, and are enabled to give above through the courtesy of the surgeon who attended.

Reference.—For these notes we are indebted to William Nowell, Esq., Surgeon Halifax Infirmary.

Case CXLVII.—H. B., ship boy, æt. 15, bitten by a dog, merely an abrasion, across the back of the hand. Wound cauterised with nitrate of silver. The dog had bitten five or six other people, and was undoubtedly rabid.

Result and Time of Attack.—Seventy-five days. Fatal, on the first day of admission to hospital.

Post mortem.—The autopsy exhibited all the typical changes. There were muscular rigidity of the body generally, purple lividity of the tongue, injection of the fauces, œsophagus, and cardiac end of the stomach; turgidity of the arachnoid and substance of the cerebrum, cerebellum, and medulla oblongata, with many dark puncta in the various substances; spinal cord not examined.

Remarks.—Sir William Smart considers this a case illustrating the development of the disease without fear, or knowledge of the character of the injury, as the boy never suspected that any ill result would arise from the bite. The other persons bitten had not suffered. The dog had been bitten by a Chinese dog, and Sir W. Smart has found that canine madness is mentioned in Chinese medical books, and is regarded as a highly dangerous and fatal disease. They recommend the part to be cut out, and strong purgatives to be administered.

Reference.—*Lancet*, p. 565. 1877. Sir W. Smar .

Case CXLVIII.— ——, male, bitten on calf of leg, wound excised, and cauterised with hot iron.

Remarks.—This patient was well eighteen months after the date of the injury, but Dr. Balfour was informed that some seventeen or eighteen persons bitten at the same time had died within three months. They all refused treatment.

Reference.—*Lancet*, p. 599. 1877. Dr. J. Balfour.

Case CXLIX.—

Remarks.—Valleix, following Chomel, recognised three kinds of pseudo-hydrophobia.

1. Simple horror of liquids, perfectly compatible with health, and oftentimes seen during pregnancy.

2. Symptomatic hydrophobia, of which he mentions a case occurring at the Hotel Dieu. The patient was suffering from articular rheumatism, and suddenly developed furious delirium, dread of liquids, sputation, and pharyngeal constriction, dying in a few hours.

3. What he terms rabiform hydrophobia. He mentions an instance of this form which he saw in the clinique of M. Louis.

We shall have to allude to this last form again. We may here remark Mead ("On Poisons," p. 146, 1702) tells us "that authors have noticed dyskataposis (difficulty of swallowing) or hydrophobia in malignant fevers; and a common melancholy has been seen to end fatally in it. He had seen it himself in the height of a violent hysteric disorder, and also in a case in which fits of a palpitation of the heart were attended with so great a degree of it, that it seemed not to differ from the true hydrophobia."

The deaths referred to diseases of the respiratory organs were unusually high last week in all the large towns, caused probably by the fogs and low temperature which prevailed. Deaths from violence were also very heavy, particularly in London, where 71 from this cause were registered, the fog of Thursday week being responsible for several fatalities.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 30, 1878.

MEDICAL BOOKMAKING.

IN a clinical lecture on the "Relievable Aspects of Heart Disease," Dr. Moxon gives expression to a reflection that must have often occurred to some of our readers, especially those who would like to see the writing of medical books more devoted to the advancement of the healing art, than to the interests of the authors themselves Speaking of Heberden's works, Dr. Moxon said they were "truly a most valuable compendium of his life's experience, which he sat down to write when he was old, because he had seen and knew disease, not as nowadays, when doctors write because they are young, and because they want to see more of disease."

Dr. Moxon merely made this observation *en passant*, and very likely, but for these remarks, no further notice would have been taken of the subject. We shall however, make a few comments on it, inasmuch as we have long been of opinion that the fact to which the lecturer alluded is one of the worst features of modern medical literature, one which is, in these days of advertising, a growing evil. We should not complain so much of medical men writing books when they are young, if they only gave us the benefit of their life's experience when they got old. Men of ability and of ambitious pretensions, must do something to force the notice of the public, and to gain for themselves both a name and a practice. But if they flood the book market with weak compilations and worthless monographs, it should be with the intention of hereafter giving to the public something more worthy of its acceptance, in return for the confidence which it, through their first venture upon authorship, had reposed in them. Such books should really be an earnest of the author's intentions to devote much of his thought and practice to the particular subject of his work, while the work itself should be looked upon as merely a sort of portal through which he is passing into that wide field of research which he has in view, and from which he hopes to gather a full harvest. Unfortunately, this is not always the case, and if we were, after the manner of Bacon, to set down those circumstances which have prevented medical science progressing in proportion to the rapid growth and great voluminousness of its literature, we should undoubtedly have to mention among them that habit of writing before practice, instead of after practice, of which we are now complaining. Hasty compilations, vain and empty *brochures*, loose observations, opinions formed on insufficient data, all kinds of wild theories and doctrines—these are some of the tares which encumber the more solid and fruitful parts of medical literature, and which make the great field of medical science appear more cultivated and more fruitful than it really is.

There are two things wanting to make our medical literature a more true reflex of our advancing knowledge than it is at present, namely, industry and method, individual and collective. Of what may be termed collective or co-operative industry and method, we have nothing to say here. It is with the individual worker, with the busy practitioner, be he physician or otherwise, we are now dealing. It is, indeed, difficult to exaggerate the enormous amount of information that runs to waste for the want of a permanent record of it, or the good that might be done if those who have had large opportunities of seeing disease, were to follow the example set them by Heberden, and to give the profession the results of their life's experience. The advantages, too, of such a practice, would be greater now than at any former period in the history of medicine. In the time of Heberden, for instance, the differentiation and diagnosis of disease had not arrived at the state of perfection to which that department of medicine has since been brought, and the same may be said of all the other departments of medical knowledge. Physicians had then constantly to treat symptoms, and not the disease; and they were without those means of dispelling the obscurity of their cases which modern science has placed in the hands of the physician of the present day. Consequently if a hundred Heberdens had, at the time we are now speaking of, given to the world a record of their medical experience, the value to be attached to such experience would be very different from that we would attach to the clinical records of the present day. There is nothing in which medicine has so much advanced as the discovery of instruments, and other means whereby we can differentiate and localise disease, and whereby we can often most accurately gauge its extent, discern its nature and causes, watch its progress, and foretell its result. Every well educated practitioner now leaves his school and enters upon practice, furnished with instruments of diagnosis, and a knowledge of disease which can make his observations of far more value than the observations of the most experienced and accomplished physician of the last century. The stethoscope, the laryngoscope, the ophthalmoscope, the clinical thermometer, the microscope, the test tube—these, and other

means of unveiling the mysteries of disease have placed him in the best possible position to throw light upon those questions on which we must still admit our ignorance. And let us reflect for a moment upon the number of the questions for whose solution we still await the experience of many lives, and the careful and systematic records of many men who, with their notes before them, the long gathering harvest of their life's experience, sit down to write "when they are old and because they have seen and known disease, and not because they are young and wish to see more of disease." A more exact estimate of the therapeutic value of various remedies; the exact conditions under which certain agents are, or are not, beneficial; the progress of a large number of cases allowed to run their natural course, as contrasted with the progress, duration and termination of the same number of similar cases treated by presumedly effective remedies; the conditions under which life has been prolonged and even made tolerable in patients suffering from incurable disease; the number of instances in which the symptoms of a disease have varied remarkably from those laid down in systematic work; a careful record of the symptoms and *post-mortem* appearances of obscure diseases—these are some of the questions or subjects on which even the obscurest village practitioner could in the course of a long practice throw incalculable light, and gather such data as would, when added to other data, in time free medicine from many of the uncertainties with which it is at present invested. Nor need the practitioner who is desirous of contributing his share towards the advancement of his profession, and of writing a useful book at the end instead of at the beginning of his medical career, distract his attention with a variety of subjects. So fruitful is the principle of the division of labour, when aided by time and method, that if every medical man were in the course of his practice induced to settle, as far as he could, any one doubtful point in the subjects of diagnosis, or prognosis, or therapeutics, with the view of hereafter publishing his life's experience on that one point, he would do immeasurably more good in the cause of scientific medicine than if he had written the most learned dictionary or treatise of his age. We might then hope that the time would come when we should hear no more of rival systems of medicine, and when all the truth should be sifted from the falsehoods of allopathy, of homœopathy, of hydropathy, &c., and gathered up into one positive whole of scientific medicine. Pathology is a grand department of knowledge, which can well be left to the fortuitious labours of such able investigators as those who have already distinguished themselves by their research in that direction. But after all it is upon our knowledge of prognosis and treatment that we must chiefly base our claim upon the confidence of the public, and our reputation as useful and indispensable members of society; and it is in these very departments of the healing art that so much valuable information might be contributed by every practitioner if he would only take to heart Dr. Moxon's very just animadversion, and resolve, after the manner of the great Heberden, to leave as a legacy to those who come after him, the results of his life's experience.

"THE COMING MAN."

UNDER this strange, and, as we shall presently see, rather deceptive title, the *Daily Telegraph* of last Thursday, devoted two columns and a half of large type to one of those rambling lucubrations with which Mr. Charles Reade has recently favoured that journal. It is, indeed, difficult to see the *raison d'etre* of the great novelist's letter. It is one of those productions which have neither a beginning, a middle, nor an end, in which it is difficult to trace any order of sequence in the ideas, or to fathom the exact aim of the writer, and the several parts of which are, as regards their meaning, as much divorced from each other, as they are altogether at variance with what the reader might expect from the above sensational heading.

The "coming man" is no ideal or prophetic representation of some man whose transcendent genius is to revolutionise the world of thought, or the world of action, nor of some more perfect type of humanity to which we may look forward as the outcome of the improved physical, moral, and mental development of the human race. Nothing of the kind; nothing so flattering to human nature, or to the hopes and aspirations of all who think that a brighter future is in store for those who come after them. Mr. Reade's "coming man" is merely a man who can use his left hand as well as his right. The first part of his letter is taken up with reflections on the large amount of time, and labour, and money, that is devoted to the adornment of the body, and to physical gratifications, as compared with the insignificant attention that is given to the improvement of the mind. If, therefore (for such is the curious line of argument), the body is to receive so much consideration as to constitute "nine parts of the human being," let us by all means cultivate it with all our might; in short, let man no longer be considered, a right-handed man. "In a word," says our philosopher, "I believe that the 'Coming Man' is the Eitherhanded Man; that is to say, neither 'right-handed' nor 'left-handed,' but a man rescued in time from parroted mothers, cuckoo nurses, and starling nursery-maids, with their Pagan nursery rhymes and their Pagan prejudices against the left hand—in short, a man as perfect in his limbs as his Creator intended, who has been a deal kinder to man than man has been to himself." Then follows a long historical retrospect to show that man has never been anything else but right-handed, which the writer very naïvely confesses to be a "true statement, and an imposing one against myself." Lastly, the letter comes abruptly to an end by the writer expressing his indignation that mothers and nurses should check infants in the use of the left-hand, and "do their best to make a Pagan tradition an immortal truth, and keep mankind one-handed and right-handed."

Such is Mr. Reade's "Coming Man." He is simply to be ambidextrous; an accomplishment which is, we may infer, Mr. Reade's ideal characteristic of the future of humanity. That man was originally ambidextrous is not at all improbable, and that habit, extending its influence through many generations has, in this respect become a "second nature," is on physiological grounds, very intelligible. But what, we may ask, would man gain by returning to his original state of ambidexterity? If the

"coming man" cannot boast of anything better than this accomplishment, we shall scarcely envy the future in store for our posterity. It would have little or no effect in improving man's physique. It would have no influence at all upon his mental or moral culture. It would have very little effect in connection with the arts of life. On the contrary, those arts, the perfection of which depends upon the nicer and more complex movements of the educated right-hand, would actually suffer by the change. If the right-hand has been allowed by habit to become far more dexterous than the left, we must bear in mind that this concentration of expertness in the right member, has, through the accumulated results of hereditary influence, endowed that member with a potentiality of function which could never have been attained by the indifferent use of either hand. We shall not, therefore, share the disgust which Mr. Reade feels at the use of the infant's hands being left to the tender mercies of "parroted mothers and cuckoo nurses," nor look forward to that age, as a golden one, when the "Coming Man" is able to use his left-hand as well as his right.

Notes on Current Topics.

Treatment of Phymosis in Boys.

Dr. L. M. Yale, in an article in the New York *Medical Journal*, considers phymosis as physiological in childhood. It demands treatment only when it sets up direct or indirect irritation. Simply breaking up of adhesions, the forcible retraction of the prepuce with or without its division, divulsion of the preputial orifice, and complete circumcision, are the various methods that have been employed. Bókai, who only interferes if there be pathological symptoms, relies solely upon retraction, breaking up the adhesions with a probe or other suitable instrument. Inflation of the prepuce with water forced from a syringe, is recommended for the same purpose. Dr. Holgate informs me that in all his cases—a great number—he has found forcible retraction sufficient. The glans, after being cleaned of smegma, is anointed, and the prepuce again brought forward. In this, he agrees exactly with Bókai. This manœuvre is repeated by the surgeon, if necessary, and the attendant in any event directed to repeat it daily. One instance he mentioned of recurrence twice of the enuresis, owing to the agglutinations having been allowed to re-establish themselves. In such a case circumcision will probably make a complete cure.

If the prepuce be redundant, circumcision is the preferable operation; if not, splitting of the prepuce, if necessary may be done to assist its retraction. In adolescents, or in children, where the prepuce has been the seat of much inflammatory process, the knife will be generally needed in one method or the other.

Dr. Sayre urges the necessity of circumcision, and of doing it thoroughly, watching carefully for constricting bands of mucous membrane, and nicking them if they exist, dividing, also, the frenum if it be short, &c.

Phenicated Camphor in Diphtheria.

Dr. Souley lately called the attention of the Société de Thérapeutique, of Paris, to the great utility of this substance as a local application in those cases of diphtheria in which the deposits of false membranes constitute the initial and chief phenomenon—the danger arising from the steady and rapid propagation of these membranes, or the ulterior intoxication of the economy. Under the contact of the phenicated camphor, says the *Journal de Therapeutique*, the pseudo-membrane seems to lose its vitality, without that irritation of surrounding parts being produced, whether of the skin or mucous membrane, which is almost always caused by the various solid or liquid topical applications now in use. The solution employed by Dr. Souley is formed by dissolving powdered camphor in crystallised carbolic acid previously dissolved in alcohol (nine parts of the acid and one of alcohol), and which may be employed either in its pure state, or mixed with equal parts of sweet almond oil. He related four cases in support of this mode of treatment.

Explosive Inspectors in Ireland.

It may be in the recollection of our readers that about twelve months since we referred to the appointment of an Inspector of Explosives in the Castlebar Union at a substantial salary and with almost no duty of any sort to do, at the same moment that the sanitary officer of the district could only be paid £5. It turned out on further inquiry, that the appointment had not been made by the guardians, although the payment was to be made by them, it being the law that the magistrates should appoint and name the salary, and that the guardians should pay.

We observe that this Act has been made the occasion for disgraceful jobbing in many localities in Ireland, appointments having been made in numerous instances where there was absolutely no inspection to be done. For instance, we find the following in the proceedings of the Ballina Guardians.

"Here a magisterial order for payment from Crossmolina. Two magistrates have signed an order, forwarded to me as follows:—"Pay to Mr. James Nolan the sum of £2 10s. for his salary to 31st December, due to him for carrying into effect the provisions of the Explosives' Act."

Mr. Cormack—I don't suppose there is one pound of powder in the whole town of Crossmolina.

Chairman—We should memorialise the government against this imposition.

Mr. Mostyn—This is a monstrous charge upon the rates.

Chairman—I cannot believe it is compulsory on the magistrates to make these appointments where there is no sale of powder. Before making those appointments I would say the first duty of the magistrates is to inquire if there is any sale of powder.

Mr. Dillon—None of these small towns require inspectors.

Mr. Mostyn—Westport is one of the towns that stand in the same category as Ballina, where there is a sale of powder. Well, the appointment of inspector was first made in Westport, and there Lord John Browne wisely fixed the salary as low as £5, [which is all that is given.

If this was a wise and just arrangement for Westport, you can calculate what the salary should be in a Crossmolina, Foxford, and the other small towns.

Mr. Thompson—If this came as a bill before us I would decline to sign the cheque till I should ascertain what the duties are which are discharged.

Chairman—The unreasonableness of the thing ought to be brought before the magistrates of the county. I think myself there must be a discretionary power given the magistrates. The Act was scarcely at all required, as previously there was sufficient machinery in operation to control the sale of explosives, and in Ballina, the Town Commissioners exercised a very close supervision, as I have reason to know.

Clerk—This will go before the Treasurer, and he will know how to deal with it.

Tobacco Smoking in Workhouses.

After what we lately said on this subject our readers will not be surprised to hear that the Board of a large London workhouse—the Holborn Union—have recently sanctioned a recommendation that a portion of the inmates shall be permitted, under certain restrictions, to smoke tobacco. The General Purposes Committee of the Board brought up a report stating that they had invited the medical officers of the union to assist them in considering whether smoking should or should not be tolerated. Dr. Jarrow, of the City Road workhouse, said that smoking was permissible in certain chest affections. Mr. Norton, of the Gray's Inn Road workhouse—the infirmary of the union—stated that many consumptive patients had been allowed to smoke, and no complaints were made by the non-smoking patients that the practice was offensive to them. The sick people generally found their own tobacco, but Mr. Norton had ordered it for the solace of lunatics and imbeciles. Acting upon these and other representations, the Committee advised the Board to allow smoking in certain wards at duly allotted times and seasons. The helpers are also to have a smoking-room of their own away from the main building, to be used after work is over. Eventually, the recommendation of the General Purposes Committee were agreed to by the Holborn Board of Guardians. It will not be disputed that smoking is a luxury which should hardly be looked for within the walls of a workhouse. Nevertheless many of the inmates of these houses have been in the habit of smoking for years, and to be suddenly deprived of such a gratification would amount almost to a punishment, and make their position seem much harder than it is. The concession, therefore, now granted is a very philanthropic one, and in the making of which we recognise a tacit admission that tobacco-smoking is, when practised in moderation, a great boon to a large section of the community, and a consolation which can find admittance where all other consolations are excluded.

There was an alarming rise last week in London of deaths from small-pox, equal to 40 per cent. above any week for the past six months. Of the 51 deaths, 25 were certified as of unvaccinated persons, 14 as of vaccinated, the remaining 12 giving no certificates as to vaccination.

A Medical Amendment Act.

We understand that a Government Bill for the Amendment of the Medical Act is in course of preparation, and will be brought in as soon as it has been submitted for approval to the General Medical Council, which is to be called together at an early date—probably early in March—for its consideration. The nature of the Bill has not transpired, but it may probably be intended to make law of the resolutions respecting foreign diplomas to which the Government and the Council gave utterance last year. Dr. Lush has again given notice of his intention to introduce—in a modified form—the Bill which—at the instance of the East London Medical Defence Association—he laid before the House last year. He has, however, removed from it the clause which caused such a panic amongst the prescribing druggists, because it laid a penalty upon unregistered and unqualified persons who practised medicine for gain. It may be recollected that we earnestly discouraged the challenging of the verdict of Parliament at this point, not because we had any doubt that the community would greatly benefit in the long run by an absolute prohibition of unlicensed practice, but because we were aware that the temper of Parliament was utterly averse from so strict a measure, and that the influence of the prescribing druggists was more than sufficient to prevent its passing. The Bill is set down for its second reading on the 20th of February, and before then we shall inform our readers further about both the measures to which we have referred.

Inebriate Asylums.

The public feeling and that of the medical profession in favour of the restraint of dipsomaniacs, for the purpose of curing them, has become so strong, that we hope to see before long some effective legislation on the subject. It will, therefore, be of interest to print in abstract the Act which has been in force in Victoria for the same purpose during the last five years, and which has been found free from serious objection in its working. The following are the principal provisions of the Act:—

The third clause empowers the Executive to grant a licence for twelve months to any person or persons to keep house for the treatment and care of habitual inebriates, to be called a "Retreat."

Fourth refers to admittance.—"Any person desirous of being committed to a Retreat may make application to any justice, and such justice if he be satisfied that the applicant has habitually used excessive quantities of intoxicating drinks, and that he is at the time of his application sober, and that he fully understands the nature of his application, may make an order authorising the apprehension of such person, his conveyance to some Retreat, and his delivery to the superintendent or other proper officer thereof, and his reception, detention, and curative treatment therein for any term not exceeding twelve months."

Fifth provides that any County Court judge can, on the application of any friend, relation, or friend of any person addicted to the habitual use in excess of intoxicating drinks, issue a summons for his appearance before him.

Sixth. If upon hearing of such summons in the presence or absence of the inebriate, it appears that by reason of his abuse of intoxicating drinks, the person summoned is unable to control himself, and is incapable of managing his affairs, or is dangerous to himself or to others, or is suffering under or recovering from delirium tremens, or chronic alcoholism, or is in imminent danger of death from the

continuous use of such drinks, and if two medical practitioners certify by statutory declaration in writing that such person requires curative treatment in a Retreat, the judge may make an order authorising the apprehension of such person, his conveyance to some Retreat, and his delivery to the superintendent or other proper officer thereof, and his reception, detention, and curative treatment therein for any term not exceeding twelve months ; or such summons may be dismissed with costs as against the applicant.

Seventh provides that any judge of the Supreme Court can rescind order.

Ninth provides for the payment by the inebriate of all costs and expenses of cure.

Tenth refers to the discharge of inebriates at any time before the expiration of the term.

Pyretic Saline.

In the English Court of Appeal last week the case of the Attorney-General *v.* Lamplough came on for hearing. This was an appeal by the defendant from the Exchequer. The case came before that court under the following circumstsnces :—The Attorney-General had laid an information charging Mr. Lamplough, that he did "expose and utter and vend a bottle of medicine containing a certain preparation to be used and applied as a medicine or medicament for the prevention, cure, and relief of disorders and complaints incidental to and affecting the human body, called Lamplough's Effervescing Pyretic Saline, wherein he had, or claimed to have, an occult secret or art for making and preparing the same," and that he did so sell it "without the cover, wrapper, or label provided by the Commissioners of Stamps for denoting the duty chargeable on such bottle." The information came on for trial at Westminster, when a £10 penalty was imposed, subject to the opinion of the Court above on a point of law. The question accordingly came on for argument, the Chief Baron being of opinion that the preparation in question was not a medicine within the meaning of the statute, while two other judges took a contrary view, and gave judgment for the Crown. From this decision the defendant now appealed. The 52nd Geo. III., c. 150, so far set forth the articles to be taxed, and under the heading "waters" appeared all artificial waters impregnated with soda, or mineral alkali, or carbolic acid gas, and all compositions in a liquid and solid state. "Lamplough's Pyretic Saline" is composed of tartaric acid, bicarbonate of soda, and a small quantity of chlorate of potash, and it was admitted that it formed an artificial mineral water when the ingredients sold in a solid state were mixed with water. For the defendant it was contended that pyretic saline was a beverage which was, in point of fact, an artificial mineral water, and therefore exempt from duty, and that, if so charged, Schweppe's soda water and lemonade and all others of the same kind, would be chargeable ; while for the Crown it was submitted that it did not come within the provisions of the repealing act as an artificial water, but the contrary, as its sale depended on its medicinal properties.

On the conclusion of the arguments their lordships delivered an unanimous judgment, holding that it was the intention of the legislature "to exempt all these waters from taxation, even if the venders held that they were beneficial for human ailments, and therefore that the pyretic saline was not chargeable with duty."

Small-pox in the Metropolis.

Since the outbreak of the small-pox epidemic some few months, when the deaths were as high in one week as one hundred and forty-eight from this disease, there has been a steady diminution of cases to about a dozen in one week in December. It was then thought and hoped that the disease had well nigh ran its course so far as the Metropolis was concerned, and several of the temporary hospitals were closed under this impression. Latent seeds of mischief, however, were still in existence, which have suddenly developed into such proportions as to lead to the fear of another serious visitation, and the Asylums Board are preparing for the contingency by re-opening the closed buildings. The following is a summary of the cases under treatment during the past fortnight at the various small-pox hospitals under the management of the Asylums Board :—Admitted, 261 ; died, 42 ; discharged, 166 ; remaining under treatment 495 ; totals for the preceding fortnight—admitted 242 ; died, 40 ; discharged, 183 ; remaining under treatment, 405 ; showing a total increase on the number remaining under treatment of 90.

Petroleum at Lisdoonvarna.

We find it stated in the local paper that the inhabitants of Lisdoonvarna were lately thrown into a state of the wildest excitement by the discovery of a paraffin spring. The announcement of so important a discovery soon attracted a large number of the inhabitants to the spot from which the oil was oozing, and several of them carried away vast quantities of the fluid. It emits a clear light and is somewhat thicker and darker in colour than oils usually sold under the name of paraffin. The water from the surface of the adjoining land has impregnated the oil as it emanates from the well, and on this account it would be difficult to form a correct estimate either of the quality or the extent of the supply.

Suicide of a Guy's Hospital Student.

We understand that a student committed suicide at Guy's last week by shooting himself. The cause of this terrible step is supposed to have arisen in consequence of the difficulties presented to the filling up of his schedule for the second college examination. We believe that considerable dissatisfaction exists at several of the large London medical schools amongst the students, on account of the refusal of the teachers to "sign up" a man, unless morally certain that he will pass the college. This is notably the case at Guy's, where this otherwise sensible course is said to be carried to extremes. We would counsel the authorities to investigate the matter.

The Action of Mineral Water Baths.

At a recent lecture held at the Budolphinum, at Vienna, before a large audience, Dr. E. Lewy, says our contemporary, *Nature*, proved that the human skin is completely impenetrable for the chemical contact of mineral waters, and that therefore the explanation of the effects of baths in these waters, at the numerous bathing-places, has to be sought exclusively in the domain of physics, and not in that of chemistry. This important discovery annuls all common views regarding the bathing cures effected by the

various mineral springs, and explains in the simplest manner that, from a chemical point of view, the action of the most opposite waters must be one and the same.

Cork Street Fever Hospital, Dublin.

At the last meeting of the committee, the registrar reported 18 cases of small-pox in hospital. The committee proceeded to the election of the medical staff for the ensuing year, and the following was the result. Permanent physicians—C. F. Moore, M.D., and J. W. Moore, M.D. Temporary physicians—Reuben J. Harvey, M.D., and William Stoker, L.K.Q.C.P.I. Surgeon—James H. Wharton, M.B., F.R.C.S.I. Dr. Grimshaw completes his full term of seven years as permanent physician, and retires on 31st of March next, according to rule.

The sixth meeting of the Ulster Medical Society, was held in the Royal Hospital, Belfast, on last evening, the 29th January. Business :—Dr. Harkin to read notes of a case of Psoriasis of nine years standing, speedily cured by Chrysophanic Acid, and will show the patient. Dr. Whitla to exhibit a patient treated with Chrysophanic Acid. Dr. Esler to read a paper upon "The disposal of the dead." Dr. Core to read notes of a case of Glosso-Laryngeal Paralysis, with Progressive Muscular Atrophy. Professor Dill "Version *versus* Forceps, and Notes on other Obstetric Operations, suited to the different degrees of Pelvic Contractions, including Gastro-Elytrotomy and Ablation of the Uterus.

It is stated in our contemporary *Nature* that—"The influence on the animal organism of breathing pure oxygen gas of density corresponding to ordinary atmospheric pressure has not hitherto been adequately determined. The Royal Society of Göttingen therefore offer a prize on the subject, made both on homoiothermal and, as far as possible, on pockilothermal animals. In these researches, while certain externally visible phenomena in the animal will have to be considered, special attention is desired to be given to the nature of the blood and the exchange of material excretion of carbonic acid, and nature of urine. The oxygen used should be carefully freed from all foreign matters apt to occur in manufacture, while a limited, and, perhaps, hardly avoidable admixture of atmospheric nitrogen would not compromise the result."

The King and Queen's College of Physicians in Ireland have announcced that their Course of Scientific Lectures for 1878 will be delivered in the College Hall, at five o'clock, p.m., on each Monday in the six weeks, commencing Monday, 4th February. The following are the lecturers :—Walter G. Smith, M.D., Dubl. ; F.K.Q.C.P.I. ; Assistant Physician to the Adelaide Hospital. Subject : "The Principles of Electro-Therapeutics."—John Mallet Purser, M.D., Dub. ; F.K.Q.C.P.I. ; King's Professor of the Institutes of Medicine. Subject : "Researches in the Anatomy and Physiology of the Spinal Cord."—Thomas Wrigley Grimshaw, M.D., Dubl. ; F.K.Q.C.P.I. ; Diplomate of State Medicine, Univ. Dub. ; Physician to Steevens' and Cork Street Fever Hospitals. Subject : "The present state of our knowledge of the Intimate Pathology of Contagion and its relation to the prevention and treatment of Zymotic Diseases."

A special meeting of the Whitehaven trustees was held on Wednesday last, to consider the sanitary condition, and what measures should be adopted to eradicate the fever which prevails so extensively in the town. It was resolved to send notices to all owners of property in infected districts to disinfect their property, and put their houses in a proper sanitary state, wherever the medical officers consider it necessary to burn bedding and clothes. A building is also to be hired, were patients may lodge till their homes are placed in proper sanitary condition.

At Manchester Assizes last week John Campbell White, surgeon, was indicted for having administered a noxious drug to a girl named Coy, and used instruments, with intent to procure abortion. William Johnson was indicted for aiding and abetting him in the same. Coy was a domestic servant in the employment of Johnson. She was seduced by him, and was subsequently taken by him to a house where she was treated by White. White was house-surgeon at Ancoats Dispensary. They were found guilty, and sentenced to five years' penal servitude each by Mr. Justice Denman.

The verdict returned in the case of death from chloroform which occurred at the Devon and Exeter Hospital last week, was "homicide by misadventure during an operation." The Coroner assured the house surgeon that no negligence was attributed to him by the verdict, as every care and attention had been shown, death being the result of an accident which could not be foreseen.

Their Royal Highnesses the Prince of Wales, and Duke of Connaught, have forwarded donations of £10 10s. and £20 respectively, to the Committee of the National Orthopædic Hospital of Ireland, 7 Upper Merrion Street, of which Institution their Royal Highnesses have been graciously pleased to become Patrons.

There is said to be a section of the inhabitants of Greenock who are very earnest about the question of Latin prescriptions, and they are taking the opportunity of an impending parliamentary election to obtain pledges from their numerous suitors to vote for a decree that all medical prescriptions shall be written in English.

The death-rate in St. Petersburgh continues to be very excessive, the number returned last week being 46 per 1,000 of the population, nearly double that of the average of all the large cities in the United Kingdom, and higher even than Bombay.

We understand that Mr. Samson, surgeon in charge of the Russian wounded at Bucharest, has received the decoration of the Star of Roumania in recognition of his services.

Correspondence.

MORTALITY OF ABSTAINERS AND MODERATE DRINKERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The paper noticed in your leading article last week, under the above heading had, for its original object, the examination of 1,000 deaths occurring among insurants within seven years after medical report and acceptance as practically sound lives. These medical reports were all from registered medical practitioners, a full declaration as to family history and personal antecedents having been submitted to the medical examiner.

For claims based on these 1,000 deaths, the Temperance and General Provident Institution paid out about £200,000, the policies in many cases becoming payable for deaths certified as due to lung disease, cancer, &c., within a few months after payment of a first premium. In many instances, such deaths were obviously only the normal development of conditions which probably existed at the time of passing medical examinations, and in some of these there must have been fraudulent concealment or misrepresentation by the proposer to the medical examiner. I need not point out that the entrance of such lives would, in a small society, produce insolvency, and that they are always a fraud upon provident insurers whose bonuses are trenched upon for the payment of such claims. Other claims there were, deaths from zymotics, from railway accidents, &c., which serve only to illustrate the equitable and benevolent operation of a sound system of mutual life assurance. The investigation of premature deaths, such as these in lives recently certified as sound, must have large interest, and the results will arm medical men for the more complete prevention of frauds. But as I am tabulating an additional series of deaths, I will not now go into that topic.

As to the comparative mortality of abstainers and moderate drinkers, the Temperance and General Provident Institution has always contained a large section of total abstainers. Its success during the 38 years of its existence has been so great that, after paying out vast sums to the widows and children of deceased members, it had, at the end of 1877, £2,309,000 accumulated as the savings and property of surviving members. Its work for the year 1877, showed receipts £328,000, out of which after paying the year's claims, no less than £182,000 was added to its accumulated savings.

No doubt these results have been largely due to judicious management of the funds, and to the high character generally of the managers of the Institution. Still the fact remains that a very large proportion of abstaining insurants are collected in this society, and that in their section a surplus bonus has been divided of more than 17 per cent. beyond that divided among the moderate drinkers. This being a cash result taking the ages and all actuarial considerations rigidly into account, and this difference having continued over every adjustment of bonus between the two sections, medical considerations arise which are of great interest. These two sections of the insurers are designated the "General" and the "Temperance." In the general section are included all lives not declaring themselves abstainers, while all persons prone to drinking habits or showing evidence of previous damage from the use of alcoholic beverage are declined.

The General section of this Society should fairly represent the best class of moderate drinkers. In the Temperance section are included all accepted insurers who declare themselves to be total abstainers, but in all other respects, the lives in the two sections are indistinguishable from each other, while their premium rates, and their ratio of the management expenses, are the same. The death claims of the moderate drinkers are paid out of the fund belonging to their section while the death claims of the abstainers are also paid out of the fund accumulated from their own premiums. In each section the balance accumulates to meet the claims of survivors, and the surplus is divided as bonus. As I have already stated, the actuarial cash result is that owing to a smaller proportion of death-claims among the abstainers, there has been a surplus bonus to divide in their section of above 17 per cent. more than that of the surplus left among the moderate drinkers.

Taking an equal number of deaths from among the abstainers and moderate drinkers, the mode in which the mortality is distributed over the various causes of death is extremely interesting. But it is necessary to bear in mind that the death-rate from particular diseases as *among equal numbers of entrants*, is quite a different thing to the distribution of *an equal number of deaths* over various causes of death. It is to the latter alone that the examinations of the 1,000 actual deaths refers. In round figures the following results come out:—Diseases of the nervous system, and of the excretory organs, killed 112 abstainers for 186 moderate drinkers, the excess of mortality of the moderate drinker being 74-112, or 66 per cent. Lung diseases, heart diseases, zymotics, and casualties, killed 461 abstainers, for 401 moderate drinkers, showing an excess of mortality under these heads among abstainers of 60-401, or 15 per cent. It is obvious that abstainers must die of something. Those not prematurely cut off by disease of nervous system, or of excretory organs, must come out under other causes of death, while the moderate drinkers, prematurely cut off by these diseases, represent suppressed factors that otherwise must have gone to swell the totals from normal disease. So far as these 1,000 deaths go, we see that out of equal numbers of deaths among abstainers and selected moderate drinkers, the moderate drinkers are cut off by decay of nerve and destruction of excretories, to the extent of 66 per cent. beyond the mortality from these causes among abstainers. On he other hand, abstainers perish of diseases which, speaking roundly, may be ascribed to overwork and exposure in an excess amounting to 15 per cent.

Referring, if for a moment I may do so, to our comment upon these facts, I may perhaps say that I do not anticipate any material variation to be shown by the further statistics now being investigated, and that I think the actuarial result in the way of cash bonus is conclusive as to the respective mortality among the abstaining and general sections. You think it "absurd to assume that the abstainer is more subject to casualties than the moderate drinker, as no one would contend that the former is more likely to fall down and break his leg than the latter." Doubtless these deaths do at first sight seem very puzzling. Still I think that the explanation offered by me in the debate at the Society of Medical Officers of Health is probably the true one, *i.e.*, that the abstainers, having sounder nervous systems, are more venturesome and more hardworking than the more inert moderate drinkers. A man with sound excretories will have purer blood than another, and a man with sounder nerve will experience the stronger impulses. Taking these two conditions together, you have greater energy and impulsiveness, and with those qualities you will have more deaths from fatal accident and from overwork. On the other hand, by reasoning such as that adopted in your comment, it would follow that a man was less likely to fall down and break his leg than a woman, and so, other things being equal, it might be. But other things are not equal, the man is more venturesome and exposes himself to greater hazard, and we see what might have been predicted, *i.e.*, that it is chiefly the men who actually do fall down and break their legs. Moreover, the provident carefully sifted moderate drinkers, such as those admitted by this office, are not a class that would often get into a drunken brawl or be otherwise exposed to injuries as commonplace inebriates, and I venture to think that the explanation offered by me is likely to obtain your concurrence.

Your obedient servant,

JAMES EDMUNDS, M.D., M.R.C.P.

5 Savile Row, London,
January 27th, 1878.

TRACHEOTOMY IN DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much interest the paper on "Tracheotomy in Diphtheria," read by Surgeon-Major Quill before the Surgical Society of Ireland, Dec. 7, 1877, and also the remarks made by some of the members present on that occasion, and should be glad to make a few comments on points in that paper and remarks which seem to be of special value.

The author puts forth three arguments in favour of the operation when the diphtheritic membrane has descended into the trachea. 1. That the further formation of false membrane seems *to be arrested by the operation*, and quotes Trousseau, who in his "Lectures" says, "they (the membranes)

disappear spontaneously." 2. That the introduction of a tube enables the false membranes to be discharged with far greater facility than if they had the entire length of the trachea and larynx to traverse, instancing the ejection of a membranous cast of the lower portion of the trachea and upper portion of the right bronchus on the second day after the operation, in the case of a boy, æt. 5½, who had been under his care. 3. That the artificial opening gives physiological rest to the larynx.

It cannot be denied that there are instances of extension of the membrane after tracheotomy, and that in many cases in which a comparative early recovery has taken place, any diminution in the quantity of the exudation was not noticed for a few days following the operation, and therefore, I cannot but think far too great stress has been laid on the first argument, and that we should rather remember that the disease, if uncomplicated, is at the most of fourteen days' duration, and also that cases unoperated upon have often an abrupt and favourable termination. To these points must, without question, be added the second and third of Surgeon-Major Quill's arguments, the second, in my opinion, being far the stronger of the two, adding to it the facility afforded by the opening in the trachea for removing any membrane by forceps, and for the constant application of remedies, such as lactic acid with lime water, to a part which would otherwise be beyond our reach. Undoubtedly, the freer access of air to the circulation exerts considerable effect on the favourable progress of the disease.

In my small work on tracheotomy and the diseases requiring the operation, I have put forward under "Diphtheria" (page 42), the three following rules, and believe that they will be found sufficient to meet the requirements in all cases :

1. "When the excessive difficulty of breathing is paroxysmal, and the pulse keeps fairly strong, operative procedures should be delayed as long as possible."

2. "When the breathing is continuously difficult, while the respiratory efforts of the patient are strong, the intercostal spaces being forcibly drawn in, and the inspiration stridulous —signs which indicate that the membrane is in the larynx, but has not passed down into the bronchii—should these indications increase in severity, the operation ought to be resorted to, and with every prospect of recovery."

3. "When the respiration, instead of being violent, is feeble, and the whole appearance, as well as the examination of the patient, show that the exudation has passed into the large and small bronchi, then, though the operation may be done, it must be considered that the probability of recovery is exceedingly small."

Dr. Quill's criticisms on the common belief that spasm is a great factor in the production of dyspnœa when diphtheritic exudation is present in the larynx are noteworthy, and I feel sure that the more laryngeal diseases become understood by an extended use of the laryngoscope, the less importance will be attributed to spasm as a cause of dyspnœa, there being at the time sufficient organic mischief in the larynx to account for the difficulty of breathing, although it cannot be entirely dismissed as a factor of dyspnœa.

Regarding the form of operation, to which attention was drawn by Dr. M'Dowell, whether it should be laryngo-tracheotomy or tracheotomy, I maintain that the former should be considered inexpedient, because in its performance the cricoid cartilage, the great mainstay of the larynx, is cut through, and should the canula have to be worn for any length of time some danger is run of setting up necrosis of this cartilage. It is rather the position of the isthmus of the thyroid gland which must decide us in our site for the operation, but this point cannot, of course, be determined until after the first incisions have been made. I am greatly in favour of making the tracheal opening below the thyroid, thereby avoiding any necessity for interference with the isthmus of the gland which would generally be required should it be thought expedient to insert the canula above the gland.

Regarding the advisability of using steam in the after-treatment of diphtheria, it would be satisfactory to know if any surgeon has thoroughly tested its efficacy by treating a number of cases with and without it. I am not in a position to give an opinion, but I am confident by personal experience that in all other diseases its use is of no benefit to the patient, but a nuisance to him and to those in attendance. Should the employment of steam be proved a necessity, perhaps the addition of carbolic acid might be found of service.

A fact of great importance, brought out by Dr. Quill's paper, was the desirability of introducing as large a canula as possible. Instrument makers do not, as yet, seem to have appreciated this fact in the manufacture of Mr. Morrant Baker's flexible (red rubber) tube, which tube bids fair to take the place of all silver canulas after the first few days following the operation, when the tracheal opening has become fairly patent.

Yours faithfully,

Devonshire Street, London, W. W. PUGIN THORNTON.

Jan. 24, 1878.

THE CLINICAL SOCIETY OF LONDON ON SCARLATINA, &c.

WE have been requested to publish the following letter from Sir Wm. Jenner (Chairman of Committee), the committee being anxious to obtain the widest publicity for it amongst the profession :—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The Clinical Society of London has appointed a committee, consisting of Sir Wm. Jenner, Dr. Murchison, Dr. Buchanan, Dr. Broadbent, Mr. Shirley Murphy, and Dr. Cayley, to investigate the periods of *incubation* and of *contagiousness* of scarlatina, diphtheria, erysipelas, typhoid fever, mumps, varicella, variola, and allied diseases.

The committee is desirous of obtaining the co-operation of medical officers of health, medical officers to schools and other institutions, and practitioners of medicine throughout the country, especially those practising at a distance from the large centres of population. These gentlemen, it is believed, have especial opportunities of observing facts bearing on the subjects of the present inquiry.

The committee, therefore, invite you to assist it by furnishing the particulars of any cases which may have come under your observation, in which any of the points mentioned above appear to be settled. In giving the details of such cases, all possible sources of fallacy which might vitiate the conclusion should be taken into account ; and, in particular, the possibility of the poison being conveyed by clothing, articles of clothing, &c., rather than by infected persons.

The object of the investigation, which is of the greatest practical importance, can only be obtained by the collection of a large number of facts ; the committee, therefore, hopes that all who have it in their power will contribute their aid.

A single case, in which the dates of exposure to infection and the appearance of the first symptoms can be accurately fixed, will be considered of importance by the committee.

All communications should be addressed to the Hon. Sec., Dr. Cayley, 58 Welbeck Street, W.

I remain, yours faithfully,

WM. JENNER,

January, 1878. Chairman of the Committee.

THE ADELAIDE HOSPITAL, DUBLIN.

WE learn that Dr. Albert Walshe has resigned his position as surgeon to the Adelaide Hospital, Dublin, which he has occupied for upwards of twenty years. Dr. Walshe was one of the medical staff who re-established the hospital in the year 1858, and he has been actively connected with both its medical and general administration since that time, so that his retirement will be a serious loss to the institution. We understand that for the surgeoncy thus vacated there are four candidates : Dr. Montgomery A. Ward, who for the last ten years has occupied the assistant-surgeoncy of the Hospital, Dr. Kendal Franks, Dr. W. Stokes, and Dr. Ball.

We hope we shall not be conceived to interfere unduly in the affairs of the hospital, or to express an opinion in the least adverse to the professional claim of any candidate, if we avail ourselves of the opportunity to enunciate emphatically our feeling in favour of the advancement of an assistant-surgeon to the dignity of full surgeon when an opportunity offers, and when his attainments are equivalent or nearly equivalent to those of other candidates. The system pursued in all great cities but Dublin,

under which a tyro is compelled to win his spurs as subordinate surgeon before he is placed in full charge of the sick poor, must commend itself to the judgment of every one who looks to the interest of the institution and the patient. The system of lifting students from the grind to the operating theatre at one jump cannot be defended, and it has been pursued in more than one instance, and even where the competitor has some claim to experience we do not think it just to any assistant-surgeon or advantageous to any hospital that the junior officer should be set aside if his qualities will bear any favourable comparison with those of the other candidates. In London every young practitioner who devotes himself to hospital work perfectly understands that he must prove his capacity and take his turn—that if he fails to do this he has no chance of promotion, but that if he succeeds he will certainly not be deprived of the reward which he has earned by the superior personal claims of any other claimant. This is as it should be. The institution reaps the advantage of the earnest services of young and aspiring men, and the patients have the satisfaction of knowing that their adviser has been thoroughly schooled in his professional work. It is utterly indefensible to entrust the care of a hospital—as has been more than once done in Dublin—to a totally untried man on the chance that his future may justify the selection, and in the rare cases in which the act of the selectors is justified, it must receive its justification upon the "vile bodies" of the patients.

THE QUEEN'S PHYSICIANCY AND THE REGIUS PROFESSORSHIP OF PHYSIC IN IRELAND.

The appointment of Dr. Hudson to the Physiciancy to to the Queen in Ireland, vacant by the death of Dr. Stokes, has met with unanimous approval. The recipient of the honour won his spurs as a provincial doctor, and, more fortunate than many who have been led to risk their fortune in the metropolis, achieved in Dublin a success greater than he could even had hoped for. As Physician to the Meath Hospital he occupied for many years a leading official position and, having occupied the last Presidential chair at the College of Physicians, he has now reached the summit of professional success as testified by the distinction which Her Majesty has conferred upon him. It is only a few months since that he received a mark of the favour of government by his appointment as Crown Nominee for Ireland in the General Medical Council.

The Regius Professorship of Physic in the University of Dublin is the object of great interest at present in the Irish medical world. For the successorship to Dr. Stokes in this office, four candidates are mentioned: Dr Hudson, Dr. Banks, formerly King's Professor of Practice of Medicine in the University School, Dr. Benjamin MacDowel, the existing Professor of Anatomy, and Dr. William Moore, the existing Professor of Medicine in the same School. We believe that Dr. Gordon, the President of the College of Physicians, is precluded from offering himself as a candidate, having accepted the office temporarily on the understanding that he would not be a candidate when it became vacant.

SMALL-POX IN THE ISLE OF MAN.

In the House of Commons on Monday night, the Home Secretary, replying to the interrogatories of Sir J. Lawrence and Mr. Ritchie, said, it was utterly untrue that the governor of the Isle of Man had deserted his post in consequence of the outbreak of small-pox, he had on the contrary, done what he could to mitigate it. The outbreak had been of a most virulent type, which could not be checked as the vaccination laws were not in force in the Island. A Bill, however, had just passed the local legislature to enforce vaccination, and this would immediately receive the Royal Assent.

THE GOVERNMENT AND THE PROFESSION.

In the House of Commons, on Monday night, Viscount Sandon, replying to Mr. Mills, said he was unable at present to state whether the Government was prepared to bring in a Bill for providing a Uniform Examination for admission to the Medical Profession in England, Ireland, and Scotland.

Literature.

PREVENTITIVE MEDICINE IN RELATION TO THE PUBLIC HEALTH (a).

Sanitarians may take comfort in the fact that the public mind is at length becoming thoroughly aroused to the importance of "Preventitive Medicine in Relation to the Public Health." Even the Metropolitan Board of Works has within the last few months risen to the importance of the occasion, and by a small majority of its members, determined to make an effort to supply London with water of a purer and better quality than that it has hitherto been accustomed. It is beyond the question of a doubt that the supply is not only bad, but insufficient, and far too costly. The Board of Works promise superior arrangements for the protection of life and property, and something purer than diluted sewage for the domestic uses of the inhabitants of the metropolis. This change for the better, whenever it comes about, must be fairly attributable to the efforts made by members of the medical profession, who for years have in various ways, both in their lectures and in their writings, endeavoured to impress upon the public the vast importance of a good and wholesome supply of water, and its value in relation to the public health. The changes which have been brought about in the hygienic condition of town life, and by the same means, are a marked feature of the age in which we live. "State medicine," as it is designated, is not only better understood than it was a few years ago, but it has also become a recognised sub-division of medicine. It is properly entitled to be honoured as a speciality, and this being conceded, its study will be so regarded by those who undertake the education of students in medical science.

For purposes of teaching, Dr. Alfred Carpenter's first series of lectures to the students of St. Thomas's, will in a measure be looked upon as a model. Indeed, at the outset, he tells us that he desires to direct workers in the field of preventitive medicine, "as to the lines they should pursue for the attainment of the object, the means within reach whereby we may more successfully grapple with disease, diminish its gravity, and impede its progress."

In a work of the kind, recapitulations are unavoidable, scarcely amounting to a fault, in a lecturer who has had some experience of the necessity of reiterating a fact before it was made to tell in the slightest degree upon public bodies or local magnates. The inequality of the matter of the several lectures, however, cannot be so lightly passed over, and this amounts to a fault in a man of the author's intelligence and experience. The lecture, for instance, "On Air," is vague and indefinite; and the scientific description of its composition might undoubtedly have been improved before the lecture was sent to press. That "On Water," is

(a) "Preventitive Medicine in Relation to the Public Health." By Dr. Alfred Carpenter, M.D. Lond., &c. Simpkin and Marshall.

decidedly better; but although it contains much useful information, the directions for its analysis are not up to the mark. Dr. Carpenter seems to have formed no definite ideas of the necessity of regarding organic matter and organic carbon as very different qualities and quantities in his analysis. And we certainly cannot agree with him in his statement regarding the suspended matters in river waters. He thinks that living organisms, as "amœba, bacteria, ciliated infusoria, paramecia, algæ, and such like creatures," are "innocent of evil, and perform for the water what many kinds of birds and other living things do for us in our fields." Their presence, and not their *excessive presence*, should, certainly lead us "to be suspicious of that (water) in which they appear;" water containing any excess must render the water totally unfit for human consumption. Dr. Carpenter may rest assured of this fact, that "microscopical figures of these horrid creatures" cannot be looked upon as bogies to frighten children, and he may take it from us that water abounding in animal or vegetable life will invariably contain more than the one grain of organic matter per gallon which he says is the limit of contamination for a wholesome potable water.

On the important question of the disposal of town sewage, Dr. Carpenter is more at home. He has given a considerable amount of time and attention to the subject, and, as might have been expected, the information conveyed in this lecture is useful, and strictly practical in its character. More space might have well been devoted to the consideration of other systems in use for the diposal of sewage beside that adopted in his own locality at Beddington Farm, one of the best of which is General Scott's; it is effected by adding substances to the water and purifying it by chemical precipitation. This system has been largely tried, as well as that of "intermittent filtration;" filtration through aerated soil. By this method the organic matter of the sewage is oxidised and destroyed, and the water which passes slowly through the soil is rendered comparatively pure. This is not exactly the case with the irrigation of the Beddington Farm, for the water passing into the Wandle at this period of the year is by no means deprived of all its suspended organic matter, to say nothing of the salts in solution; and it certainly is an error to say it is as pure as Thames water at Teddington Lock. Beddington Farm, however, we believe, actually produces larger crops than other farms, but for those who look to the quality of the produce, and certainly to the cost, Beddington Farm will not be looked upon as a model worthy of imitation. We should add, also, that there are not many boards of guardians to be found bold enough to follow the example of the Croydon Board. In Dr. Carpenter's opinion, however, irrigation farming does not pay, because land-owners, knowing what their land is required for, refuse to let it under double its value. Local authorities are much to blame for submitting to any imposition of the kind; it is clearly their duty to the ratepayers to resist attempts of the kind to the utmost, and they should at all times prefer to try other methods for the disposal of sewage.

Did space permit, we might pursue the question further; we must, however, content ourselves by directing attention to the concluding chapter on Sanitary Education in Elementary Schools, as this contains many useful and practical suggestions; whilst Dr. Carpenter's Address in Public Medicine, delivered before the British Association, has already been noticed in our columns; and it now forms an appropriate conclusion to a series of lectures that will be referred to by officers of health and sanitarians, and as marking an epoch in preventitive medicine in relation to the public health.

GLENGARRIFF AS A HEALTH RESORT. (*a*)

Attention has been pointedly called to the great value of Glengarriff in Bantry Bay as a sanitorium for the South of Ireland by Mr. G. P. White, of London, and the case which he makes in favour of the locality ought certainly to convince those who seek either health or the pleasures of picturesque rurality that they cannot seek these *desiderata* in a more certain *habitat* than at Glengarriff. The beauty of the situation in which the Eccles Hotel—the great caravanserai of the locality is placed—can hardly be described. It has been pronounced by so inauspicious a critic as Thackeray to be "a country of the magnificence of which no pen can give an idea. I would like," he says, "to be a great prince, and bring a train of painters over to make, if they could, and according to their several capabilities, a set of pictures of the place. Were such a bay lying upon English shores it would be a world's wonder." Sir John Forbes, F.R.S., Physician to the Queen's Household, is hardly less enthusiastic, while the testimony of physicians of the highest position is unanimously to the effect that the neighbourhood is as noted for its salubrity as for its exquisite beauty.

A local physician, Dr. Blennerhasset, gives the following statistics as to the rarity of consumption in this district. In his dispensary practice at Tralee he had only one consumptive case in 2,000, and of 163,411 patients in all, only 85 laboured under phthisical disease. He adds that this malady is still more rare among the gentry, and that the progress of the disease is slower than is usual elsewhere.

The extreme mildness and evenness of the climate of Glengarriff (which is attested by the class of plants which grow here luxuriantly in the open air, and without any protection from the weather) render it peculiarly suitable for a winter residence.

The climate of this part of Ireland is neither marked by rigour nor inclemency, the mean of the winter and spring temperature being 3½° higher than that of Montpelier, although situated 9° to the north of it, owing to the Gulf Stream which first impinges on this coast. Snow is rare, and seldom lies on the ground more than a few hours, except on the summits of the highest mountains.

The meteorological table of this district proves that the average temperature exceeds London by about 7°; Torquay, about 6°; Undercliffe, 5½°; Cove, 4½°; Penzance, 4°; the difference being still greater in the spring months. Consumption is little known in this district.

It is but recently that any facility has existed to enable tourists or health-seekers to avail themselves of the advantages of Glengarriff, but this difficulty has now been removed, inasmuch as a thoroughly well appointed hotel—the Eccles—is now open in the most beautiful spot upon the shores of the bay. It is reached from the Drimoleague Station of the Cork and Bandon line by a lovely car-drive, and is thus within attainable distance without being so easy of access as to invite the immigration of the objectionable rollicking tourist. If Glengarriff does not in time take the position of the leading watering place of the South we shall be greatly surprised.

(*a*) "Remarks on the Advantages of Glengarriff as a Health Resort and Sanatorium." By G. Preston White, Esq. Post 8vo. Pp. 48.

Medical News.

Royal College of Surgeons of England.—Pass List for the M.R.C.S., January 21st, 22nd, and 23rd:—

Allinson, H., Calthorp
Ayres, A. R. Aston
Bailey, R. Greenoak
Beale, E. Clifford
Blackmore, Alfred
Blake, W. Farewell
Brown, W. Henry
Brumwell, Ernest
Burd, G. Vanhous
Burry, H. B. Pullen
Coates, George
Culhane, F. W. Slater
Deare, E. Walter
Ellison, E. William
Evans, T. Charles
Fairland, S. Thomas
Gamble, E. L. Gompertz
Gaze, W. Henry
Gofton, J. Edward
Graham, C. Robert
Green, Charles
Hinings, J. William
Keen, Edward
Lambert, John Speare
Landon, A. Jermyn
Latham, William
Lawson, R. Lockhart
Le Cronier, Hardwicke
M'Geagh, T. E. Foster
Moore, G. Richmond
Murray, C. Herbert
Muskett, J. Herbert
Newington, Theodore
O'Connor, James
Pointon, James
Pollard, E. R. Hugh
Price, Arthur
Reynolds, L. William
Robertson, F. F. Leslie
Revell, R. Carter
Salter, J. Reynolds
Scallon, E. Oliver
Sheppard, John
Silcock, A. Quarry
Smith, A. Lapthorn
Sykes, J. F. Joseph
Thomas D. Edward
Trewman, G. Turner
White, O. Mark
Woolley, S. Poole
Zimmerman, B. Frazier

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

THE HONBLE. GRANTLEY BERKELEY AND HYDROPHOBIA.—We have carefully perused your letter and regret we must decline to insert it. We believe your views on the subject are erroneous, and we prefer the opinions of such eminent veterinarians as Fleming, Bouley, Hertwig, &c., to whom you take exception. The name "Hydrophobia" is a misnomer, and has led to numerous errors in connection with the disease which we have termed—adopting a very old name—*Rabies*.

DR. PANTALEONI, Rome, is thanked for his communication. As, however, the information had been already placed before the profession by telegraph some days previously in the daily papers we were, unfortunately, unable to make that use of his letter we should have otherwise done.

SIR HARCOURT JOHNSTONE.—We cannot re-open the discussion in the present crowded state of our columns. When the Bill comes before Parliament a more favourable opportunity may present itself for the publication of your views.

OBSERVER.—The election being in contravention of the terms of the advertisement was undoubtedly illegal, but that would not necessarily prevent the L.G.B. from confirming it. It is not long since they sanctioned the election of a dispensary medical officer by a committee which was illegally constituted, and after they had themselves stated officially that any election held by such committee would be void. Practically, their confirmation of the election may be said to close the transaction, but, strictly speaking, it cannot legalise an illegality, and we believe a *quo warranto* might be obtained from the Queen's Bench to set aside the election. Probably, such a proceeding would be better left alone.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Wednesday, Jan. 30, Friday, Feb. 1, and Monday, Feb. 4, at 4 p.m., Prof. Erasmus Wilson, F.R.S., lectures on "Dermatology."

THE YORKSHIRE AND NORTH WESTERN ASSOCIATIONS OF MEDICAL OFFICERS OF HEALTH.—We are asked to announce that a joint meeting of the above Associations will be held at Rochdale on Friday, February 1st, at the Town Hall, for the discussion of the following subjects: "The Rochdale system of dealing with Excreta and House Refuse;" to be introduced by Dr. Wilson, M.O.H. "The Influence of the Birth-rate upon the Death-rate of a District;" to be introduced by Dr. Britton (Halifax). "Suggestions for the Amendment of the 'Public Health Act, 1875;'" to be introduced by Dr. Sutton (Oldham). After which there will be a dinner at the Town Hall. All medical officers of health in the districts covered by the two Associations are invited to attend the meeting and dinner.

DR. COOPER, Notting Hill.—Communication received, and will be considered.

DR. B. G.—Many thanks.

A DRUGGIST'S CATALOGUE.—We have received a most elaborate "Price Current" from Messrs. Richardson & Co., Manufacturing Chemists of Leicester, which is certainly unique in its way. Parts I. II., III. are composed of the various officinal and non-officinal drugs, surgical appliances, specialities, &c. Part IV., and this interests us most, is a list of 545 formulæ of pills, with their ingredients, doses, and price per gross. The very idea of over 500 different kinds of pills is, to say the least of it, suggestive of considerable energy on the part of posologists for frail humanity; or, probably, as the makers would put it, tasteless sugar-plums to tempt sufferers to swallow a boon. Be this as it may, the list will probably be much appreciated by provincial practitioners, and a well-arranged diary at the end adds to its value.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, Feb. 6th, at 8 p.m., Dr. MacCallum, "Report of the University Lying-in Hospital, Montreal." Dr. Greene, "Case of Puerperal Convulsions." And other communications.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Brady, Rathgar. Dr. Madden, Ballycastle. Dr. Walker, Bonmahon. Dr. Rutherford, Ballinasloe. Dr. Baldwin, Kilmeaden. Dr. Pantaleoni, Rome. Sir Henry Thompson, London. The Hon. Grantley Berkeley, Poole. Dr. Morell Mackenzie, London. Dr. Thorowgood, London. Dr. Carey, Taunton. Dr. Herbert Tibbits, London. Dr. Charteris, Edinburgh. Sir Wm. Jenner, London. Dr. Ashurst, Philadelphia. Dr. Boddy, Camberwell. Dr. Farquharson, London. Dr. Hart, Rotunda. Dr. Coates, Portumna. Dr. Godfrey, Dripsey. Dr. Balmanno Squire, London. Mr. Hyslop, Church Stretton. Mr. Mercier, London. Dr. Drewry, London. Mr. Blackett, London. Dr. O'Reilly, Bishop Stortford. Dr. Smith, Dublin. Mr. Gorham, Tunbridge. Mr. Upton, Apothecaries' Hall. Dr. Dolan, Halifax. Mr. Jackson, Liverpool. The Registrar-General. Mr. Becker, London. Dr. Sandiford, Castlemartyr. Dr. McIntyre, Coleraine. Dr. Fry, Moate. Dr. Browne, Belfast. Dr. Jones, Rathgar. Dr. Myles, Abbeyshrule. Dr. Lyon, Dalkey. Dr. Barton, Dublin. Dr. O'Grady, Dublin. Dr. Timms, London. Mr. Hy. Sewill, London. Mr. Jabez Hogg, London. Dr. Fixott, St. Helier, Jersey. Dr. Harrison, Audlem, Cheshire. Mr. Geoghegan, Dublin. Mr. Stoney, Dublin. Dr. B. Wills Richardson, Dublin. Dr. Wheeler, Dublin. Mr. Ashworth, Manchester. Dr. Dudfield, Kensington. Mr. Wordsworth, London. Dr. Gibney, New York. Dr. Hall, London. Mr. W. J. Stott, Haslingden. Mr. Douglas Hemming, Notting Hill. Mr. Cundell, Kew. Dr. McKee, Randalstown. Dr. Scott, Aughnacloy. Dr. Jamison, Newtownards. Dr. Clarke, Dunmurry. Dr. Kidd, Tullow. Dr. O'Reilly, Trim. Dr. Foreman, Ballinakinch. Dr. Anderson, Newtownhamilton. Dr. John Hadden, Manchester. Mr. Lawson Tait, Birmingham. Mr. S. W. North, York. Mr. Pugin Thornton, London. Dr. Drysdale, London. Mr. Parris, Paris. The Secretary, Yorkshire Medical Officers of Health Association. Mr. Hoblyn, Bath. Dr. Moore, Chiswick. Dr. Williams, Fulham. Dr. Edmunds, London. Dr. Woods, Liverpool. Mr. Johnson Smith, Seamen's Hospital, Greenwich. Dr. N. S. Davis Washington. Sir Harcourt Johnson, London, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Local Government Directory for 1878. London: Knight & Co.

Spinal Irritation in Children. By V. P. Gibney, M.D. New York: Putnam & Sons.

Quarterly Report of the Health of Kensington. By T. Orme Dudfield, M.D.

Transactions of the International Medical Congress at Philadelphia, 1876.

Synopsis of the Diseases of the Larynx, Lungs, and Heart. By F. De Havilland Hall, M.D. London: J. & A. Churchill.

The Treatment of Psoriasis. By Balmanno Squire, M.B. London: J. & A. Churchill.

Tobacco and the Diseases it Produces. By C. R. Drysdale, M.D.

Report of the Medical Officer of Health for the City of York for 1876.

Contributions to the History of Medical Education and Medical Institutions in America. By N. S. Davis, M.D.

VACANCIES.

Brecon Infirmary.—House Surgeon. Salary, £100. Testimonials, &c., to the Secretary on or before the 11th prox.

Chorlton Union.—Workhouse Medical Officer. Salary, £250, to be increased to £300 at the end of six months if satisfactory. Furnished apartments, but not board found. Applications to Secretary, Union Offices, Manchester.

Clifden Union, Clifden Dispensary.—Medical Officer. Salary, £90. Election, 13th prox.

Limerick Union Workhouse.—Resident Medical Officer. Salary, £200, with allowances. Election, Jan. 30.

Northampton General Infirmary.—Physician on the Staff. Testimonials, &c., to the Secretary at the Infirmary.

Queen's University, Ireland.—Examiners in Medicine, Surgery, Midwifery, Materia Medica, and Medical Jurisprudence. (See Advt.)

Royal Free Hospital.—Two Junior Resident Medical Officers. Board and residence provided, but no salary. Applicants must address the Secretary before the 30th inst. (See Advt.)

St. George's Hospital.—Surgeon and Assistant Surgeon on the Staff. Candidates must have the diploma of F.R.C.S.Eng. Applications, under cover, to the Hospital before the 13th prox.

Sligo Union, Carney Dispensary.—Medical Officer. Salary, £100. Election, 4th prox.

Tobercurry Union, Coolaney Dispensary.—Medical Officer. Salary, £100. Election, 11th prox.

Wilts Pauper Lunatic Asylum.—Medical Superintendent. Salary, £600, with furnished apartments. Endorsed applications, "Medical Superintendent," before the 12th February, to be addressed to the Clerk of Committee, Devizes.

APPOINTMENTS.

BARR, J., M.B, L.R.C.S.Ed., Assistant Physician to Stanley Hospital, Liverpool.

BRASH, E. A., L.R.C.P.L., a Surgeon to the Exeter Dispensary.

DODSWORTH, F. C., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Chiswick Urban Sanitary District.

DUKE, Dr. A., Assistant Physician to the Rotundo Hospital, Dublin.

HACON, W. E., L.R.C.P.L., M.R.C.S., Assistant Medical Officer to the Central London Sick Asylum District Asylum, Highgate.

OSBORNE, J. H., M.R.C.S.E., House Surgeon to the Nottingham Dispensary.

TURNER H., M.R.C.S.E., Medical Superintendent of the Bethel Hospital for the Insane, Norwich.

WILLAN, G. T., M.R.C.S.E., Medical Officer to the Melton Mowbray Union Workhouse and No. 2 District.

Births.

CHILD.—Jan. 25, at New Malden, Surrey, the wife of Edwin Child, M.R.C.S., of a daughter.

FOX.—Jan. 22, at Clarence Street, Victoria Park, Manchester, the wife of Dacre Fox, F.R.C.S., of a son.

Deaths.

BLENNERHASSET.—On Jan. 14, at Coolaney, co. Sligo, Rowland Blennerhasset, M.D.

COCKERTON.—On Jan. 24, at his residence in Montgomery, Henry Miles Cockerton, M.R.C.S., aged 53.

CROSWELL.—On Jan. 19, at Llandboidy, Carmarthenshire, Charles Lewis Croswell, L.S.A.L., aged 67.

DAVIES.—On Jan. 16, at the Wilton Hospital, Salford, Francis Thomas Davies, L.R.C.P.Ed., aged 28.

EDWARDS.—On Jan. 18, at St. Lawrence Road, Notting Hill, David Owen Richards, M.R.C.P.L., aged 77.

FERRIER.—On Jan. 22, at Redhill, Surrey, Constance Mabel, aged 2½ years, daughter of David Ferrier, M.D., F.R.S., of 16 Upper Berkeley Street, London.

HALL.—On Jan. 14, at Richmond Road, Hackney, Wm. Hall, F.R.C.S., aged 79.

HENDERSON.—On Jan. 14, at Westoe, Thomas Henderson, Surgeon, aged 42.

JOHNSON.—On Jan. 19, at Hildon Manor, Rock, after a short but severe illness, Samuel, second son of the late Samuel Johnson, M.D. Univ. Edin., of Foxley, aged 26.

MORAN.—On Jan. 9, at Tulsk, co. Roscommon, Patrick Moran, M.D., aged 81.

PEACEY.—On Jan. 23, at Tewkesbury, Wm. Henry Peacey, M.R.C.S., aged 59.

POLLARD.—On Jan. 9, at Charlbury, Oxfordshire, William Pollard, M.R.C.S.E., aged 83.

RITCHIE.—On Jan. 27, at 27 Newton Road, Bayswater, Charles Ritchie, late President of the Faculty of Physicians and Surgeons, Glasgow, aged 79.

WALLACE.—On Jan. 21, at Cardiff, Samuel Wallace, M.D., aged 51.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 6, 1878.

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ACUTE DEMENTIA IN A CHILD—RECOVERY.

By W. H. BROADBENT, M.D., F.R.C.P.,
Physician to St. Mary's Hospital, &c., &c.

(Reported by Mr. A. C. Bridges, Clinical Clerk.)

Nelly R——, æt. 9 years, was admitted into the Alexandra Ward of St. Mary's Hospital, 21st May, 1877, in a state of great lassitude and listlessness, and suffering from headache, pain in abdomen, and severe vomiting.

Family history of parents thoroughly good. They have three other children all in good health—no history of tubercle or any special disease amongst any of them. This one has had scarlatina and chicken-pox, but only slightly, and neither of recent date. She has been a very quick child, and accustomed to read and learn a good deal for one so young. For some time before illness commenced she showed much anxiety about her lessons, which seemed to be more than she could manage. About nine weeks ago she first refused to go to school, and complained of pain in back, headache, and pain in abdomen, was several times sick—vomit being a greenish-yellow fluid. She would take only very little food, remained in bed, and gradually got into a listless condition, taking scarcely any notice of those around her. She has been under medical treatment, but no improvement has taken place.

Present Condition.—Lies completely still in whatever position she is placed, the eyes closed, taking no notice of any one, never asking for food or anything else. When asked where she has pain puts her hand to forehead and abdomen. When latter is pressed pain does not seem to be more in one region than another; whole abdomen is hard and excavated. Body is of ordinary size, but considerably emaciated. She is quite conscious, but refuses to speak even to her mother. Says "Yes" in a whisper on being sharply pinched and asked if it hurts her. Sensation intact everywhere. No paralysis.

Skin warm, dry; no eruption. Temp., 99·2.

Tongue is put out very slowly but perfectly straight; it is much furred, but moist.

Pulse 90, rhythm rather irregular, somewhat tense and not easily compressed.

Thorax, on percussion and auscultation, found to be normal; no cough; breathing rather irregular, and more abdominal than thoracic. Intercostal movement hardly observable.

Heart.—Apex beats in normal position; sounds accelerated, but fairly normal.

Liver and other organs of ordinary size.

Intellectual functions apparently in abeyance; vision good. On examination with ophthalmoscope, margin of left optic-disc found to be ill defined. Fundus red, no obvious swelling, veins large, arteries rather small. Right disc more distinct in outline. Other senses perfectly natural. Bowels are very constipated. Fæces, when passed, offensive and of a dark colour. Urine passed naturally, high-coloured and scanty, sp. gr. 1030. Urates present, no albumen or sugar.

In the first instance, she was ordered pulv. hydrarg. c cretâ rhei et sodæ, gr. viij., nocte maneque. Bowels, however, remaining very constipated, she was soon given an enema of ol. ricini et. sp. terebinth, and then a copious evacuation took place. Fæces not so dark. Pain continued in head and abdomen. Diet was confined first of all to milk and ice. Vomiting gradually ceased, then beef-tea also given. Child became more and more listless. Spinal column carefully examined, no tenderness anywhere.

On the 29th, she refused altogether to take food, would keep her mouth tightly closed; so nutritive enemas were given per rectum. No change in condition when seen in morning of this day, but at 4.30 p.m., she seemed to be perfectly unconscious, eye-lids were closed; when raised, eyes observed to be oscillating, and pupils dilated. Respiration, 90 per minute; pulse, 60, tense, and not easily

compressed. Face very pale; lips scarlet. This attack passed off in a little time.

Next day she was quite conscious again; eyes were open and breathing almost natural; could not, however, by any means be induced to speak. Day after day passed and there was no special change. Mild purgative enemas were given to make bowels act occasionally. Nutritive enemas were also administered, but as the body became more emaciated these were stopped, and in their stead a tube was passed through the nostril and posterior nares into the pharynx, and through this milk, beef-tea, &c., were injected. She disliked this process, and was induced a few times to take food naturally. Soon, however, she relapsed and resolutely refused, when the process was again adopted and answered well, for emaciation did not increase, but after some days the body certainly became more nourished. Pulse varied a good deal, some days being very slow, 50, full and regular, others over 70, always, however, of fairly regular rhythm, and the heart sounds were normal. Respirations varied much, two or three times having attacks of very frequent respirations—70 to 90 per minute. By degrees she completely closed her eyes, and would not open them or put out her tongue when asked.

Another peculiarity specially marked was her aversion to those for whom she previously showed great affection, notably her mother and Sunday-school teacher. Although she will take no notice of myself, sister of the ward, or others about her, when either of the above-mentioned comes up and talks to her, she plainly shows that she dislikes them, and puts up her hand, as much as to say, "Go away from me."

June 24th.—Ice-bag was applied to spinal column for an hour, but had not the least effect. She was still in same condition. Fed through nostrils; eyes closed; when forcibly opened, pupils found to be equal and normal. Bowels acted regularly, and urine passed naturally, latter generally containing lithates, in other respects normal. Sphincters have not been relaxed; she never passes fæces or urine, except when nurse attends to her. About this time, commenced to apply faradization. When a weak current was given, no effect produced; on a moderately strong current being applied, she uttered faint cries, but would not put out her tongue or open her eyes. A good strong current made her slowly put out tongue, but she would not or could not open her eyes. Tongue observed to be clean and moist. Galvanism was applied twice daily; she disliked it, and after some time the sound of the battery was quite enough to make her put out her tongue; could not, however, be got to open her eyes. Still fed through nostrils; body slowly gaining flesh; listless condition much the same.

On July 6th, when strong current of galvanism given, she quiveringly raised her eyelids. Eyes were looking upwards; pupils equal and normal. They were closed again directly application of current was stopped.

July 18th.—She allowed the sister of the ward to feed her with a spoon. Would not put out her tongue or move a muscle until she heard battery got ready; a much weaker current sufficient to make her open her eyes now, and they are kept open some time. If the bedclothes be pulled down and so left, after some time they are found pulled up again, and this is done by patient, though it is difficult to observe how she does it; certainly takes her a long time, and is almost imperceptibly done.

July 21st.—The child has continued being fed by mouth, and last evening, while the sister was feeding her, and coaxing her to open her eyes, she did so, without application of battery, and kept them open some time; appeared also to take slight notice of things around her. This morning she opened them of her own accord, and once put up her finger to beckon the sister, also faintly called for her. When seen at about 10.30 a.m., her eyes were wide open, and face had again quite an intelligent appearance. She could just be got to say "Yes" or "No" to questions asked. On asking if she had pain, she said "Yes," and put her hand to forehead, but not to abdomen. Puts out her tongue directly she is asked; it is moist and clean. Breathing quite natural. Pulse beating quickly, 98 per minute; fairly strong; rhythm regular. Body still emaciated, but improving. From this time up to present date (August 9th) improvement has continued. Her appetite is good; bowels regular; tongue clean; pulse 80, normal. She is gaining flesh and strength; will talk a little, and is pleased again when her mother visits her; is taken out into hospital grounds and walks about.

Dr. Blandford's account of acute dementia is the clearest and most interesting with which I am acquained. There is little need for remark on this case. Acute dementia is rare, but it is necessary to bear in mind its occasional occurrence in children, as it might easily be taken for an advanced stage of tubercular or other disease of the brain, when not only would the prognosis be altogether different but the treatment required might not improbably be left untried. In this child the early vomiting and headache, the emaciation, the apparent unconsciousness, and the excavated abdomen were highly suggestive of tubercular meningitis, but the expression in the face, a slight tremulous movement of the eyelids, and the extremely frequent and shallow respiration which prevailed while under observation, revealed the character of the disease. The fact also that she never passed the urine and fæces in bed was evidence that the unconsciousness was not real. When sensation was tested she would not shrink or cry out, but tears rolled from her eyes. The refusal of food was remarkably obstinate. * When there is actual unconsciousness, so that there is no voluntary resistance to the passage of fluids, feeding can usually be effected, even when the teeth are shut, by passing the spout of a feeder within the cheek beyond the last molar, but this method failed; the isthmus faucium was closed, and the liquid rejected. In one similar case I have known death to occur from starvation.

The perversion of the feeling was again remarkable, as shown in the aversion manifested towards the mother and teacher, to whom the child had been greatly attached. This, which was the occasion of great pain to her mother, fortunately passed off, as the child recovered; but such is not always the case. A boy who was under my care some years since suffering from acute dementia, was before the attack everything that could be desired, dutiful and affectionate at home, and highly thought of by his employer; indeed, the only assignable cause for the disease was overwork and self-denial, in order to assist his parents, and anxiety on account of his mother's illness; when he left the hospital on his recovery his character was completely changed; he was unkind at home, untruthful, idle, and thievish. His thefts were foolish, and almost purposeless, and I had on more than one occasion to give certificates to save him from imprisonment. After causing his parents much distress he was, as a last resource, made a soldier. The discipline brought him to himself, and in a very short time he was made sergeant, and came to see me at the hospital.

DEFORMITIES OF THE BLADDER AND OPERATIONS THEREFOR, WITH EXPERIMENTS RELATING TO THE ABSORPTION AND EXCRETION OF MEDICINE BY THE KIDNEYS, AND THE INFLUENCE OF CERTAIN DRUGS ON THE BLADDER MUCUS. (a)

By WILLIAM I. WHEELER, M.D. Univ. Dub.,
Fellow and Member of Council,
Royal College of Surgeons, L.K. and Q.C.P.I.; Surgeon to the City of Dublin Hospital, and Lecturer on Clinical and Operative Surgery.

I PURPOSE in this paper to mention the various malformations of the bladder (human), to give a brief outline of the causes of such, to state the various operations that may be

(a) Paper read before the Surgical Society of Ireland. The discussion will be found on page 27.

performed for the relief of some of these formations, to describe cases of vesical deformity that came under my care, the operative measures I adopted, the results of such procedure; to state experiments regarding the intervals between the absorption of medicines and their excretion by the kidneys, and the influence of certain drugs on bladder mucus, from observations on numerous cases, and the practical conclusions to be deduced.

In the order of frequency I have placed these deformities as follows :—

1. Epispadias. 2. Ectopia. 3. Fissio. 4. Inversion, Extroversion, or Ectrophia. 5. Cloacal formation. 6. Plurality of the bladder. 7. The absence of the bladder, although it may appear anomalous to class want of, under deformities.

I need not allude to the first named, but as various writers on teratology have described cases of ectopia as extroversion, and *vice versa*, it may not be altogether unnecessary to mention the differences. By ectopia is understood a want of closure in the abdominal parietes by fissure, ectopia with a slit in the bladder; by extroversion, besides the abdominal parietes being deficient, the anterior wall of the bladder is wanting; by cloacal opening, the ureters and rectum opening into a common sinus.

I shall not dwell on the first, second, or third malformation I have named, but commence with extroversion, which condition was formerly regarded as a hernia of the bladder, and to Tenon is due the credit of first describing its true nature, and the conditions which really existed. In all the cases recorded there appears to be sufficient similarity not to render a diagnosis difficult, and yet extroversion has been mistaken for nævus and malignant tumour, and on more than one occasion was about to be excised as such, notwithstanding that from birth a red mucous membrane, covered by slimy discharge, occupying the middle line inferior to the umbilicus, existed. When the diaphragm is thrown into strong action a tumour protrudes—like a hernia—and on manipulation the intestines can be felt beneath, which may be pressed back. The prominence of the tumour is thus variable, even in the same person. In infants, the space occupied may not be more than from half an inch to an inch—in adults, it may be from three and a half to four inches, and transversely four to five inches. Around these tumours may be seen the remains of a white cicatrix, which coalesces with the umbilical depression, the umbilicus is nearly always above the tumour, although occasionally, the tumour may continue above the umbilicus. On the inferior part of the tumour the urine may be observed, trickling or coming drop by drop, from the ureters, which are guarded by small papillary eminences — below these can be seen the smooth trigone; inferior to the tumour, can be felt the pubic bones, the symphises being usually separated for about four inches. If a male, a split condition of the urethra exists, the glans penis being double lobed. The urethra shows the sinus pocularis verumontanum, and openings of the ejaculatory ducts. The penis is usually shortened, the scrotum is generally circularly shaped, frequently both testes are present, occasionally they are found in the coverings of the cord superior to the scrotum; sometimes congenital hernia exists in the groins. Mr. Wood, in his paper, states that the clitoris in females, and anterior fourchette, are completely divided, and attached to the corresponding nymphæ, analogous to the division of the corpora cavernosa in the male. The ureters can be better observed in the female than male; and the same writer states that the bladder and urethra open directly into the vagina, at the upper end of which can usually be seen a properly formed os, or cervix uteri. The recti muscles are found apart below, corresponding to the division of the pubis, and breadth of extroverted bladder, and continue separated to their insertion. B. Phillips states that the umbilical depression is usually present, but it was not found in a case described by Professor Humphry, in the *Journal of Anat. and Phys.*, 1868, and dissected by him and Mr. Carver. In cases described by this last writer, and by Mr. Wood, both the hypogastric cords were present. Humphry mentions the curves of the sacrum being altered, which, instead of being concave in front from above downwards, is convex, and forms a projecting angle between the second and third sacral vertebræ. This and other osseous changes are dependent on the separation of the pubic bones. In all the cases seen by Mr. Wood, the anus was placed in front of its usual position, and often with an anterior, instead of a posterior, direction. Cases are on record in which the mucous membrane of the bladder has been divided into two lateral halves. Vrolip states a case of this kind in Todd's "Encyclopædia," vol. iv., page 951; the child lived only twenty-two days. Again, the bowel may open into the vagina or urethra, the anus being imperforate, which is called by Poppendorf, the atresia ani urethralis. I may here mention a curious deformity which lately came under my notice, namely, a case of lumbar spina bifida, with the intestine opening by its side, and fæcal matter discharging. I was asked to see the case by Dr. Byrne, and I had an opportunity of showing it to Dr. Hawtrey Benson. The child died, but a *post-mortem* would not be permitted. Such deformities as those I have mentioned above, I merely relate, as the objects of them scarcely ever live for any length of time, although Bartholin states a case in which there was neither penis or anus, and all the ingesta returned by the mouth for more than fifty years (*Hist. Anat.*, iv., page 293). In absence of the urinary bladder the uterus either terminates in the urethra, or in the rectum. Simon based his operative measures on cases of extroversion from observing the latter termination of the ureters. Binnerger describes the case of Abraham Clef, who had no urinary bladder, the ureters opening into the urethra, a stylet passed into the urethra went into the ureters alternately. In the seventh vol. of the *Philosophical Transactions* Mr. Richardson gives an account of a Yorkshire lad, who up to 17 years had never passed water through the urethra, had always enjoyed good health, the only trouble to him was the passage of the urine into the rectum, where the ureters opened, by which diarrhœa was kept up. Camper speaks of similar cases. Respecting plurality there are on record cases of two or three bladders existing, but upon examination membranous septa were only discovered. There is not any case on record of plurality of urinary bladders in the human subject as far as I can ascertain, save that described by Molenetti. In this case the woman had five urinary bladders, as many kidneys, and six ureters, two of which opened into a bladder larger than the others. The remaining four terminated in four smaller bladders, which poured their urine into the large bladder.

Having thus given an outline of some of the deformities, I will briefly state the supposed causes, and do not intend entering into the various and erratic theories propounded to explain these deformities, such as Duncan's, who believed the symphysial bones were separated by means of the over-distension of the bladder, and that the bladder itself broke open from the same cause. I will have, however, to enter briefly into embryological conditions, to explain the causes of these deformities. Amongst the numerous changes which take place in the chick on the third day we have the completion of the fore-gut and of the hind-gut, the division of the first into œsophagus, stomach, and duodenum, and of the latter into the large intestine and cloaca; also the closing of the hind-gut to form the umbilical duct, and the most significant offshoot of the digestive tract, the allantois, although at first distinctly obvious on the fourth day, has appeared in an elementary condition on the third. It may be seen as a pyriform vesicle lying in the posterior portion of the pleuro-peritoneal space—and in connection with the cloaca, by a tube-like stalk, which keeps the communication between it and the alimentary canal; both vesicle and stalk have an outer layer of mesoblast, and an inner covering or layer of hypoblast. Such can be determined at this stage of development, but of the very earliest stages there are differences in the accounts.

Von Baer thought that almost immediately after the

cloaca was formed by the enlargement of the hind cæcal end of the alimentary canal, the allantois sprung from it as a diverticulum, discernible generally about the end of third day, and that both coats of the alimentary canal formed it; this diverticulum by degrees stretched into a pyriform vesicle connected, as I before mentioned, with the cloaca by a stalk, which lengthened till the allantois became an independent body, composed of mesoblast and hypoblast.

Reichert believed the allantois was formed of two solid out-growths from the mesoblast of the somatopleure, which subsequently coalesced and became hollow. He thought it was previously connected with the Wolffian ducts.

Remak states that the allantois is formed by two solid vascular outgrowths of the body-wall mesoblast, one on each side of the median line, which project into the pleuro-peritoneal cavity near the cloaca, that they coalesce and grow till they come in contact with the wall of the cloaca, with which they unite and form a spherical body, which bears on it a furrow showing its double origin—a narrow portion of hypoblast passes into the mass, the hypoblast grows rapidly, while the mesoblastic covering is almost stationary, and only forms a thin coat over the hypoblast.

His gives a voluminous and different account of the allantois development, which is embodied by Dobrynin, who says, "when the first commencement of the hind fold takes place immediately beyond the point, where the hypoblast turns back, to its normal direction over the yolk sac, a narrow diverticulum which points backwards and somewhat upwards, is formed by a special flexure of the splanchnopleure—this diverticulum is the beginning allantois, it is lined by hypoblast, while its exterior is composed of the mesoblast of the splanchnopleure. As the folding in, to form the digestive tract, increases, the diverticulum changes its position, and is parallel with the commencing digestive tract—its cavity is separated, from that of the digestive canal, by a projection of mesoblast covered by hypoblast, both open freely in front into the splanchnic stalk. In the next stage its position is more altered, and forms a large vesicle lying immediately below the hind end of the digestive canal, its blind end projects into the pleuro-peritoneal cavity below: it was thus Von Baer observed it. At the time these changes are taking place the somatopleure is being folded in to form the walls of the body, and as the folds are carried laterally from the very end of the tail they present themselves, as seen in sections, as two ridges projecting towards the sides of the allantois; on reaching the allantois these edges fuse with its wall. Remak mistook these foldings of the somatopleure and the projections into the pleuro-peritoneal cavity for the first formation of the allantois, although they have not much connection with it."

The allantois is therefore a portion of the cloaca, which growing forward becomes an independent diverticulum or vesicle remaining with the cloaca by a narrow canal, which forms its neck. The neck and vesicle of the allantois is lined by hypoblast, while its exterior is the mesoblast of the splanchnopleure; from the first the allantois lies in the pleuro-peritoneal cavity; hence it can easily be understood that ectopia is caused by the somatopleure being at fault, extroversion by the splanchnopleure.

The first deformity of the bladder which came under my notice, was that of extroversion occurring in a female, æt. 19, Cecilia E., about five feet two inches in height, with pale and anæmic features, who was admitted into the City of Dublin Hospital, under my care on the 31st May, 1875, recommended by my friend Dr. S. Murdoch. Her state on admission was as follows: Directly above the symphisis pubis, the abdominal parietes, as well as the anterior portion of the bladder, was wasting to the extent of three and a-half inches in a perpendicular direction, and nearly three inches transversely. The symphisis was separated to about two and a half inches, and the recti muscles passed obliquely upwards, separated to the width of the extroverted bladder. The posterior internal surface of the bladder protruded through the deficiency, forming a slight prominence which was occasionally increased when the patient used any exertion. This wall of the bladder was extremely red in colour, covered in portions with viscid mucus, sensitive to the touch, and not more sensitive in any particular portion. At the middle and lower part may be observed the orifices of the ureters, guarded by little papillary eminences, both being in the same plane through these orifices, I was able to pass a probe for about three inches, without the slightest annoyance to the patient; from these openings the urine could be observed to flow, drop by drop, sometimes trickling; when the drop passed the orifice seemed to contract. The clitoris was divided into two portions, the anus was in front of its normal position, the vagina was remarkably small and only permitted the passage of my little finger. She menstruated regularly, the anterior and upper portion of her thighs were red, and in parts excoriated, from the passage of the water over them. She endeavoured to prevent its flow by keeping damp cloths over her thighs, and below the pubis. The patient being placed under the influence of ether, I performed the following operation:—The skin and tissues above the bladder being of sufficient thickness, I determined on making an umbilical flap to extend over the entire width of the bladder, the length being about four and a-half inches, and the width three inches and three-quarters. I did not dissect it down to the superior margin of the bladder, but stopped a little less than a quarter of an inch from it. I next raised two pear-shaped flaps, about two and a-half inches wide from each groin, their bases being downwards. The three flaps being thus ready for placing, I turned down the umbilical flap skin surface next the bladder, and turned the groin flaps inwards towards one another, in the middle line placed closely. The raw surface of each being upon the raw surface of the umbilical flap, I next passed through the flaps turned from the groins four hare-lip pins, which held them together, piercing the umbilical flap in their passage. I then drew together, by means of twisted and interrupted sutures, the wounds caused by the removal of the flaps, and applied broad straps of plaster from one side of the abdomen to the other, save over the flaps, over which I put carbolic gauze. The patient was now placed in bed in the semi-recumbent position, with the knees drawn up. The urine continued to trickle down, over the labia and perineum, through the small aperture left in front at the junction of the three flaps; these parts were well greased with lard, and a sponge placed between the legs to catch the urine as it escaped; the patient slept for about three hours, and awoke, complaining of the scalding of the urine where it passed over the soft tissues, I made a small channel of gutta-percha, which fitted under the edges of the flaps, and carried the water into a receptacle beyond the labia. The patient continued to do well till the fifth day after the operation; she then had an anxious appearance, refused her food, and was much out of sorts. Her temperature was 101·3 F. The flaps looked doughy as if about to slough, the edges, where the flaps were taken from, were healthy, and portions had healed. I loosened the twisted sutures by cutting the silk, but did not then remove the pins, and applied over the flaps a mixture of glycerine and balsam of Peru; internally, she got bark and ammonia in effervescence, and five-grain doses of the compound soap pill every four hours. On the following day, sixth after operation, I removed the pins, the wounds caused by flaps, were nearly healed and very healthy. The lateral flaps (those from groin), at their point of meeting, had separated, were dark in colour, and undoubtedly sloughing. The extremity of the umbilical flap presented the same appearance; suffice it to say, the flaps died, the lateral to quite half, the umbilical to about two inches. Some months after I proposed another operation to the patient, she being in a favourable condition for it, and the nucleus of the former flaps affording an assistance. She refused, unless I would guarantee complete success, the only benefit to the patient was, that the remains of the labial flaps prevented the urine from running over her thighs as before the operation.

The next case is that of a young gentleman, æt. 15 years, who was brought under my notice by a near medical relative of his. He suffered from ectopia and fissio vesicæ, with epispadias. He was pale, well nourished, walked with a widened but straddling gait. On examination I found the pubis separated the thighs more apart than normal. The mucous membrane of the bladder protruded beyond the abdominal wall, and formed, when he was in the erect position, a prominent red tumour. This was excoriated in one or two places by the rubbing of his clothes. On careful examination the ureters could be observed; the scrotum was small, both testicles could be felt in it. The urethra was a mere channel, the corpora cavernosa being imperfectly connected. The ectopia did not extend the entire way to pubis, about half an inch of closure being above the pubis. The water flowed over the thighs and scrotum, occasionally some ran along the open urethra. This happened when he was in the erect position. He had worn an apparatus, but states he felt more comfortable without it. In December, 1875, I operated on this case, turning down a large umbilical flap and two pyriform flaps from the groin, as in the last described case, and brought them together, in the manner beforementioned, by hare-lip pins, and interrupted suture, taking care that the edges of the lateral flaps were in apposition; I then drew the wounds, where flaps were taken from, together; I covered the flaps with carbolic dressing and cotton wadding. On the fourth day the twisted sutures were loosened and pins withdrawn; in eight weeks the wounds were perfectly healed, and I then proceeded to cover in the urethra. I made two lateral incisions, and dissected off the skin from the sides of the penis, and turning the cuticular surface towards the channelled urethra, I brought the edges together by means of interrupted suture, and passed in a bougie, oiled, and placed at its extremity charpie, so that no urine could possibly get to the cut surfaces; the urine escaped through the small opening left at the pubic portion of the penis. As soon as this was healed, I turned two flaps from the scrotum, covering over the remainder of the channel which was open, and joining their edges to the edges of the umbilical and lateral flaps. I then passed in a catheter, and kept it in the bladder till perfect union was established, keeping at the same time a light pad and bandage over the flap which covered in the bladder. This, the third part of the operation, finished the cure, which was complete, and everything that was to be desired. During the progress of the case the patient suffered distress and inconvenience from erection of the penis. Bromide of potassium, camphor, and belladonna afforded him relief. The deformities I have alluded to are more common than is generally thought, and not unfrequently the sufferers have lived beyond the allotted time of men, cases are recorded at the age of 75. The malformations are said to be most common in males, yet numerous cases are recorded in females, and recorded where women suffering from extroversion of the bladder have become pregnant (Huxham Bonnet, *Philos. Trans.*, vol. 23), and yet it is within a comparatively recent date that these deformities were even attempted to be remedied, and the sufferers from these dire conditions lived for the most part secluded, apart from, and shunned by mankind. For further operative accounts see Nélaton, Dupuytren, Ayres, Wood Richard, Simon, Pancoast.

I shall now relate the results of my experiments, made chiefly on the first case, that of Cecelia E. I was materially assisted in the carrying out of these experiments by my knowledge of Mr. Erichsen's observations. The quantity of urine passed was very equal, there being scarcely any appreciable difference, each ureter let fall a drop about four times in the minute; this, with the drop of the opposite side, joined. In the female case the ureters dropped very equally; in the male case the right dropped more frequently. In neither case did the ureters act at the same time; the urine dropped faster when standing than reclining, and on suddenly rising would flow continuously from half a drachm to a drachm; the urine in both cases was acid, in the female more so than the male. The mean of the specific gravity in the female case, from eight observations, was 1·015; in the male, from six observations, 1 020. Some of the substances I experimented with were prussiate of potash, the bicarbonate of soda, bicarbonate of potash, nitro-muriatic acid, benzoic acid, compound spirits of juniper, carbolic acid, triticum repens, uva ursi, senega, matico, pareira brava. One or two of these had been already used by Mr. Erichsen, my results were somewhat different. The first experiment was made with prussiate of potash, 3½ hours after the morning meal, at which she took an egg, tea, and bread; 15 grains of prussiate of potash in 3 ounces of water was drunk, in 7 minutes the salt appeared in the urine. The second experiment I made with this salt was 5 hours after a similar meal; 30 grains were taken, in 4½ minutes the salt could be detected. The next experiment was made 9½ hours after partaking of milk and bread, 35 grains were taken. The salt was detected in 1 minute and 35 seconds. The fourth experiment was made 20 minutes after a meal, at which was taken mutton chop, bread, porter half-a-pint. Thirty-five grains of the salt was administered; the salt could not be detected for 22 minutes. The next class of experiments was for the purpose of testing what time it would take to render the urine alkaline, and when alkaline, again acid. With this intention I gave her a drachm of liquor potassæ in a small cup of beef-tea two hours after a meal of chop, porter, and bread. The urine was alkaline in 3 minutes, tested with turmeric paper, and remained alkaline for 3 hours. I next gave her bicarbonate of soda, ℥ij, saturated with lemon juice, 4 hours after a meal of milk and bread. The urine was rendered alkaline in 2½ minutes, and remained so for 3 days. There was not any increase in the rapidity of the urine from the ureters. The next time I gave bicarbonate of potash, ℥ij., with orange-water, 3 hours after a meal of bread, butter, egg, and tea; the urine was alkaline in 11 minutes. Producing the same experiment after the same kind of meal, and administering the same quantity of potash 20 minutes after the meal, the urine was not alkaline for 45½ minutes. In the first instance it remained alkaline for 4 days; in the latter, for 2 days and about 7 hours. I again rendered the urine alkaline, and administered 20-drop doses of the nitro-muriatic acid dilute, every 5 minutes, till the urine became acid. The patient took 1 drachm and 40 minims; in 58 minutes the urine was acid. She had been 1 hour and 5 minutes after a meal of eggs, bread, and milk. I again rendered the urine alkaline, and 3½ hours after a meal of mutton, bread, and porter, gave 30 grains of benzoic acid; the urine was slightly acid in 15 minutes (I do not consider this experiment was satisfactory). I gave this patient grain doses of carbolic acid; after she had taken 10 doses, the urine had a tar odour, and was darker in colour. I put 6 ounces of saturated solution of carbolic acid into 4 gallons of water (warm); the male patient bathed his feet in this for 50 minutes, the urine became darker in colour, and smelled strongly of carbolic acid. I was anxious to test the absorbing power of the mucous surface of the bladder, believing that the bladder absorbed like other mucous surfaces, if only cleansed before hand. Although stated by many eminent writers, amongst whom is Sir Henry Thompson, to have no absorbing power, and that one need not be afraid of the quantity of anodynes introduced into the bladder. I washed over the surface of the female's bladder with tepid water, rubbed up 20 minims of the tincture of iodine with lard, and spread it over the superior portion of the membrane of the bladder. In three minutes iodine could be detected in the urine, and in 5 minutes it was palpably plain to the starch test. I placed the same in her vagina on another occasion, and in 8½ minutes iodine could be detected. I have on more than one occasion, placed morphia on the mucous surface of the bladder on both these patients, and produced sleep, and not only in these patients have I found a narcotic effect by morphia placed

on the mucous surface of the bladder when cleansed. I will quote one other, the case of a young married woman whom I endoscoped; Mr. Tufnell was present. She suffered severe pain from ulceration of the bladder, and having touched the ulcers with nitrate of silver, I placed a grain of morphia in her bladder; she was asleep in 18 minutes, and slept for four hours. I have merely now to state the drugs which I have found act most beneficially on bladder mucous as before stated. I have tried triticum repens, uva ursi, pareira brava, senega, matico, the balsams and various other drugs. Triticum repens I have not found of the slightest value in the removal of bladder mucus, it has a soothing effect, that in my opinion is its only property; it is described by James in his Medical Dict., 1743, as effectual against the gripes, difficulty of urine, ulcers of the bladder, and breaks the stone. I have used it in cases of lithotomy and lithotrity, and have not found it produce any better effects than barley water would. It does not seem to me to have any special influence on the genito-urinary tract. The medicines which had the most marked effect on the bladder mucous, in the cases I had operated on and others I had treated, were buchu and pareira brava; senega I also found useful. I could relate from my notes before me, as I write this, many cases of bladder mucous, how treated—the results, &c.—were it not I feel I have trespassed too long on the Society already. One interesting case I will briefly state: it was that of a gentleman on whom I operated for several urethral perineal fistulæ. Mr. Butcher, Mr. Tufnell, Dr. Benson, and Dr. Harley were present. In this case I eventually closed the last unhealed opening of the urethra by passing a pin from one side to the other, approximating the edges by a figure of-8-suture. I was obliged to keep in a catheter for twenty-seven days; he had much ropy mucus; in truth, it was as excessive as one suffering from an aggravated attack of chronic catarrh. I gave him pareira brava, and washed out his bladder with sulpho-carbolate of zinc, as is my plan in these cases; he was relieved of his distress and mucus, and I was enabled to retain the catheter in his bladder till I believed it might safely be withdrawn. I will not sum up the valuable deductions to be drawn from this paper, they are evident to every practical and scientific surgeon, and merely add that the greatest rapidity with which I could get water to flow from the ureter was at the rate of seventeen drops per minute, when the patient was taking a diuretic, the chief ingredient being compound spirit of juniper.

Clinical Records.

CONGENITAL DISPLACEMENT OF BOTH LENSES IN SIX MEMBERS OF A FAMILY.

Under the care of Mr. WORDSWORTH.

AT the meeting of the Medical Society of London, held on Monday, January 14, Mr. Wordsworth exhibited six persons belonging to one family who are all affected by congenital displacement of both crystalline lenses.

They consist of Mrs. H., her two sons, and their three children. A third son of Mrs. H., who is now in New Zealand, was examined many years since, and his case described in the first volume of the Royal London Ophthalmic Hospital Reports by Mr. Dixon. In addition, Mrs. H. states that her own father, his youngest brother, and her grandfather were all similarly affected. If this be so, there is a series of *ten* cases occurring in *five* successive generations.

They all complain of being short-sighted, and on close examination by oblique illumination, and when viewed by the ophthalmoscope, the crystalline lens in each eye is seen to be displaced, and its edge visible in the pupil.

For distant vision they look through that part of the pupil in which the crystalline is absent, and for near objects through the crystalline itself.

The family recognised the defect in all who are subject to it, and in those they considered exempt, the examination confirmed their opinion.

The annexed tabular statement, made by Dr. Morton, clinical assistant at the Moorfields Hospital, fully shows the particulars of these very interesting cases:—

Mrs. H., æt. 59. Displacement: R. E. upwards and inwards; L. E., do. Irides, light brown; lenses becoming opaque. Vision: 20-200th, scarcely, and J. 1. at 8 secs.; after atropine, with $\frac{1}{4}$ = 20-50th; after atropine, and with $\frac{1}{2}$ = J. 1. at 6 secs.

George H., æt. 37. R. E., inwards; L. E., inwards and slightly downwards- Irides, grey-blue. Vision: R. E. = 20-200th, nearly, and J. 19; with 1-20th = 20-70th; with $\frac{1}{3}$ = J. 12. at 6 secs.: L. E., 20-200th, and J. 1. at 1$\frac{1}{2}$ secs.; with 1-14th = 20-50th, and with $\frac{1}{3}$ = J. 1. at 5 secs.

William H., æt. 35. R. E., upwards and inwards; L. E., inwards. Irides, brown. Vision: R. E. = 20-200th, and J. 1. at 2 secs.; with 1-3$\frac{1}{2}$rd = 20-50th, and J. 1. at 8 secs.: L. E. = not 20-200th, J. 1. at 2 secs.; with $\frac{1}{2}$ = 20-100th; with 1-3$\frac{1}{2}$rd = 20-50th, and J. 1. at 5$\frac{1}{2}$ secs.

Maud H., æt. 10. R. E., inwards; L. E., do. Irides, grey. Vision: R. and L. = 20-200th, and J. 1. at 2 secs.; after atropine, with 1-12th = 20-200th, and with $\frac{1}{2}$ = J. 1. at 4 secs.

Alfred H., æt. 5. R. E., upwards; L. E., upwards and inwards. Irides, grey. Vision not proved.

George H., æt. 7. R. E., upwards and outwards; L. E., upwards and inwards. Irides, brown. Vision not proved.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Fourth Meeting of the session was held on Friday evening, January 18, 1878; the Vice-President of the College, Mr. P. C. SMYLY, in the Chair.

The adjourned discussion on Mr. W. I. WHEELER's paper on

DEFORMITIES OF THE BLADDER, AND OPERATIONS THEREFOR; AND EXPERIMENTS TO TEST THE LENGTH OF THE INTERVALS BETWEEN THE ABSORPTION OF MEDICINES AND THEIR EXCRETION BY THE KIDNEYS; AS WELL AS EXPERIMENTS TO TEST THE INFLUENCE OF CERTAIN DRUGS ON THE SECRETION OF BLADDER MUCUS.

which will be found at page 106.

The VICE-PRESIDENT stated that the President had suggested to him that it would be well if Dr. Wheeler gave a short *résumé* of the paper he had read at the previous meeting of the Society, so as to more satisfactorily enable the meeting to commence the discussion. Of course it lay entirely with the meeting whether they wished such a course to be adopted, and the right of first speaking in the discussion lay with Mr. Rawdon Macnamara.

The motion as to the desirableness of Mr. Wheeler being asked to give a *résumé* of his paper having been put and unanjmously carried,

Mr. WHEELER gave a brief outline of the paper.

Professor RAWDON MACNAMARA said that on the last occasion he had had the privilege of moving the adjournment of the debate upon the most important paper of Mr. Wheeler's, because otherwise he did not think that adequate justice would be done to so important a communication. A vast number of subjects was opened up in the paper, and they would all, he dared say, in the course of the discussion approach them from their own standpoint. For instance, some might approach it from an etiological standpoint, and others from an embryological point of view; others might approach it from a variety of standpoints. But in consequence of some of Mr. Wheeler's experiments somewhat resembling some experiments he (Mr. Macnamara) made some years ago, and to which allusion had been made by the reader of the paper, he thought it as well to ask for the adjournment of the discussion, and he would now apply himself to that portion of the subject upon which he had contributed some facts. Now the case of Mr. Wheeler's was a remarkable one. It seemed one of the simplest things in the world to ascertain the rapidity with which medicines were eliminated by the urinary organs. *A priori*, anyone could take any patient and effect such experiments.

But it was not so easy to do so at all. In the first place, they wanted to get the secretion minute by minute, when the medicine was absorbed and carried into the urinary bladder. It was not so easy to get a patient, as it were, to make water at word of command. That was an exceedingly difficult thing. It was, however, his good fortune to get hold of a patient who had that rare gift, for when he held a vessel before him he would make water, and when he told the patient to stop he did stop, exactly at the moment he was told to stop. That was a very remarkable fact connected with that patient, who was suffering from hydrocele, and on whom he (Mr. Macnamara) performed the radical cure. It happened that upon the morning when he made his experiments, Dr. Haughton came up to the Meath Hospital, and thus the experiment was immortalised because it was quoted in Dr. Haughton's work on "Animal Mechanics," a work that would live when most of us had passed away. He would now read the words in which Dr. Haughton described the experiment. "The time occupied by absorption, circulation, and secretion combined, may be set down at less than four minutes, as appears from the following interesting experiment devised by Professor Macnamara of the Royal College of Surgeons in Ireland, at which I had an opportunity of assisting. An old soldier, a patient of the Meath Hospital, suffering from hydrocele, was trained by us to urinate at the word of command, at intervals of one minute, into a succession of of test tubes. When his training had been completed by a few days' instruction, the sac of the hydrocele was emptied, and injected with two drachms of tincture of iodine. The patient then urinated, at intervals of one minute, into the test tubes previously prepared, commencing at one minute after the injection. The fourth test tube responded faintly to the starch test for iodine, and the fifth and subsequent tubes showed its presence very distinctly. From this experiment, it is evident that the entire process — viz., absorption by the tunica vaginalis; transmission by the lymphatics and capillary veins to the heart; retransmission by the renal arteries to kidneys; secretion of urine, and its transmission to the bladder by the ureters—occupied less than four minutes, or about five times the entire time required for the circulation of the blood." There was very little merit attaching to that experiment, beyond that which was to be attributed to the patient; for it was very easy with such a patient to make the experiment. In all the cases of Mr. Wheeler, as far as he (Mr. Macnamara) remembered, the ureters opened exactly on the surface, and he had each time to perform the experiment on the urine as it was delivered, without its being required to be delivered into the bladder. Now he considered that that was a fact that should, in the course of the discussion, be held in recollection, because, having some experience in the treatment of these affections, he confessed he was surprised at the facility and length of time with which the urine was alkaline. Now he must say that it sometimes came to his lot to treat cases where he would be very anxious to make the urine alkaline, and the result of his experiments was that that was not so easily effected as it appeared to have been in Mr. Wheeler's cases. He (Mr. Macnamara) found it much more easy to make the urine acid than alkaline; but they could readily understand that. The great probability was that the explanation of those cases was that it was going on in a subject whose kidneys were distinctly healthy, and it was also going on in a subject where the urine was delivered without having reached the bladder. Probably that might be some explanation of Mr. Wheeler's case. It was an interesting fact, after all. He was sorry that Mr. Wheeler's experiments were not conducted on a still more extended scale, for he thought Mr. Wheeler had had an opportunity of establishing some very important facts in connection with the absorption of medicines. For instance—he (Mr. Macnamara) did not know whether Mr. Wheeler would have considered it right to do so or not—he should have liked to see what would be the result of the administration of mercury in such a case, and its excretion by the kidneys. It would have thrown a great deal of light on a question which was at this moment *sub judice*. The experiments which Mr. Wheeler had instituted seemed to him (the speaker) to have their principal value in pointing out, first, the rapidity with which absorption was effected in connection with medicines; and the second important observation to be deduced from them was, he thought, the power of certain medicines in producing alkaline reaction in urinary secretion. He must congratulate Mr. Wheeler on the immense amount of research he had displayed in his paper, the great amount of instruction it contained, and the manifest pleasure with which every one listened to it; and he (Mr. Macnamara) was sure that he was but expressing the sense of the meeting when he said how gratified they were to find one of their members contribute to their proceedings so important a paper as that which they had had the good fortune to hear on the occasion of their last meeting.

Dr. MAPOTHER said that, as he purposed addressing himself to the same view of the subject as Mr. Macnamara had —viz., the physiological action of medicines—in alluding to the very interesting series of experiments made by the reader of the paper, it might be more convenient that he should speak now. He thought the most interesting and important part of Mr. Wheeler's very comprehensive paper was that detailing the rate of passage of various chemical agents from the stomach to the bladder. The results had verified those of Erichsen, when lecturer on physiology in Westminster Hospital, in 1845. Ferro-cyanide of potassium passed in one minute if taken eleven hours after food, and in thirty-nine when given after a full meal. The patient was not very tolerant of physiological trials; but Mr. Wheeler's should have been more so, for amendment by surgical procedure was promised, and afterwards carried out. The rapid passage of certain substances, and the tardy appearance of others, could be explained by their crystalloid or colloid nature—terms afterwards applied by Graham. The long continued alkalinity of the urine after the dose of alkaline salts could not have depended upon their neutralising the acid of the urine. In one of Erichsen's experiments, that fluid was alkaline for six days after the taking of 120 grains of bicarbonate of soda; during that time the acidity of the urine would have probably averaged that of 270 grains of oxalic acid. If such grand opportunities for physiological and therapeutical research should again occur, quantitative analyses of the urine at regular periods after the ingestion of saline and other drugs of more complex nature, would be very desirable, especially if the kinds of foods and times when taken were precisely noted. The practitioner would thus be guided as to the most suitable times for administering various medicines. If Mr. Wheeler had sought for the iodide in the tears or saliva, instead of in the urine, which it might possibly have reached directly, more conclusive evidence would have been given regarding the absorbing power of the mucous surface of the bladder. With Professor Macnamara, he thought the paper of the highest possible interest and value.

Mr. B. WILLS RICHARDSON said: With regard to the first part of Mr. Wheeler's paper, I shall make no comment, for I have nothing new to say on embryology and, in the second place, because the subject, so cleverly epitomised by him, is fully described in many standard works on physiology. There are some points, however, in the second portion of his communication that appear to me to be open to comment. I allude to those bearing upon the absorbing power of the bladder. The Society may be again reminded that a few of Mr. Wheeler's experiments were performed with the object of disproving the accuracy of Sir Henry Thompson's opinion regarding the non-absorbing power of the mucous membrane of the bladder. I had better, however, before entering into Mr. Wheeler's experiments, give the observations of Sir Henry Thompson as they appear in the last edition of his Clinical Lectures. They are as follows:—"The mucous membrane of the bladder," he states, "appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum;" and in a note on the same page he remarks, that "some one thought proper to question, in one of the journals, the accuracy of this statement, relative to the effect of narcotic injections into the bladder, and even to caution my readers against relying upon me too implicitly. It might have seemed otherwise almost unnecessary to say, that this statement was the result of very numerous experiments and observations; and its object was to show that such injections were of small service, and, therefore, not to be recommended. My only reply to the critic was to inject *four drachms* of liq. opii sed. into the bladder of a patient with chronic cystitis, in one of my wards in University College Hospital, on four separate occasions in presence of the students, who verified for themselves the absence of any sign of the presence of opium in the system. Subsequently, a dose (by mouth) of twenty minims, produced them almost notably." I now come to Mr. Wheeler's observations. "I was anxious (he

says), to test the absorbing power of the mucous surface of the bladder, believing that the bladder absorbed like other mucous surfaces, if only cleaned beforehand, although stated by many eminent writers, amongst whom is Sir Henry Thompson, to have no absorbing power, and that one need not be afraid of the quantity of anodynes introduced into the bladder." Mr. Wheeler proceeds :—"I washed over the surface of the female's bladder, [he is speaking of the extroverted bladder] "with tepid water, rubbed up twenty minims of the tincture of iodine with lard, and spread it over the superior portion of the mucous membrane of the bladder. In three minutes iodine could be detected in the urine, and in five minutes it was palpably plain to the starch test. I placed the same in her vagina on another occasion, and in eight and a-half minutes iodine could be detected. I have on more than one occasion placed morphia on the mucous surface of the bladder of both these patients" —one a male, the other a female—"and produced sleep ; and not only in these patients, I have found a narcotic effect by morphia placed on the mucous surface of the bladder when cleansed." It would be satisfactory were Mr. Wheeler to mention the intervals that elapsed between these experiments and the occurrence of sleep. It appears to me that the iodine experiment was a very fallacious one, and I think, with Dr. Mapother, it is open to criticism, because the iodine could have readily descended to the ureters, and mixed with the urine in which it was detected. Let me again remind the Society that this was an 'extroverted bladder,' or piece of bladder, the exposed surface of which Mr. Wheeler assumes to be analogous in function with the surface of the normally-formed closed reservoir. He goes on to say :—"I will quote one other, the case of a young married woman whom I endoscoped—Mr. Tufnell was present—she suffered severe pain from ulceration of the bladder, and having touched the ulcer with nitrate of silver, I placed a grain of morphia in her bladder ; she was asleep in eighteen minutes, and slept for five hours." It would be advisable were Mr. Wheeler to tell us the length of time occupied with the endoscopic examination? The postponement of the discussion to this evening enabled me to communicate with Sir Henry Thompson on this interesting question chiefly to ascertain whether he had modified his opinion, on the non-absorbing property of the closed vesical reservoir, and at the same time to ascertain if he had any experience of experiments on the extroverted organ. To my questions thereon, he kindly sent me the following replies :—He tells me that he has no experience of experiments on the extroverted bladder, and he agrees with me in thinking that the condition of an exposed mucous membrane is not in the least analogous to the lining of a reservoir, with which the air never comes in contact. He has experimented only on ordinary well-formed bladders usually with some chronic cystitis present. He should never dream of applying morphia, in the expectation of furthering this inquiry, to an ulcerated surface. He should expect such a surface absorbent, of course ; and he considers that there is no kind of analogy between the action of a salt laid on a raw vascular surface and on the unbroken lining of the bladder. Break the surface of the mucous membrane or of the skin, and you may find absorption active enough, as in the case of vaccine and syphilitic viruses, both of which are handled with impunity, but applied to the slightest breach of surface, are absorbed. Nothing that you have named as an illustrative experiment (Mr. Wheeler's experiment) bears on the subject in the slightest degree. But he has several times, in University College Hospital, in presence of the pupils, and once in presence of a journal reporter, who watched the result and published it, injected a drachm of liquor opii into a bladder slightly inflamed only, without the smallest effect on the system. He was led, many years ago, to the result in consequence of injecting bladders, which were the cause of great suffering, with opiates, in the hope to allay pain and affect the system, and without effect, which surprised him. No doubt that the mucous lining of the bladder is that of a *non-absorbing* reservoir, wholly differing from that which lines any portion of the intestinal tube, which is throughout, more or less, *an absorbing canal.* Thinking it desirable to have an explanation of Sir Henry Thompson's observation as to the impunity with which the syphilitic virus might be handled, he also favoured me with a reply to a letter in which I asked for such. He says that his "belief has long been that syphilitic infection never takes place, except when there is some breach of surface. Why should it? When the male organ is erect, the minutest crack in the skin round the prominent ridge of the corona is so very likely to take place. The mechanism of the act is the best possible one can conceive for getting a microscopic crack inoculated, if a sore, or its secretions be in the way. The favourite situation for sores indicates this mode of inoculation ; and it is never by the finger that syphilis enters the system, unless there is a crack or sore there ; and yet, as every man knows, the finger—take the world round—is, perhaps, quite as much exposed as the penis, only the skin is not so tender on the finger, and is not liable to the *great and sudden extension which so much favours the cracking* he refers to. If handling syphilitic or any other animal poison risked infection, how many of us would escape? As it is, only an occasional accoucheur who gets it, and he always had some sore or crack on his finger —"at least," he "always" hears "that it has been so. Such," he concludes, "have long been" his "views, and," he thinks, "a little reflection will show, at least, there is some probability of their accuracy." These are Sir Henry Thompson's opinions ; and in conclusion I may observe that, some years ago, I frequently injected 20 grains of extract of belladonna into chronically-inflamed bladders, and eventually relinquished the use of the drug, not seeing any resulting benefit therefrom. At all events, in none of the cases were the specific effects of belladonna on the system observed ; whereas, I have known three grains of this extract given by the rectum to produce most alarming symptoms.

Dr. O'LEARY regretted that he had not heard the paper read, but from what he had heard in the discussion of the teaching of the opinions of Sir Henry Thompson, he (Dr. O'Leary), thought the conclusions derived from them might be somewhat fallacious. In the first place, he thought that in all Sir Henry Thompson's cases, the bladder was not a healthy surface ; it was a diseased surface. It was a surface labouring under chronic inflammation, of inflammation of some sort ; it was not in a physiological, but it was in a pathological state at that time, so as to arrest its function, and also to cause effusion from its surface, throwing off all its superficial cells and secreting mucus on the surface, on an impermeable surface, and causing a physical obstacle to absorption. No one would deny that in the case of the mucous membrane of the stomach, it was an absorbing surface, and that it did absorb, they knew. The very old experiments quoted by Dr. Mapother, were known to every student, and they knew well that if a membrane be in the slightest way inflamed, artificial substances would not be absorbed. They also knew that when ordinary food was applied to the surface of the stomach, the stomach absolutely refused to absorb that food, and even ordinary albumen would not be absorbed as a consequence, simply because it was not up to the physiological standard. It was a general complaint that terms were too often used generally in speaking of the bladder as an absorbing surface, but that might be modified as a consequence, according to the condition in which the organ was. If the bladder was inflamed, it differed essentially from a bladder in a state of health. The bladder or any other mucous surface was different from the stomach as to its capability of absorbing, and therefore, he would say that that showed that the conclusions that Dr Richardson had quoted, and had also stated to be the views of Sir Henry Thompson, were fallacious as they were not applicable to the case of a healthy bladder, for the simple reason that every membrane—and this was a matter of physical fact—if it be a simple permeable membrane, and two fluids of different specific gravities on either side of that membrane, as a physical necessity they would interchange each other. There was but one single exception to that as a physical law, and it was that where they had glands commencing by cæcal extremities lined by glandular epithelium, and secreting various fluids, such as saliva, pancreatic and liver, and the gastric juices. Here these laws did not operate, the membrane in these cases being differentiated, passing according to the law of Von Baer, from the general to the special. Such alone prevented the physical law of osmosis.

Mr. B. W. RICHARDSON : Would Dr. O'Leary speak to the question? How does he explain the supposed absorption by the bladder in Mr. Wheeler's cases when it was inflamed?

Dr. O'LEARY understood Mr. Richardson to say that the surface of the bladder in the case of Dr. Wheeler's was an ulcerated surface, and he, therefore, thought Mr. Richardson disposed of that at once. He (Dr. O'Leary) was referring to

the misapplication of that which arose under a pathological condition to that which should follow as a physiological one. Mr. Richardson mentioned as an objection to Mr. Wheeler's case, that the bladder was ulcerated, that in fact it was an ulcerated surface, and therefore, he (Dr. O'Leary) did not touch on that. It was undeniable that an ulcerated surface could absorb.

Mr. E. HAMILTON wished to say a few words upon the interesting communication of Mr. Wheeler's, principally upon its physiological aspect. He (Mr. Hamilton) could hardly agree with everything put forward by his friend, Dr. O'Leary, that this law of endosmose was universal in living bodies. He (Mr. Hamilton) thought there was something in vital force, whatever it might be which limited and checked that physical law of endosmose. How was it that the little red cells of blood would maintain their potash salts floating in a bath of soda salts? That was but a simple example; there were many others. Now he did not consider that in Mr. Wheeler's cases the mucous membrane of the bladder was in anything like a healthy state. It was not a natural condition for the mucous membrane of the bladder to be exposed to the air, and therefore he was satisfied as a physiologist, that its exposure to the air would make marked changes in the mucous membrane, and alter the membrane altogether from its natural condition. He was sure, therefore, that in Mr. Wheeler's cases there were marked changes in the mucous membrane, which might account for the violation of natural laws, and it might be an explanation of Mr. Wheeler's cases that the membrane had become an absorbent surface. But he would accept Mr. Wheeler's facts sooner than a thousand theories. Still he thought they must look for every means of explaining the alterations in what appeared to be the absolute laws of nature. There was coming into their hands very much, and it would come into the hands of the student, because it was an exceedingly good book, a modern Treatise on Physiology in which this subject was very ably entered upon and discussed, and in which, indeed, a very marked dogma, a distinct positive assertion is made. If Mr. Wheeler's statements be true, and cannot be explained by the alteration of mucous membrane by exposure to the air, it would give a complete upset to the statements put forth by this writer; he referred to the Physiological Lectures by Dr. Kuss, professor of physiology at Strasburg, in which the following statement was made:—

"The vesical epithelium," says he, "is of the pavement or stratified form, but its superficial cellular elements are remarkable for their irregularity and oddity of shape. From the physiological point of view, this epithelium is remarkable for its impermeability; it absolutely opposes the transmission of liquids. A solution of belladonna may be kept in a perfectly healthy bladder for a long time, without risk of poisoning from atropine; so, also, may solutions of opium, without danger of opium poisoning. But if the epithelium is diseased, absorption immediately occurs; and as an example, when dilute alcohol is injected into the bladder in which there exists catarrhal inflammation, symptoms of alcoholic intoxication are manifested. The vesical epithelium, even for some hours after death, preserves its vitality, and consequently its impermeability. If ferro-cyanide of potassium be injected through a tube, thus preventing contact with the urethral mucous surface, into the bladder of an animal which has just been killed, then the bladder be exposed, and a ferric salt placed upon the outside of its walls, no Prussian-blue will be seen. This experiment shows that the two salts, which in contact would produce Prussian-blue, are separated by an impassable barrier, viz., the epithelium. Yet, if by means of a wire the epithelial coat on the inside of the bladder be scratched or destroyed at this point, Prussian-blue will be immediately formed. This opposition, then, to the passage of liquids results solely from the presence of the epithelium." If Dr. Kuss's experiments were correct, and if Mr. Wheeler's were also correct, they were placed in a dilemma, and for himself, he (Mr. Hamilton) said that the only explanation was that the mucous membrane had undergone a marked alteration, that its natural condition was completely changed, that it was almost converted into an absorbent membrane, and he thought with those very opposite statements that they must try and find some means of reconciling them.

Mr. WHEELER in reply, said that in the first place he had to express his regret that the discussion did not take place on the night he read his paper; and in the next place, he had to offer his best thanks to Professor Macnamara for the complimentary manner in which he had spoken of his endeavour to bring an interesting paper before the Society. With regard to the statement as to the small number of the experiments he had made, he assured the Society that notwithstanding the fact that they might appear small, they involved an immensity of labour. All the experiments that he made were not at all before the Society. The experiments which he made with carbolic acid, benzoic acid, and to see the time it took when the urine was rendered alkaline to make it acid again, had not been brought under the notice of the Society that night, but were detailed in his paper read on the previous night of meeting. He was aware of the interesting experiments of Mr. Macnamara as detailed in Dr. Haughton's book on Animal Mechanics, and was anxious that the reference to it in his (Mr. Wheeler's) paper should appear. With regard to what Dr. Mapother and Mr. Richardson had said as to the iodine test being fallacious, he (Mr. Wheeler) at once admitted that if it had been tested for in the saliva, the experiment would probably have been more satisfactory. He did not think his case and that of the cast exhibited by Mr. Richardson were analogous, inasmuch as the cast was that of a young boy from Houston's Collection in the Museum. In that case, there would be more than a quarter of an inch from the exposed bladder to the ureters, but in the case that he (Mr. Wheeler) experimented upon, and a drawing of which he now exhibited, there would be at least two inches from the ureters to the place where the iodine and lard was. Besides, the experiment proved that the vagina absorbed the iodine, and the same structure that formed the mucous membrane of the bladder formed the mucous membrane of the vagina. Mr. Wheeler now referred to a diagram which he had drawn on the board, showing that the splanchnopleure, or hypoblast, with inner layer of mesoblast, formed the mucous membrane of the bladder and vagina, and if one mucous membrane absorbed, there was no reason why the other should not. There was not any ulceration of the bladder on its surface in the case referred to. The only question which could arise, was the one put forward by Dr. Hamilton, whether the external air could influence its absorbing powers. If he mistook not, Professor Kuss stated that the mucous membrane of the vagina did not absorb. With regard to anodynes being injected into the bladder, he might state that the President of the College had mentioned in the course of conversation a case in the practice of Mr. Hutton, where belladonna was injected into the bladder, and the patient had the signs of poisoning by that drug. Whether that bladder was diseased or not, he could not say. Mr. Richardson had asked him the length of time it took him to endoscope the patient. It took him about three quarters of an hour; he did not make a note, but he believed that was the time. With regard to the length of time it took for the patient suffering from extroversion to come under the influence of morphia, was about 25 minutes, and previously she had been in the habit of taking morphia by the mouth. In conclusion, Mr. Wheeler said he was glad that the paper had elicited so important a discussion.

THE "MEDICAL PRESS" SPECIAL REPORT

ON

THE NATURE OF RABIES,

AND THOSE DISEASES RESEMBLING IT,

IN WHICH

HYDROPHOBIA IS A PROMINENT SYMPTOM

CHAPTER IX.—PREVENTIVE MEASURES.

SANITARY science has become one of the most important branches of human knowledge, and research. It aims at suppressing diseases entirely, by preventing the diffusion of the virulent elements, on which their maintenance and vitality depend, and preventive measures, if carried into operation with energy and circumspection, cannot but have a controlling power over the spread of rabies. The measures we recommend should have for their object not only the prevention of disastrous consequences to mankind from the presence of rabid dogs, but should also be based on humane and utilitarian principles so far as dogs and other animals are concerned. We may say that the veterinary police measures to be applied to this disease are founded on the consideration that,

though it *may* be developed spontaneously in the canine and feline species, and though this spontaneous development may be more or less averted by proper hygienic treatment of these animals in a domesticated state, yet that perhaps 999 in 1,000 cases are due to contagion alone, and that, therefore, the destruction of the contagious source or sources is of primary importance; also that rabies is not peculiar to any season, but may and does appear at all times of the year in a sporadic or epizöotic form. These measures in the general interest of the community should be adopted and rigorously enforced, and owners of dogs or other domestic animals should be compelled to attend to them.

Hygienic Treatment of Dogs.

No amount of reasonable care can be considered superfluous to preserve the health of domestic animals, and to protect them from disease and its results. Hence the hygiene of the dog is so important.

Animals should be provided with wholesome food, solid and liquid, and cleanliness cannot be too strictly enforced. Their kennels should be provided with fresh straw, fine shavings, or sawdust, and their supply of water should be unlimited.

Dogs should not be needlessly excited, abused, or maltreated. If it should happen that an excited dog bites anyone the person who excited it should be held guilty of a legal offence. This is in accordance with the Austrian law and the jurisprudence of our ancestors in this country—the Celts.

Dogs should be allowed exercise, and nothing can be more reprehensible than keeping them confined to houses for days together, or chaining them for weeks and months to a kennel. It is quite opposed to the animals' natural instincts. All quarrelsome and vicious dogs should be particularly taken care of by their owners, and neglect of precautions should bring the offender within the penal code. This is also in accordance with French law.

Diminish the Number of Useless Dogs.

In an economical point of view the diminution of the number of useless dogs is most desirable, and from a sanitary point of view is even more essential. Useless dogs are badly kept by poor people, and are allowed to run about dirty and diseased. They are a source of waste and insalubrity, as they absorb the already insufficient supply of oxygen in the miserable and badly-ventilated dwellings of their owners, and they consume a certain quantity of food that can ill be spared. Pleasure dogs kept by the richer classes are scarcely less a source of danger and extravagance, for they appear very predisposed to rabies, whilst the food they consume forms no inconsiderable item of expense.

If we calculate the number of dogs licensed, and add at least half that number as escaping the duty, and estimate the value of the food consumed at 1d. per day, we can form an approximate idea of the sum annually expended. Thus, in England and Scotland the number of licenses issued in 1877 was 1,063,967 (Mr. Cockell, Inland Revenue Office).

In France, in 1855, it was computed that there were 3,000,000 dogs, costing 18,000,000 fr. annually. In Austria the number of pleasure dogs is said to be 1,000,000, and the expense of their annual keep 3,000,000 gulden. This decrease may be effected in several ways, the chief of which are *taxation*, and the *capture* and, if need be, *destruction* of vagabond or stray dogs.

The evidence of other countries, as Baden and Copenhagen, establishes that the imposition of a tax upon dogs is generally very effective in diminishing their numbers, and the *higher the tax* and the more strictly it is imposed, so will the useless dogs become fewer.

A measure of this kind should be resorted to. It would be most effectual in ridding the country of a number of miserable and dangerous animals. But to be really efficient the tax should be *general and high*, exception being only made in favour of dogs that are useful, or whose services can be proved to be absolutely necessary, such as house and yard dogs, or those employed by shepherds, or to lead the blind about.

The tax should be highest for pleasure and sporting dogs, for whoever can afford to indulge in keeping such animals can also afford to pay a high tax. If, however, it can be shown that sporting dogs are necessary, then the impost might be reduced to that levied for useful animals.

Dogs and bitches should be equally taxed; puppies should be sold, not given away, and all that are not purchased should be destroyed.

As soon as they are weaned the tax should be demanded. The tax should be paid half-yearly. *Every dog should wear a collar, with a brass plate inscribed with the name and address of the owner, and stamped with a particular mark of the police or inland revenue authorities*, as a guarantee that the tax is paid, and for purpose of identification. This custom exists in Holland, and is very effectually carried out at Strasburg. At the latter place every owner must notify his possessing a dog to the police, who furnish him with a license, duly numbered and registered. This number, with the address of the owner, is inscribed on the collar, which every dog has to wear.

It would be well if in all towns and villages there was a dog census, or list of the dogs kept therein.

All stray dogs without the collar, or which have not the mark or their owner's name thereon, should be captured and sold or destroyed immediately or after a certain period. This period might be extended to three days, and if the animal be claimed by its owner a fine must be imposed and all expenses paid. At Strasburg the expenses amount to 15 fr., so that 15s. in England would not be an excessive fine.

Straying dogs may, even when furnished with a collar, under certain circumstances—as when rabies prevails—be seized by the police and conveyed to their owners, who shall pay all expenses.

This addressed and numbered collar is useful in the case of damage done by dogs, as everyone should be held responsible for the damage done by his dog, due to his negligence or imprudence. Bitches in rut should not be allowed to wander about at any time, whether with or without the collar, as they excite dogs and lead to quarrels.

Emasculation.

Neither experience nor observation at present justify recourse to this measure. It may be left to the discretion of dog owners.

Blunting the Teeth.

This operation has been proposed with the view of reducing the dog's jaws to the same condition as that of herbivorous creatures, whose bites are not so dangerous as those of the carnivora—so far, at least, as the inoculation of the rabid virus is concerned.

M. Bourrel, who has had a long experience of dogs and rabies, has proposed this measure, but it has never been carried into general practice.

Muzzling.

The use of the muzzle has become such a popular institution in nearly every country in which legislative measures for the prevention of injuries from dogs have been adopted, that any question as to the benefits conferred by it may be deemed superfluous by those who have not paid deep attention to the subject. The old muzzle has almost now disappeared, and we have only to consider the more modern and improved wire muzzle. The most varied opinions prevail in reference to its value. By some it has been deemed useless or worse, whilst others are satisfied that by the adoption of a properly-constructed muzzle the dangers resulting from rabies might be averted. The principal French authorities incline to the former opinion, while the German veterinarians appear to favour the second. We are inclined to the opinion that the muzzle should only be worn on special occasions, as when rabies is prevalent in a locality, or when it has a tendency to assume an epizöotic form, or in the case of vicious dogs. We must not forget that this muzzle cannot be an efficient safeguard unless it is, as Mr Bouley says, rivetted to the dog's neck, as the manacle is to the foot of the galley-slave, and that night and day the animal should wear it, indoors as well as out-of-doors.

When the disease threatens to become prevalent, or, indeed, when there is reason to believe that a mad dog has bit several others, and these cannot be discovered, the use of the muzzle should be resorted to—not as a prophylactic, but as an adjuvant.

All dogs seen in the streets of towns, or in the country, without a muzzle should be seized by the police as suspicious animals.

This is one of the great advantages of employing the muzzle, for as it is stated by good authority that rabid animals escape from their houses unmuzzled, a dog so unprovided, especially when muzzling is in force, should be at once captured. In this opinion we are strengthened by the evidence of Fürstenburg, of Eldena, Prussia, and of Hering, Director of the Veterinary School at Stutgart.

To be beneficial it is obvious that the employment of the muzzle must be universal; but, at the same time, should the

disease be prevalent, the other necessary measures must not be relaxed; neither must the vigilance of dog owners be diminished, for it must be remembered that if a dog wearing a muzzle runs about without anyone in charge of it, it is possible that a mad dog may attack and bite it; the wounded animal then returns to its home, and the owner may know nothing of what has happened until all at once rabies appears quite unexpectedly.

A well-constructed muzzle is a protection so long as it is worn by the dog, but a bad muzzle is worse than useless, as it establishes a false security.

Dogs soon become accustomed to an easy, comfortable muzzle—that is, one in which they can always breathe and drink without hindrance. The nostrils of the dog are very narrow, and even under ordinary circumstances he cannot breathe so comfortably as many other animals when its mouth is forcibly closed.

When distressed by running the dog always respires with open mouth, and in warm weather the transpiration that takes place in this cavity from the throat, tongue, and inside the cheeks tends to keep the creature cool, and compensates for the almost total absence of this process by the skin. Therefore, the front portion of the muzzle should be sufficiently accomodating as to allow of the animal wearing it to open its mouth freely and widely. The muzzle patented by Grauhan is a good though not a very safe one in its present form. To make it perfectly secure, at the mouth there should be intermediate wires, from the circular transverse wire, near the eyes, to the vertical nose wire. The muzzle should fit the head properly, and, above all things, it should be securely fastened round the neck. The neck strap should be strong, and as tight as can be, compatible with the dog's comfort.

Quarantine.

The idea of completely extinguishing rabies by establishing a quarantine of several months' duration amongst dogs was based on the assumption that the disease is only maintained by contagion, and never arises *spontaneously*, and that, therefore, if these animals could be confined for a certain period without any intercourse or any chance of the contagium being transmitted from those that were infected at the commencement of the measure, the pestilence must inevitably die out.

The preventive scheme proposed by Bardsley rests upon the validity of the following propositions:—

1st. That the disease always originates in the canine species.

2nd. That it never arises in them spontaneously.

3rd. That the contagion, when received by them, never remains latent more than a few months.

Quarantine would, no doubt, be as effectual in stamping out rabies as in stamping out any purely contagious malady, were those propositions absolutely correct, and the measure completely and permanently enforced. But, unfortunately, the disease originates in other than the canine species, and in other creatures besides the dog, and, unfortunately, also, we are far from convinced that it never occurs *spontaneously*; on the contrary, though ready to admit that in the great majority of cases it is spread by contagion, there is evidence which tends to show that it may arise without this influence. Besides, this authority proposed only two months as the period which he considered long enough to afford every prospect of success, whereas it is a well established fact that the incubatory stage is frequently protracted to a much longer interval: indeed, he admits this when he adds "that it would undoubtedly be erring on the safe side if the time of quarantine should be extended to the very unusual period of *eight months*." It will be seen at once, by those who know anything of veterinary sanitary matters, that a strict quarantine for dogs for such a period, or even for the comparatively short space of two months, is absolutely impossible at present, and, perhaps, will always be so, and also that, supposing the disease to be confined to the dog species, and the quarantine to be religiously observed or rigorously enforced, other countries might not think fit to submit to the serious inconveniences arising from this measure, and consequently we should, in all probability, have the contagion introduced into the country again in a very brief space.

Public Instructions.

Dog owners, when they receive their tax-papers, should be provided with printed and easily-understood instructions as to the proper method of keeping their dogs healthy, and how to detect the symptoms of rabies. They would thus be informed of the preservative and sanitary police measures, which they should comply with in order to prevent the disease. All this might be printed on the back of the tax paper, which could in addition, be made a valuable means of arriving at certain important information, such as the sex, age, breed, of the licensed dogs. The most serious accidents have occurred through the ignorance of the public on simple matters connected with rabies. Such, then, are the general measures to be recommended with regard to the prevention of rabies at ordinary times and at all seasons, for our investigations have shown in the clearest and most positive manner that the disease is not peculiar to any particular period of the year, nor limited to any season, but may prevail at any time. Therefore, careful supervision should be extended to all dogs throughout the year, and not only during the "dog days"; and it is to this supervision and the possession of a general knowledge of the symptoms of the malady by everyone who keeps a dog that we must look for success in keeping down the contagion, and preventing the sacrifice of human and animal life through the effects of this disease.

We look, then, for improvement very much to education, and to the principle of personal responsibility of dog owners.

Fines and penalties would affect their pecuniary interests—unfortunately so much more powerful than those of a sanitary character—for they thus learn that, in the words of M. Bouley, "the fear of a diseased dog is not only the beginning of wisdom, but wisdom itself."

Measures to be adopted when Rabies has appeared.—Suspected Animals.

If, notwithstanding these measures, morbid or unusual symptoms appear in a dog, and particularly if cases of rabies have occurred in the vicinity shortly before, it should be carefully observed, and every precaution taken, as these may be premonitory symptoms of madness, which is contagious from its commencement.

The animal should therefore be constantly watched and kept apart from mankind and other animals, and in feeding or attending to it the greatest possible care should be taken that it does not bite anyone at this time. No children should be permitted to approach it, and all neglect of these precautions ought to be visited with severe punishment. If the morbid symptoms become more marked or more suspicious, if it is observed that the dog manifests any of the peculiarities proper to rabies, that it is dull and bad tempered, moves languidly from place to place, or seeks to go away, that its ordinary habits have changed, that it is hostile to people or animals, that it attempts to bite everything, then it is time to chain it up securely or keep it in such a way that no one can be injured by it. If the owner has not the means of affording sufficient security he should report the circumstance to the local police, under the penalty of criminal liability. Whoever knows of a dog, or any animal placed under exposed conditions, must also report to the police under a similar criminal responsibility. The Austrian penal code is very strict on this point, and for an infraction of the law renders the culprit liable to incarceration, from three days to three months. If the death of a man has been the consequence of neglect, the penalty is from six months to a year's close imprisonment. Should a dog in a suspicious state escape from home, the local authorities should give warning to the inhabitants, and medical men and veterinary surgeons should assist in instructing the public on the symptoms of the disease both at its commencement and when it is fully developed.

If the owner is aware that the sick or supected creature has been bitten by a rabid animal, his precautions should be still more strict, and if the animal developes more serious symptoms, the services of an expert should be secured, the police authorities informed, and if there is any doubt, the animal should be at once sacrificed.

Mad Animals, or Those Wounded by Them.

The following measures should be rigorously enforced:—

1. That dogs suspected of or attacked by rabies, or one that has been bitten by a rabid animal, should not be killed at once and buried, unless it is positively ascertained that no person has been wounded by it.

2. If a person has been bitten by an animal really affected with rabies, or suspected to be affected with that disease, it should only be killed if the malady is unmistakably present.

CASE CL.— ——.

Remarks.—That the malady may be transmitted by the virus from a dead animal, has quite recently received another

illustration in the case of M. Moreau, a veterinary surgeon of La Capelle, Aisne, France. In last July, M. Moreau was sent for to Lerzy, to examine the body of a dog which was supposed to have been affected with rabies; and he did so, forgetting that he had a slight abrasion on one of his hands. In the last week of October he began to exhibit the early symptoms of hydrophobia, which he soon recognised. Dr. Mennesson attended him during the course of the disease, but no remedies or appliances afforded relief. The unfortunate man retained consciousness until the last, and his self-possession never deserted him. He implored his attendants not to inspire his breath, and shortly before he died he bade farewell to his wife and child.

Reference.—*Veterinary Journal*, Dec., 1877.

CASE CLI.— ——, male, æt. 45, bitten on the finger by his own rabid dog.

Result and Time of Attack.—Recovery.

Remarks.—This case was reported by Dr. Watson, of Jersey City, in the *American Journal of Medical Science*, July, 1876, and regarded by him and Professor Austin Flint as a pure case of rabies. The dog was mad, and a servant girl who was bitten at the same time, and by the same animal, died from unmistakable rabies. Curara was employed. The doses were augmented from 1-16th grain, 1-9th grain, to 1-6th grain, when after the third injection, the unfavourable symptoms subsided.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 6, 1878.

PROSTITUTION, AND THE GENEVA CONGRESS.—II.

IN a previous article on this subject we made a few general remarks on the international movement that is now going on with the view of "abolishing prostitution, especially regarded as an institution tolerated by government." In order to give as complete a scope as possible to the study of the question, and in order to inquire into the remote causes which foster this evil, and the most effective means of combating them, the Congress, recently held at Geneva, distributed its labours into the five sections of Hygiene, Morality, Social Economy, Preventive and Reformatory Work, and Legislation. The debates on these sections led to the series of resolutions to which we now propose to draw the attention of the reader.

With regard to the section of Hygiene, we cannot congratulate the Congress on the practical wisdom or comprehensiveness of the resolutions it has passed under that head. Hygiene is a science, and a department of political economy, which deals with the prevention of disease, and of the conditions of disease. Everyone will admit that prostitution is one of those conditions; but in the resolutions before us we fail to see any good and practical suggestions for the prevention of either the evil itself, or of the manifold disorders arising from it. That "self-control" is indispensable to the health of the individual and communities; that prostitution is a fundamental violation of the laws of health; that the true function of public hygiene is to develope all the conditions which conduce to public health; that all systems of *Police des Mœurs* are to be condemned; and that all the obstacles to the treatment of venereal maladies in general hospitals should be removed—these abstract principles, and negative opinions, are all that the Congress has to offer as a result of its discussion of so important a subject as that of prostitution from a hygienic point of view. Nor are these resolutions, meagre and impracticable as they are, such as every sanitarian will, in principle, readily endorse. Self-control in the relations between the sexes, may be, abstractly considered, an indispensable basis of individual and public health, but as man and society are at present constituted, it is mere Utopianism to suppose that the inculcation of such a principle can be made an indispensable basis for the attainment of the object the Federation has in view. Even could the principle be strictly and absolutely carried out, it might even, in numberless instances, be detrimental to that healthy tone of mind and body which the moralist, the politician, and the physician, alike endeavour to secure. Self-control between the sexes would too often end in self-abuse; and even if there was a total abnegation of all kinds of venereal indulgencies, we might still have, in many cases, that disturbance of the mental, intellectual, or emotional faculties, or that derangement of the whole nervous system, which we often see associated with great functional activity, but enforced disuse, of the generative organs. But the truth is, that the general observance of perfect self-control is most impracticable in that very condition of Society in which it is the most desirable. In the more primitive states of Society, among nomadic tribes, among savages, and where the population is thin and scattered, where the females are in a great minority, and where the lives of whole tribes of men are spent in constant warfare or in the pursuit of game, under such circumstances, self-control is more common or more practicable. If there is one thing more than another that subdues the venereal appetite, that "abates the sexual sting," and even robs the sexual organs of their customary vigour, it is protracted exercise, laborious occupation, and life in the open air.

"Cedit amor rebus; res agetutus eris,"

and, as old Burton reminds us, Minerva, Diana, and Vesta were never enamoured at all, because they wer never idle. But very different is the phase of existence

presented by modern society — that assemblage of men in which prostitution and its attendant evils are most rife.

Here the crowded state of the population, the constant and promiscuous association of the sexes in all grades of society, the sedentary occupations in which half of our youth of both sexes are engaged, indulgence in the pleasures of the table, the intemperate use of animal food and intoxicating liquors, the various amusements and temptations which, in all great centres of population, tend to excite the passions, and, above all, the struggle for existence that is always going on, along with the various obstacles in the way of early marriages—surely these are conditions which, as long as human nature remains as it is, will ever preclude self-control between the sexes exercising any sensible influence in mitigating the evils we are now considering. That, however, it might be practised more frequently than it is we will admit, and may hereafter show, but, in the meantime, we cannot help expressing our surprise that the Congress did not touch upon any of those conditions of education and hygiene under which such self-control might become more practicable.

The Section of Hygiene condemns, in view of their complete failure, all systems of *Police des Mœurs*, whose object is to regulate prostitution. As, in these systems, our own Contagious Diseases Act is necessarily included, this resolution deserves our especial attention. In the first place, it seems rather paradoxical that a section devoted to hygiene should condemn all systems of police whose object is to prevent those diseases which play so much havoc among communities, for to say that the object of these systems is merely to "regulate" prostitution is both a misrepresentation and an evasion of the main point at issue. The real and laudable object of not only our own Contagious Diseases Act, but even of the Continental systems, is the prevention of disease. To authoritatively sanction prostitution would be certainly highly immoral, but to prevent the spread of disease is religion. And on what grounds does this Section base its condemnation of any and all of these systems? Because "the obligatory surgical examination of women is revolting to human nature, because it can only be carried out in the case of a certain proportion of prostitutes," and because the diseases in question cannot always be discovered. The first of these arguments is one of the chief arguments that have been urged by the opponents of our own Act, but the fallacy of which it is by no means difficult to expose. The fact that any law or measure authorised by Government is revolting to human nature, is no reason why that law should be repealed. It is revolting to human nature that any man should be hanged; but would any one say that, for that reason alone, the hanging of desperate and hardened criminals should be entirely abandoned? Besides, if we regard the character of the criminal and the motive for his punishment, we should rather say that the apparently revolting nature of a penal Act should be attached rather to the crime and the criminal than to his punishment. It is far more revolting to human nature that a man should commit murder than that he should be hanged for it. The murder is a sad illustration of human depravity, but the hanging shows that Society has a conscience which condemns the crime by which it is disgraced. For the same reason the compulsory examination of prostitutes cannot be regarded as so revolting to our feelings if we keep in view the character or position of the prostitute and the motive the Government has for putting her under surveillance. For the same reason it is far more revolting to human nature that women should be found pursuing so vile a calling as that of prostitution, than that Government should endeavour to prevent the evil being aggravated by the disease which this class of women sows broadcast among the community. No Government would think of sanctioning prostitution as a necessity of Society, for that would be legalising immorality. The object aimed at by all systems of *Police des Mœurs* is the prevention of a certain class of diseases; and as the only way, as far as the State is concerned, of attaining this object is by putting the evil under some sort of control, it is most unreasonable to contend that the State thereby encourages profligacy and immorality.

Equally fallacious are the arguments that these compulsory examinations can only be carried out in a certain proportion of prostitutes, and that they have, in some instances, failed to answer the expectations at first formed of them. For, certainly, all the systems thus summarily condemned by the verdict of the Geneva Congress have not been a complete failure. With regard to our own Contagious Diseases Act and the system pursued in Belgium, recent official reports and the most reliable statistics prove that the operation of these Acts has been attended, not only with a great diminution of venereal diseases, but of prostitution itself. The argument of the Congress is therefore narrowed to the fact that all systems of *Police des Mœurs* have failed to fully accomplish the object which legislators had in view in framing them—a fact that is no more an argument in favour of abolishing them, than the prevalence of crime is an argument for the abolition of all penal codes. Should imprisonment, penal servitude, or even capital punishment, be abandoned because all sorts of crime are still rampant amongst us, because the law "can only be carried out in a certain proportion" of criminals, and because it is impossible to rely upon the detection of crime in every case? And on the same grounds we ask should the impossibility of the law reaching every case of prostitution, and the impossibility of detecting in every case the presence of disease, be any valid reason for repealing Acts which have been proved to fulfil, in a great measure, the objects for which they were passed—Acts, the operation of which has been shown to have even a beneficial effect in the interest of morality itself.

The Section of Hygiene also desires to see removed all obstacles against venereal maladies being as extensively treated in our general hospitals as other diseases are, but the Congress overlooks the fact that the greatest obstacle to the admission of prostitutes into the public hospitals, lies in their own prejudices and aversion to enter any voluntary hospital. Many of them even prefer to make money notwithstanding the fact that their external parts are covered with discharging condylomata capable of inoculating the disease. For this very reason it is an error to suppose, as one of our correspondents lately did, that voluntary or municipal lock hospitals do all that can be done in a free country like this to keep down the

spread of syphilis. The successful working of the Contagious Diseases Acts in those places where they have had a fair trial shows that something more than voluntary hospitals was wanting to check the prevalence of venereal diseases among our soldiers and sailors; and it has yet to be shown that all other systems, which seek through the regulation of prostitution, to prevent the spread of disease, have been a complete failure, or have been attended with evils worse than the mischief which it was their object to remove.

THE OXFORD SCHOOL OF MEDICINE.

We do not intend to be the champion of Dr. Acland, nor to discuss the vexed question whether the Oxford School of Medicine has been "extinguished" either by himself or Professor Rolleston. Our object, at present, is simply to direct the attention of the profession to the manner in which the controversy, which is now being carried on in the *British Medical Journal*, arose. The honour, not only of the profession, but even of medical journalism is at stake, and as guardians of medical ethics, we feel it our duty to enter a firm protest against a misapplication of power. The Association Journal occupies a different position from that of other medical papers. Its ethics should be of the highest character; it should give a tone to medical literature, and should be, uninfluenced by any of those various conditions, incident to proprietary journals. The advancement of science, the welding together of the profession into a more compact and united mass, the diffusion of sound medical opinions, the free interchange of thought, were some of the aims with which it was originated, and we may, in justice, say this programme has fairly been carried out. But we hold that a grievous error has been committed in connection with the attack recently made both on Professor Acland, and Professor Rolleston in its columns.

Anonymous publications are sometimes necessary and justifiable. They are beneficial under certain conditions, but all will agree with us that they are to be condemned when they are made the vehicle of personal animosity or abuse, and this offence is aggravated when it is masked under the guise of reform and science. These are general principles believed in by the majority of editors. As Englishmen we do not like the stiletto, for no man is safe from the attack of the assassin; and, similarly, neither virtue, honour, integrity, talent, or rank are protected from the assaults of the anonymous writer. Editors have, therefore, a sacred trust to discharge in protecting the public against such assailants. Holding these views, we were surprised at reading a letter in the *British Medical Journal*, of January 3rd, entitled a "Lost Medical School" and signed "A Member of Convocation."

It was not only remarkable for the statements it contained, but for the evident personal equation of the writer, for it was certainly distinguished neither by good taste, feeling, or a spirit of fair play. But the publication of the letter is not only suggestive; still more significant of a one-sided and therefore of an unfair action, are the two leading articles which have subsequently appeared, and which have taken the letter of "A Member of Convocation" as virtually proved and true.

On the faith of an anonymous correspondent Professors Acland and Rolleston are arraigned before the bar of medical opinion; they are accused of extinguishing a medical school; they are held "to be distinctly and personally responsible for something like treason to the faculty they represent and the profession in virtue of whose titles they hold their positions." In plainer English, they are charged with a coalition, thus forcibly put by Dr. Whittle:—"Here is a medical school; come, let us destroy it, and the emoluments shall be ours."

They are tried, for the *British Medical Journal* tells us that, having investigated the subject, the facts substantially are proved, and the decadence of the school at Oxford, if not caused by the learned professors is still *un fait accompli*. They are virtually found guilty as *participes criminis* without being heard, and the profession is invited to assist in the movement which will restore the departed glory of the Oxford school of medicine, and the restoration of the rights and privileges usurped by such men as Drs. Acland and Rolleston.

An anonymous communication is made the peg for an exciting and personal controversy, an anonymous communication is followed up by fervent editorials with titles, and thus the British Medical Association speaks, through its mouth-piece, in condemnation of the President of the Medical Council, and of one of its own past presidents. Such an abuse of power, if it occurred in any other contemporary, would be lamentable, it is still more grievous in a representative paper. Dr. Acland's life has been devoted to the elevation of the profession, his name is honoured as one of the pioneers of medical progress, whether for the advancement of medical education or medical interests, in their narrower and less scientific aspects, whilst the costly Museum of Physical Science at Oxford is a standing tribute both to his energy, untiring activity, and zeal in the cause of science. We have, therefore, *prima facie* evidence that Dr. Acland is not a man ambitious of sinecure, and that the interests and honour of the profession are as dear to him as they are to the writers in the *British Medical Journal*. He has not replied to his anonymous correspondent, and his reticence reflects credit upon him.

The *British Medical Journal* hoped to have had the benefit of Dr. Acland's remarks, but though the hook has been skilfully baited, yet the fish has not risen, and we feel sure that Dr. Acland will have too much respect for his own position and for his own honour, to break the dignified silence, which he has maintained. His life devoted to his profession, is an answer against any charge of forgetfulness of the interests of medicine or of treason against the faculty which he represents. His friend, Dr. Chambers, has come forward in his defence, and his letter in the journal of the 26th, already sufficiently indicates that the "Member of Convocation," as Dr. Chambers says, "must have known very little of the history of Oxford to apply the term 'Lost School.'"

Should a more legitimate opportunity occur for the discussion of the question of the position of Oxford as a school of medicine, we feel sure Dr. Acland will contribute to the elucidation of any points requiring explanation, and should his critics be bold enough to challenge him manfully and openly, we do not doubt but that the Regius professor

will be able to vindicate his honour and throw a different light on his actions.

One word as to Professor Rolleston. His name is above suspicion, and we may quote a sentence from the address delivered at the meeting of the British Medical Association at Oxford, 1868—applicable at the present time. He then said: "Dignity rests upon responsibility. A man is worthy or unworthy, accordingly as he can or cannot make a good answer when called upon by a voice either within or without, to account for his conduct or for his character."

When such an occasion arises, the eminent anatomist, physiologist, and biologist, will not shirk his duty.

But the time has not come; nor has the voice been raised to require a personal explanation of his motives, or to demand an explanation of the system of teaching which he deems most conducive to the well being of his own special branch of medicine.

Notes on Current Topics.

Professional Advertising in Dublin.

Our attention having been called a second time, to an article appearing in the *Dublin Mail* of the 30th ult., in reference to the Orthopædic Hospital, situated at Usher's Island, we find ourselves called upon to observe upon the nature of that article and the grave impropriety involved in the publication of such communication in the public daily press. The principal portion of the article in question, consists in a detailed description of the cases in the institution, the nature of the deformity depicted in moving terms, the difficulty, perseverance, and skill of the treatment, and, finally, the beautiful perfection of the result achieved. A case treated by Sayre's apparatus is given. The treatment described as "marvellous." The boy, we are told, entered the ward like one "of the quadrumana, but, with the plaster armour on him, he rose from his bed, and walked briskly and erect across the ward. The *vis medicatrix naturæ* will do the rest, throwing up a bony formation which will knit together the injured portions of the column." We are not concerned with the Dublin Orthopædic Hospital in this matter, further than to remark that it is by no means the only institution in Dublin where these miracles of healing are performed, and the inference that patients must die in their deformity or resort to Usher's Island, is in no way justified. It is, however, our duty to call attention to what we consider a gross breach of professional decorum, all the more open to censure, because it is perpetrated under the apparent cognizance of a surgeon or surgeons who have sworn to sustain the "reputation, honour, and dignity" of their profession, who have on a former occasion, been reminded of the impropriety of this form of advertisement, one of whose names is prominently set forth in this newspaper puff, and whose name plate is effectually displayed on the door of the Institution in which these wondrous cures take place.

We condemn most emphatically the system of recording the surgical achievements of any practitioner in the daily papers, being apprehensive that, if the transaction pass unnoticed, we shall yet see the miseries of blindness, the minutiæ of a cataract operation, and the heaven of perfect vision (under the auspices of Dr. ——), paraded in our breakfast table literature day by day, or the agonies of an inward tumour, the perils of ovariotomy and the miracle of restored health (under the care of Mr. ——), set forth with all detail in our monthly magazine.

The surgeon who permits such publications to emanate from an institution with which he is officially connected, and in which he has influence, cannot be excused on any plea that the communication did not emanate from his own pen. To walk from bed to bed with a reporter supplying to him the pabulum, is just as unmistakable an infraction of propriety as to pen the article in the privacy of one's study, and, if the surgeon in charge be guiltless of thus priming the press, it is, at least, consistent with his self-respect that he should repudiate a proceeding with which his name is so directly connected.

We greatly regret to be obliged to observe that the profession in Dublin, as in one or two other cities, has, of recent years, not advanced in estimation of the self-respect which is due to itself as a profession of gentlemen and men of science.

The creed that success by any means, professional or unprofessional, justifies the means seems lately to have many admirers, and, even colleges, which have hitherto occupied the position of guardians of professional honour, have been slow to speak, even when the proceedings of their own fellows are in question. We claim, at least, for the whole professional community, perfect freedom of action, and the right to employ the same means which others employ without rebuke. If the daily press is to be invoked for the advertisement of one institution or practitioner, and with the implied approval of the profession, then, in our opinion, it is most unjust that any other should be condemned for resorting to the newspapers for publicity.

Vaccination Penalties.

A Bill before the House of Commons, promoted by Mr. Pease, Mr. Walter James, Mr. Mundella, and Mr. Leeman, recently printed, proposes to amend the law relating to vaccination so far as accumulating penalties are concerned. The Bill runs thus:—"After the passing of this Act no parent of a child shall be liable to be convicted for neglecting to take, or to cause to be taken, such child to be vaccinated, if either he has been previously adjudged to pay the full penalty of 20s. for any of such offences with respect to such child, or he has been previously twice adjudged to pay any penalty for any of such offences in respect of such child." The Bill is appointed to be read a second time on April 3rd next.

Rejections at the London College of Surgeons.

We understand that during the late examinations at the Royal College of Surgeons of England, of the 110 candidates examined, 44 having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months. This large number of failures, says the *Student's Journal*, will not excite much wonder, however, in face of the fact that, out of the 110 candi-

dates examined, no less than *fifty-one* offered themselves a second time, six for the third time of asking, three for a fourth time, and one for a fifth time; and of this number, sixteen were again rejected. The proportion of rejections is lamentably high, and at first sight is strongly suggestive of grave inefficiency of teaching power; but the fact that nearly 50 per cent. of the candidates had been rejected before, some of them several times, appears to point pretty clearly to a different cause for such numerous failures—to a cause inherent in the candidates themselves, and not to defects in the system of education. Does it not seem clear that a considerable number of these gentlemen have mistaken their vocation, and that, even should they (after three, four, or five failures) succeed in getting qualified, they never can hope to succeed in practice?

Intemperance among Women.

THE largest meeting which has taken place at the Mansion House for some time was held on Thursday last under the auspices of the British Women's Temperance Association, the object of the gathering being "to impress ladies with the importance of their influence in the cause of total abstinence from all intoxicating drinks." The Rev. Canon Duckworth, in the absence of the Lord Mayor, presided and addresses were delivered by Mrs. Lucas, Mrs. Scholefield, Mrs. Fowler, Mrs. Firth, and others.

The object of this Association is a laudable one, and we hope to hear that their efforts have been crowned with success. The task, however, ladies have set themselves is by no means an easy one. Unfortunately, there is a good deal of intemperance among women of all classes of society. Even young ladies who, a generation ago, would never have taken anything stronger than water or a little mild ale, now think nothing of drinking two or three glasses of wine, and sometimes a little spirits as well. We should also like to know what this Association thinks of the grocer's licence, which is supposed to be particularly favourable to intemperance among women. If the growing propensity among women to indulge in alcoholic beverages is to be permanently checked, it is our daughters upon whom we should chiefly impress the importance and advantages of total abstinence. This should be done not only by precept but by example; for much of the drunkenness prevalent among the women of the lower classes is, unfortunately, due to the bad example that has been set them by their parents.

The Propagation of Disease.

IT transpired at an inquest held a few days ago, that the elder child of William Drake, a painter and paper hanger, residing at Chappel Row, Exmouth Street, Clerkenwell, was attacked with what her father thought was chicken-pox, and recovered; but that ten days later another child, five years old, also became ill and died. Then it was discovered for the first time that it was a virulent case of small-pox. Drake and another child slept in the same bed as the deceased, and during her illness one of the children continued to attend Trinity Schools, Gray's Inn Road, where there were upwards of 300 children. Several of the jurymen asked for the removal of the members of the family, who were present, from the court, and in their verdict they attributed the death to the want of medical attendance, owing to the ignorance of the parent.

This case forcibly illustrates one of the difficulties which will lie in the way of carrying out the proposed system of registering all cases of infectious disease. It shows that such a system might be more successfully carried out by making the parents responsible for the information to be given to the registrar, than by fixing the responsibility upon the medical attendant.

Our Reports on Rabies.

WE were gratified to notice that attention was drawn to this absorbing topic in the House of Commons on Thursday night, the Government promising to take action upon it at an early date. The interest appears to be general throughout the country, if we may judge by the number of letters, cases, and cures, real and imaginary, which we have received throughout the progress of our Reports, commenting upon which, the organ of the veterinary profession, the *Veterinary Journal*, for February, says:—"The literature of this malady is indeed advancing at a wonderful rate, and it is almost daily receiving additions. Perhaps the most valuable and complete treatise is to be found in a series of articles which are now appearing in the MEDICAL PRESS AND CIRCULAR, and which we can highly recommend to those who are studying the subject, either in man or animals."

The Manchester Children's Hospital.

THE Staff of the Manchester Children's Hospital has lost by the resignation of Dr. Borchardt a most valuable member. Connected with the Institution when it was first started as a small dispensary, Dr. Borchardt has been the chief motive power towards building up that which has attained to the position of a large well-managed pavilion hospital. Through his exertions, also, the staff receive honoraria for their services, varying from £400 to £100 per annum each; an example which we should be glad to see more generally adopted. Dr. Borchardt carries with him in his retirement the universal respect of all with whom he has been associated.

Hospital Sunday Fund and Surgical Appliance Societies.

THE somewhat important question of admitting Surgical Aid and kindred societies to participate in the distribution of the Hospital Sunday Fund, came on for discussion at a meeting specially convened to consider the question, last week, at the Mansion House. A fortnight or more since, and as we then stated, a resolution was submitted to the Council, having for its object the bringing these societies within the operation of rule 4, thus enabling them in future to participate in the distribution of the Hospital Sunday Fund. By a particular line of special pleading, it was sought to bring Surgical Appliance Societies within the rule, because it was said these societies supply a truss or wooden leg, as part and parcel of the hospital treatment, and consequently partook of the nature of dispensary work, inasmuch as the cure was not complete without the surgical appliance. At the

special meeting an attempt was made to settle the question on this basis, and it was accordingly moved that "an instruction be issued to the Committee of Distribution to include Surgical Aid and Appliance Societies, as well as truss societies, in the category of dispensaries." After a considerable waste of time in the discussion of this abstract form of resolution, it was eventually withdrawn and a wiser policy allowed to prevail. It could not be denied that the action of some of these societies was at least not so very commendable—that it was high time some change should be made in the mode of dealing out their charity to poor applicants. We have had on several occasions to point this out, and show that a gross amount of injustice is inflicted by requiring maimed patients to stump London, begging for letters "to cover the expense" of a wooden leg, or crutch as the case may be. It cannot be denied that a great injury is inflicted on these poor people by the existing system; assistance to be effectual should be immediate, and given without unnecessary trouble and delay. The Council of the Hospital Sunday Fund, fully recognising this principle, unanimously adopted the following resolution:—"That it be referred to the Distribution Committee to confer with the societies or managers of the Surgical Aid and other societies, with a view of ascertaining whether these societies were prepared to modify their rules and practice, in order to secure to the poor the means of obtaining surgical appliances by one letter, instead of throwing on the suffering patients the labour of soliciting a number of letters in almost each case; and whether those objects could be obtained by means of the Samaritan agencies attached to the several hospitals, and to report to the Council."

Bequests to Medical Charities.

THE Seaside Convalescent Hospital, Seaford, has received £1,025 8s., less duty, under the will of Mr. William Thomas, of the Boltons. The executors of the will of MRS. Gibson have apportioned £500 each to the Warneford, Leamington, and South Warwickshire Hospital, the Coventry and Warwickshire Hospital, and the Birmingham and Midland Free Hospital for Sick Children. Mrs. Margaret Collins Lambert, of Finchley, bequeathed £500 to the Monmouth Hospital. Mr. Robert Alexander Grey, of Camberwell, bequeathed £100 each to the Seamen's Hospital and the Earlswood Asylum for Idiots. "H. S. C." has given £100 to the Charing Cross Hospital. Mr. Hozier, of Maudslie, bequeathed £200 to the Western Infirmary, and £100 to the Ophthalmic Institution; all at Glasgow. The Misses Brooke have given £1,000 to the Adelaide Hospital, Dublin, £300 to the City of Dublin Hospital, £200 to the Rotundo Lying-in Hospital, and £100 to the Cripples' Home, Bray. Mr. Smyth has bequeathed £200 to the Adelaide Hospital, Bray.

Rules for Living.

"WHEN doctors disagree," &c., is an axiom of considerable antiquity; to illustrate which still further, an American contemporary, has fished out of about a dozen journals, devoted presumably to public health and sanitary matters in this country and America, the following rules, which, if any of our readers will kindly try and give us their experience, will doubtless add much to our knowledge of therapeutics generally. 1. Rise with the sun. 2. Never rise before 7 o'clock. 3. Drink a glass of cold water before breakfast, 4. Never drink until you are through eating. 5. Eat nothing but Graham bread and vegetables. 6. Eat plenty of roast beef and mutton well done. 7. Bathe every day. 8. Never bathe oftener than twice a week. 9. Always sleep in a cold room. 10. Never sleep in a room with the temperature lower than 45 degrees. 11. Drink nothing but water. 12. Drink nothing but milk.

Curara in Epilepsy.

DR. F. KUNTZE, in a recent number of *Deutsche Zeitschr. f. prakt. Med.*, suggests the employment of subcutaneous injections of 0·5 grm. (gr. 7½) curara in 5 grm. (℈iv.) water with the addition of two drops of hydrochloric acid. Eight drops of this solution are injected, in adults, at intervals of a week. In a number of cases in which this method of treatment was employed, a few weeks sufficed to bring about a marked amelioration in the epileptic symptoms.

Copious Bleeding in Puerperal Eclampsia.

APROPOS of the subject of the revival of blood-letting, on which last year we dwelt at some length, we read in the *Journal des Sages Femmes*, November, 1877, that Prof. Depaul insists that copious bleeding from the arm is the only method of treating eclampsia which meets with success. He refers to an experience of 250 such cases. The introduction of premature labour he considers tedious and provocative of fresh convulsions. He also advises bleeding as prophylactic treatment.

AT Guy's Hospital both surgeries and the operating theatre are now connected direct with the electrifying room, so that the surgeon may have the current at his disposal at any time when he may require it. He presses a small stud, which rings a bell in the electrician's room, and points out on an indicator where the current is required. The latter is then turned on without loss of time. At night the operator can obtain the current by the simple movement of a spring, the indicating apparatus in the battery-room registering the fact, and also betraying the negligence of the operator if the current is not turned "off" when not required. The arrangements are complete, and work satisfactorily, and Mr. Seymour contemplates carrying them out in the medical wards, so as to avoid the necessity for shifting heavy batteries to that part of the hospital where the current is required.

THE "Comité de Propogation pour l'usage Alimentaire de la Viande de Cheval" have addressed a petition to the Lord Mayor asking him to give authority to open two shops in London for the sale of horseflesh as food The Lord Mayor has, of course, replied that in this free country no authority is needed to carry on a business, and his permission, therefore, is not necessary for the experiment to be tried.

Dr. Wilson Fox, having requested an opinion of the Council of the British Medical Association relative to the unrestricted admission of women to the meetings of the said Association, has been informed that women cannot be excluded. In consequence of this decision, Dr. Fox has requested his name to be withdrawn from the list of members of the Association, and we hear that it is not improbable that others may follow his example. The matter is one of individual opinion; but Dr. Fox thinks it right to call the attention of the profession to the question as to "how far public discussions on medical topics, at which men and women are present, and on which no restrictions are placed, are consistent with the rules of propriety and delicacy, which have hitherto been generally held to obtain in the relations between the sexes."

A very sensitive reagent for alcohol, and one that is very simple in its mode of application, has been found by M. Jacquemart. It is a solution of nitrate of mercury obtained by treating the metal with a little nitric acid of average concentration. The action is vigorous and rapid. The mercury is brought in part to the minimum of oxidation, and if a little ammonia be added to the mixture, after the reaction, a dark precipitate is obtained, which is darker the more there is of alcohol in the product suspected. Methylic alcohols and similar liquids do not give a dark precipitate with ammonia.

The Dublin Obstetrical Society will meet on Saturday the 9th, at 8 o'clock, at the College of Physicians, when the following communications are set down for reading:

Adjourned discussion on "Transfusion." Dr. Denham on "An Improved Ecraseur." Dr. Purefoy on "The Hypodermic Injection of Chloral in Puerperal Eclampsia." Dr. Macan on "Milk Fever." Surgeon-Major Johnston on "Puerperal Remittent." Dr. Atthill, "The Clinical Report of the Rotunda Hospital for the Year ending 5th November, 1877.

Last week's mortality bears very favourable comparison with the preceding weeks in January in nearly all the large towns of the United Kingdom. Edinburgh and Birmingham returned 24 deaths per 1,000 of the population, Manchester 26, London, Glasgow, Liverpool 27, and Dublin 29. Whooping-cough was excessively fatal in Brighton and Plymouth, whilst the deaths from small-pox in London declined to 34. There was no death reported from this latter disease in any provincial town in England.

St. Petersburgh still occupies the unenviable position of being the most unhealthy city in Europe, having a death-rate of 46 per 1,000 of the population. That very filthy city Buda-Pesth comes next on the list with 44, with Venice 42, Turin 38, Rome 33, Vienna and Naples 32, following in the wake.

A man has just died at Hounslow, named John Rhodes, leaving over £100,000 to the various metropolitan charities During life he dressed like a tramp, and denied himself the common necessaries of existence.

We regret to announce that the Medical Microscopical Society of London, which has done valuable work during the past few years, has now ceased to exist for want of adequate support.

The *Chicago Medical Examiner* gives the following statistics on anæsthetics:—

		Administrations.
Chloroform .	One death in	2,723
Ether and chloroform (mixed)	,,	5,558
Bichloride of methyline	,,	7,000
Ether . .	,,	23,204
Nitrous oxide . .	No deaths in	75,000

The consumption of beer in Germany was in 1872, 53·4 litres per head; in 1873, 66·80 litres; in 1874, 70 litres; and in 1875, 72 litres.

It appears from the "Medical Directory" for the present year, that out of 336 coroners in England and Wales only 48 belong to the medical profession.

DR. LUSH'S BILL.

The following is a copy of the Bill referred to in our last:—

"Whereas an Act was passed in the twenty-first and twenty-second years of the reign of Her Majesty to regulate the qualifications of practitioners in medicine and surgery; and whereas it is expedient to amend the Act:

"Be it therefore enacted, &c.:

"1. Section forty of the said recited Act is hereby repealed; and in lieu thereof it is enacted: Any person who for the purpose of gain shall take or use the name or title of physician, doctor of medicine, licentiate in medicine, licentiate in surgery, bachelor of medicine, surgeon, general practitioner, apothecary, or any other medical or surgical name, title, or description purporting to authorise the practice of medicine or surgery, unless such person holds a qualification or qualifications entitling him to take or use such name, title or description, and such qualification or qualifications be also registered under the said recited Act, shall, upon summary conviction for either or any such offence pay a sum of twenty pounds.

"Any person who for the purpose of procuring the registration of the cause of death of any deceased person shall make, fill up, or sign any medical certificate of the cause of such death, unless he personally attended such deceased person during his or her last illness, and holds a qualification in medicine or surgery duly registered under the said recited Act, shall upon summary conviction for either or any such offence pay a sum of twenty pounds.

"If any person shows that he is not a British subject and not ordinarily resident in the United Kingdom, and holds a medical diploma, degree, or title from some university, college, or body in any British possession or foreign country entitled to grant the same, such person shall not be liable to any penalty under this section.

"3. To schedule A of the said recited Act this section shall be added: When the General Medical Council are satisfied that any medical diploma, degree, or title granted by any university, college, or body in any British possession or in any foreign country is granted in respect of a degree of knowledge in both medicine and surgery equal to that required for obtaining a licence in both medicine and surgery under the said recited Act, they may from time to time, if they think fit so to do, place such diploma, degree, or title upon the medical register, and if at any time any such medical diploma, degree, or title ceases to be granted in respect of such degree of knowledge as aforesaid they may remove the same from such register.

"5. This Act may be recited for all purposes as the Medical Acts Amendment Act, 1878."

Correspondence.

TRACHEOTOMY IN DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Two points of special practical importance occurred to my mind in reading Mr. Thornton's letter in your issue of January 30th ; (1) the absolute suddenness of death in cases of diphtheria, and the impossibility of restoring life by artificial respiration after the trachea has been opened ; and (2) the necessity for the use of a large canula in tracheotomy. I have not been so fortunate as to see Surgeon-Major Quill's paper.

1. *Mode of Death in Diphtheria.*—Some years since, my colleague, Mr. Partridge, requested me to watch a young native adult just admitted to the Calcutta Med. College Hospital with diphtheria. He was in a very low state, the soft palate and pillars of the fauces were disintegrated by sphacelus, and suffocation was threatened. Having other cases to visit, I desired that the instruments might be ready in a side room, and passed and re-passed the bed frequently. Coming before him, I saw a sudden change in his countenance, froth gathered about the lips, and he died instantaneously. I called for the instruments, which were brought after I had, without a second's delay, bared the trachea with my penknife. Artificial respiration was immediately employed, but not the faintest sign of vitality could be evoked. I, as speedily, opened the trachea in a fine European boy of four, whom my colleague, Sir Joseph Fayrer, requested me to watch. Here, too, the body was as irresponsive to immediate and perfectly free artificial respiration as if it had been two days dead. Precisely the same occurred in a young child which died of whooping-cough; but, in that case, the air-tubes were full of fluid, which they were not in the other two cases. These cases are strongly contrasted with that of a man who was suffocating from syphilitic laryngeal mischief. It was the etiquette of our hospital that I should send for a surgeon. I did so, and waited until the man fell over. I then opened the trachea, and free respiration was at once restored. Again, these cases of diphtheria are contrasted with the following one. I was in the operating theatre when a nurse ran in and called me into a neighbouring ward. I there found a sickly-looking native, who, having for some weeks worn a tracheotomy tube, had, upon a sudden caprice, taken it out and—died. I re-introduced the tube, and commenced artificial respiration, with little hope of benefit, as all breathing must have been suspended for at least four minutes. Respiration was speedily restored, and the man was able to run away from the hospital on the following day. The clear inference is that, in diphtheria, death is immediate and absolute, and due to some central lesion, and that, consequently, if we are to open the trachea in this disease, it is useless to do so at the cessation of respiration.

2. In the case of true hydrophobia in which I opened the trachea, the laryngismus which had been present ceased immediately upon the introduction of a very large canula, and the patient drank freely *once*. In my narrative of that case I insisted strongly upon the extreme necessity of employing as large a canula as possible in all cases of tracheotomy. I was led to adopt this precaution, throughout my practice, after attending the autopsy upon a man with syphilitic disease of the larynx, who died suffocated with, and in a great measure by, an impracticably small tube which had been introduced into his trachea.

Yours faithfully,
NORMAN CHEVERS, M.D.

London Hospital Medical College,
1st February, 1878.

THE ADELAIDE HOSPITAL, DUBLIN.

WE understand that the circumstances following upon the resignation of the surgeoncy of this Hospital by Dr. Albert Walshe, to which we referred last week, have received a further development in the resignation by Dr. Montgomery A. Ward, of the assistant-surgeoncy of the Hospital, held by him for ten years, he having had reason to believe that the appointment of a young gentleman, now resident in North Wales, had been decided upon by the ruling party in the medical board. Allowing to this gentleman every qualification which he can be conceived to enjoy, we cannct but express our regret that an officer who has, as we believe, done his duty with every credit to himself and the Institution for so many years, should be slighted and deprived of the fair reward of his labour, in order that his place might be given to an entirely untried candidate. The Adelaide has been foremost in adopting the excellent system of probationary assistant-surgeoncies, and it does not do itself justice when it ignores the implied contract with a deserving officer like Dr. Ward. Recent hospital appointments in Dublin have given special interest to the subject, and it certainly seems to be high time that public attention should be directed to the system under which men of experience and professional rank are habitually replaced by young men entirely unacquainted with the hospital management, and unaccustomed to practical surgery.

THE BRITISH MEDICAL ASSOCIATION (DUBLIN BRANCH)

THE First Annual Meeting of this Branch, which has within the last twelve months been organised with great energy by the hon. sec., Dr. Duffey, was held on Wednesday last, at the King and Queen's College of Physicians. The chair was occupied by Dr. Hudson, Physician to the Queen, and the parent Association was represented by the President, Dr. Wilkinson, and by Mr. Ernest Hart. The local branches in Ireland also sent representatives ; Dr. Curtis and Dr. H. Macnaughton Jones from Cork, and Dr. Cuming and Dr. Moore from Belfast. The attendance was numerous, and the Report of Council for the past year satisfactory and encouraging. In the evening the members dined together in the College Hall, the chair being occupied by Mr. Porter, Surgeon to the Queen in Ireland, and the entertainment proved in all respects a success.

Obituary.

DR. CHURCHILL, OF DUBLIN.

WE regret to have to announce the death, on the 31st ult., at Ardtrea Rectory, of Dr. Churchill, long known as an eminent obstetrician, until failing health and the strain imposed by the arduous duties of his extensive practice compelled his retirement in 1875. In the case of one whose attention to business was so unremitting as Dr. Churchill's, the record of the several steps by which he ultimately placed himself among the leading members of his profession is, in a certain sense, the record of his life. In conjunction with Dr. Speedy he founded the Western Lying-in Hospital, which did much for the poor in that quarter of Dublin, and he was, in 1856, appointed Professor of Midwifery to the School of Physic in Ireland, holding the office until 1864. In both the former and the latter year he was President of the Obstetrical Society, and during the years 1867 and 1868 he was President of the King and Queen's College of Physicians. On his retirement from the profession, in 1875, he presented his valuable obstetrical library to the College of Physicians, the College, in their turn, presenting him with an address couched in flattering terms, and directing his portrait to be painted and placed along with those of many other illustrious members of their body in the College Hall.

Dr. Churchill took his first medical degree in Edinburgh in 1831, and in 1851 had the honorary medical degree of Dublin University conferred on him. He was a voluminous contributor to medical literature, and the author of various works on his special branch of practice; and these, as well as his works on the diseases of women and children, were for a quarter of a century the standard text-books on the subject, and have, indeed, been republished in America,

and translated into European languages. He was also the translator of a valuable series of papers on "Puerperal Fever" for the Sydenham Society in 1849. At the meeting of the British Medical Association at Norwich, in 1874, he was chosen President of the Obstetrical Section, but from failing health he was unable even to attend the meeting. The address which he had prepared on "The Hygiene of the Lying-in Hospitals" was, however, delivered.

He died on Thursday morning, Jan. 31, at the rectory of his son-in-law, Ardtrea, near Stewartstown. He adds another to that bright roll of venerated names on which the medical men of Ireland have found an honoured place and memory.

Medical News.

Royal College of Surgeons of England.—Pass List for the M.R.C.S., January 24th, and 25th :—

Adcock, Harold	Hartley, W. Darley
Atkens, J. Alexander	Hawks, R. Shafto
Bell, Richard Frank	Hope, W. More
Blomfield, A. George	Jackson, G. Henry
Bond, J. William	Jakins, P. Septimus
Bothamley, R. Broughton	Knaggs, R. H. Edward
Bowman, H. Ernest	Leah, William, L.S.A.
Brown, H. Ximenes	Leigh, W. Watkin
Burn, S. Southerden	Lynn, Edward
Bullock, J. Ernest	Maxwell, C. Mayne
Clarke, Reginald	Morton, Shadforth
Crick, S. Arthur	Norman, A. Stewart
Ensor, T. Francis	Nugent, T. Cureton
Foster, William	Pyce, E. William
Fox, J. Tregelles	Reader, Jeremiah
Garland, G. Henry	Robinson, A. Henry
Good, W. Ernest	Stewart, F. George
Greenway, A. Stevenson	White, W. Robert
Hampson, Joseph	Willes, William

Royal College of Physicians of London—January 31, 1878. Admitted Members :—Cottle, Ernest Wyndham, M.B. Oxford, 3 Savile Row, W; Duncan, James Matthews, M.D. Aberd., 71 Brook Street, W.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Mr. Rundle will please receive our thanks.

Telephonic Auscultation.—A correspondent in the *Student's Journal* of Saturday has the following :—"In my last letter I suggested that the telephone might be used for the purpose of diagnosing heart and lung diseases. I scarcely expected to be called upon just yet to announce that the idea has been carried out, but I observe that a correspondent of the Medical Press and Circular states that he has been able, with the telephone, to hear the sounds of the chest, distinctly, at a distance of thirty yards. The time may come when our fashionable physicians will have consulting-rooms in the large provincial towns, each having telephonic communication with his London consulting-room, where he will sit, examine, and prescribe for those patients who would find it inconvenient to come up to town to consult him. Of course, patients would have to attend at the provincial consulting-room at such times as he would appoint. Bristol patients could attend at 10 o'clock a.m., Birmingham at 10.30, Oxford at 11, and so on. There would probably be some difficulty about the fees; they could not be transmitted by telephone. But these could be paid to an agent or secretary," who might bolt after receiving sufficient to make it worth while.

Histologist.—Dr. Thin, who read the paper "On the Proportion of Red Corpuscles in the Blood," is author of the work on "Practical Histology," to which you refer.

A. R. M. should write at once to the Director of the Army Medical Department.

Royal Institution.—Thursday, Feb. 7, at 3 p.m., Professor Dewar, "On the Chemistry of the Organic World."

Harveian Society.—Thursday, Feb. 7, at 8 p.m., Mr. H. Casson, "On Gunshot Injury of Elbow-joint."—Dr. Fitzpatrick, "On the Defective Drainage of West-end Houses, and Cases of Zymotic Disease arising therefrom."

Medicus.—The effect of the decision in the case of Jacob *v.* Finley (Dublin Coroner' Medical Witnesses) is, that in the opinion of the Court the employment of one individual as medical witness in all cases of inquest is illegal, and his payment by salary also illegal. We understand that Dr. Jacob, on behalf of the Irish Medical Association, has served notice on the Public Auditor that he will again object to such payments if allowed by him in his audit of the Corporation accounts.

Clinical Society of London.—Friday, Feb. 8, at 8½ p.m., the President: Specimens of Tendon Ligatures.—Mr. Nunn, "On Two Cases of Cancer."—Mr. Hutchinson, "On Retinitis Hæmorrhagica; its Connection with Gout, and probable dependence upon Thrombosis of the Veins."—Dr. Balmanno Squire, "On Severe Psoriasis treated by Daily Immersions," and a "Case of Psoriasis treated by Chrysophanic Acid" (living specimens).

Dr. Offenberg, Wickrath, Rhenish Prussia.—We have received a reply from Dr. Fort, of Paris. The article in *Le Progrès Medical* was taken from No. 49 of the "Journal of Surgery," &c., published by Dr. Fano, of Paris. The case with Dr. Polli's name was also published in the Annals of the Medico-Chir. Society of Liège, March and April, 1876. Dr. Davreux translated it from the *Annali dal Dr. [G. Polli.* Other references are the *Gazette Med. Ital. Prov. Venete*, Feb. 26, 1876, and the *Allg. Med. Berlin. Centr. Zeitung*, No. 2, Jan. 3, 1876. We would advise you to send us the German reference. We would also recommend you to write to Dr. Polli. It is highly important in the interests of science and justice that this question should be settled. At present it is involved in considerable doubt. The age of the patient is given in all the French papers as *twelve years*, the name of the medical attendant as Dr. Polli. Your name is not mentioned, and, unless it is a separate case, we cannot account for the facts being so different to those you represent. We shall be glad to hear from you as soon as you have made inquiries. Our "Report," as you know, is coming out in book form, and as this will be widely circulated the disputed points should be settled at once.

J. G.—There is no special skin hospital in Dublin. We cannot select a medical adviser for you, but no doubt your present medical attendant can tell you who he thinks most competent in dermatology.

VACANCIES.

Brecon Infirmary.—House Surgeon. Salary, £100. Testimonials, &c., to the Secretary on or before the 11th inst.

Clifden Union.—Medical and Sanitary Officer for the Clifden Dispensary District. Salary, £90, exclusive of fees. Election, 13th inst. (See Advt.)

Kent County Lunatic Asylum.—Assistant Medical Officer and Dispenser. Salary, £165, with extras. Applications to Allen Fielding, Esq., Canterbury.

Lincoln Lunatic Hospital.—Medical Superintendent. Salary, £150, with board, lodging, and washing. Applications to R. Hall, Esq., 38 Silver Street, Lincoln. (See Advt.)

Manchester Hospital for Sick Children at Pendlebury.—Medical Officer. Salary, £100, with board and residence. Applications to the Chairman of the Board. (See Advt.)

St. George's Hospital.—Surgeon and Assistant Surgeon on the Staff. Candidates must have the diploma of F.R.C.S.Eng. Applications, under cover, to the Hospital before the 13th inst.

Tobercurry Union, Coolaney Dispensary.—Medical Officer. Salary, £100. Election, 11th inst.

Westminster Hospital.—Aural Surgeon and an Assistant Surgeon, both Honorary. Election, Feb. 26. Candidates must attend a meeting of the Board on the 19th inst., with testimonials.

Wilts Pauper Lunatic Asylum.—Medical Superintendent. Salary, £600, with furnished apartments. Endorsed applications, "Medical Superintendent," before the 12th February, to be addressed to the Clerk of Committee, Devizes.

APPOINTMENTS.

Davies, J. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the North District of the Llandilofawr Union.

Evans, D. T., M.R.C.S.E., House Surgeon to the Salford and Pendleton Royal Hospital.

Hay, J. H., M.B., C.M., M.R.C.S.E., a House Surgeon to the Royal Maternity Hospital, Edinburgh.

Johnson, J. F., M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., a House Surgeon to the Royal Maternity Hospital, Edinburgh.

Popeyt, Mr. A. J., a House Surgeon to the London Hospital.

Army Medical Department.—Surgeon-Major F. A. Elliott, M.D., promoted from half-pay to Surgeon-Major. Surgeon A. Irwin has resigned his commission.

Deaths.

Cameron.—On Jan. 21, at Whiteinch, Partick, Glasgow, Angus McCrae Cameron, L.F.P.S.G., aged 32.

Edlin.—On Jan. 21, at Levenshulme, Manchester, Ebenezer William Edlin, L.F.P.S.G., aged 47.

Paine.—On Jan. 27, at Crockherbtown, Cardiff, Francis Trevor, the beloved son of Henry James Paine, M.D., aged 25.

IRISH POOR-LAW INTELLIGENCE.

CARRICK-ON-SUIR GUARDIANS.

MEDICAL CERTIFICATES FOR HEALTHY PAUPERS.

In the case of Bridget Dwyer, who applied for out-door relief, but was too ill to attend personally, the Chairman asked if a doctor's certificate had been obtained to show such was the fact?

The Clerk said that the following vague certificate was had by the relieving officer from Dr. Ward :—"I certify that on yesterday I visited Bridget Dwyer, residing at Pill Road.—M. L. Ward."

Chairman—He does not say whether she is ill or well.

Relieving officer Power said that Dr. Ward refused to give such certificates any more.

Mr. Wallace—Did he refuse to give certificates?

Relieving-officer—I sent Dr. Ward a "red ticket" in order that he might visit this woman, and he said he would not act on it, as he was already attending her and giving the medicine required.

Mr. Wallace—What was the necessity for sending him another ticket if he was in previous attendance?

Mr. Walsh—It was to compel the doctor to visit the patient again, in order that he might give the relieving officer a certificate to produce here.

Mr. Wallace—Am I to understand that the doctor refused to attend on the "red ticket?"

Relieving officer—Yes. I sent the doctor a "red ticket," and he asked me why I did so? I said the way he would give me a certificate to show here when the out-door relief would come on. "I won't give it to you," said he.

Clerk—It strikes me that the whole question turns on the definition of the word "patient." How can Mr. Power issue a "red ticket" for a person in perfect health? (Laughter).

Chairman—I cannot give the relief sought for in these cases, if we have not the proper certificates as regards the persons who apply.

SLIGO UNION.

ADDITIONAL FEES FOR CONSULTATION WITH WORKHOUSE MEDICAL OFFICERS.

The Local Goverment Board wrote, in reference to a fee paid on the 1st inst., to a doctor who, on the requisition of the relieving officer, assisted the medical officer of the worknouse in a difficult surgery case, in the workhouse hospital. The Local Government Board wrote, saying that the relieving officer's powers under section 7 of the Act 10 Vic., cap. 21, did not apply to inmates of the workhouse. Assistance of this kind could only be, in strictness, granted by the guardians, but, if in a case of emergency, the medical officer should be obliged to seek additional medical aid, it would be competent for the guardians, should they see fit, to ratify the proceedings subsequently.

Chairman—It appears it is the guardians and not the relieving officer our doctor should apply to.

Mr. L'Estrange—Or the doctor can call in a doctor on his own responsibility, and come to us afterwards to ratify what he has done.

A letter was also read from Dr. Hamilton, in reference to the explanation he was called on to give, about his having, on a late occasion, called in Dr. Roe, of Cliffoney, who asked the guardians to pay him a fee of two guineas. Dr. Hamilton wrote to say that he was unwell the greater part of the night owing to over work, and, although better the next morning, he felt quite unequal to undertake the case, and he requested the relieving officer to procure the assistance of Dr. Roe.

RESIGNATION.

Mr. L'Estrange—Here is Dr Hamilton's resignation come in, after forty years' service.

Mr. Cogan—That is to be regretted, for he was very kind to the poor people.

Mr. L'Estrange—His was a long service.

Mr. Cogan—And he was a very clever man. During his forty-two years' service I believe there never was a complaint lodged against him.

SANITARY.

The Chairman then read the following letter from the Local Government Board, transmitting a copy of a report made by the medical officer of the Carney District to the Registrar-General, relative to the sanitary condition of the district :—

[Copy.]

"The deaths during the last quarter are far above the average—sixteen at an advanced age, and ten up to the age of five years. There is a total absence of drainage where the diphtheric cases occurred, and it is possible the disease may have resulted from that cause. The dwelling is one of a range of houses on the side of the main street, in the villiage of Carney, and the entire range is destitute of drainage and sewage, and in wet weather the floors of some of those houses are saturated with damp. I reported the matter to the sanitary authority; but the landlord, to whom it was referred, has done nothing to remedy the evil. In the district generally, however, our sanitary condition has improved, and we have been for a long time free from any serious epidemic."

It was agreed to refer the matter to the dispensary committee.

LIMERICK UNION.

ELECTION OF A RESIDENT MEDICAL OFFICER.

Before proceeding with the election the Chairman

thought they should dispose of the notice of motion given by Ald. Phillips, to the effect that it would be proposed to have the salary reduced from £200 to £150 a year. Lord Clarina had also given notice to have a committee appointed for the purpose of inquiring into the qualifications of the candidates seeking the vacant office.

Ald. Phillips then moved that the salary of the office be reduced to £150 a year. The workhouse hospital would be an excellent school for a young professional man, and he believed £150 a year with apartments and rations would be sufficient remuneration. He had no doubt that if at the end of a year they found that the new man had exhibited expertness and ability in the discharge of his duties the guardians would increase the salary to £200. But it was their duty, in justice to the ratepayers to reduce the expenditure wherever they could legitimately do so. He had made up his mind for a certain candidate who would, he believed, be willing to accept £150 a year.

Lord Clarina seconded the resolution. The reason, he said, that he had given notice to appoint a committee to inquire as to the qualifications of the candidates, was because he had expected there would be twelve or fourteen seeking the office, and in order that the best man should be selected. Now, however, that there were only three candidates, he did not think there was any necessity for the appointment of a committee. They had fixed the salary at £200 in the hope of getting an experienced practitioner, but now it appeared they were to have an inexperienced boy placed in charge of the hospitals in which every class of disease in its form would be found, he believed £150 a year would be a sufficient salary.

Mr. John McDonnell thought as they had advertised for candidates at a salary of £200 they were bound to pay that amount.

A poll was then taken, when 41 voted for £150, and 29 for £200.

The Chairman then read applications from the following:—Dr. Thomas Russell, Dr. Dennis McDonnell, Dr. K. O'Callaghan, Dr. Alex M'Auliffe, and Dr. Michael Taaffe.

Drs. Russell, McDonnell, and Taaffe were called in and having been informed of the reduced salary declared that they would be willing to accept it.

Dr. M'Auliffe declined to accept it.

Dr. O'Callaghan did not attend.

A poll was then taken and 39 voted for Dr. Russell, 27 for Dr. McDonnell, and 3 for Dr. Taaffe.

DUNGARVAN GUARDIANS.

ASSISTANCE IN OPERATIONS.

THE medical officer referred to an order made last board day whereby the board objected to his calling in any doctor but the union medical officers in case of a surgical operation.

Mr. Fitzgerald—I think it is throwing a great slur on our own medical officers. If they are not capable of assisting the medical officer they are not capable of being in the service of the union. Medical Officer: If the guardians had told me about it I could give them good reasons why they ought not to make that order. Mr. Fitzgerald: It is throwing a great slur—— Medical Officer: You cannot throw a slur upon a doctor. There was a very serious operation here since, and I took the whole responsibility on myself. Mr. Fitzgerald: I think in justice to our own medical officers we ought to employ them. Medical Officer: I beg your pardon——Mr. Fitzgerald (hotly): I beg your pardon, I have as good a right to make an observation here as you have. Medical Officer: If you offer me the assistance of Dr. Butcher of Dublin, I would prefer the man I had because he is young, and I could ask him to do a great many things that I could not ask another doctor. It is a very unusual thing, and I don't suppose in any hospital in Ireland the like is in force. I saw it passed here a few minutes ago, to give two guineas in a case of midwifery, and Dr. Redmond only charged two guineas for one far worse, one of amputation.

Chairman—You prefer a young man. M. O.: I prefer a young man simply because I have no hesitation in asking him to do things which I would not ask another doctor. Mr. Hackett: Is not Dr. Flynn a young man. Mr. Fitzgerald: I do not see why we should go outside our own union. I have not the slightest objection to young Redmond. He is a great friend of mine, as is also his father, but I think a great slur would be thrown. M. O.: You cannot throw a slur on a doctor. Mr. Fitzgerald: That may be your opinion, doctor, but I will have mine. Chairman: I would like to know from Mr. Boyle if it is imperative for the union medical officers to assist one another when called upon. Clerk: They are not. Mr. Terry: If they are not, they are not fit to be in the union. Chairman: I think we can only reverse this by a fourteen day's notice. Capt. Curran: This is a thing that has cropped up several times while I am here. I think it ought to be settled. M. O.: He is not under any obligation to come here unless he wishes. Mr. Fitzgerald: I think that paying the two guineas to Dr. Anthony is very absurd. If a farmer is sick a doctor will come out from town for £1. M. O.: No, Mr. Fitzgerald, he will not.

Capt. Curran—In the case of a farmer he can do what he likes, but this is a case of a public money.

Chairman—There must be fourteen day's notice to rescind it.

Capt. Curran—I won't rescind it. Mr. Terry: I won't rescind it.

Chairman—I would be in favour of granting you this doctor, but I am only one of the board, and I do not see what can be done.

Medical Officer—Will any member of the board give a notice rescinding it? Mr. Terry: I won't. M. O.: Well, I can only say you are treating your medical officer very hardly. I have done the work of this union for the last fifteen years, and I believe I done it well. I saved you expense in every way I could, and never asked for an assistant. Mr. Walsh: We are not objecting to that at all. Chairman: It is proposed that we refer the question to the Local Government Board, whether it is imperative on the medical officer of the union to assist the workhouse medical officer in case of a surgical operation. Mr. Fitzgerald said, before that was put, it would be well to have an explanation from Dr. Anthony, as to whether he refused, and if so, why he refused. If they had Dr. Anthony's version of the matter, it might be very different.

THE CLONASLEE DISPENSARY.

ON Thursday the members of the Clonaslee dispensary committee proceeded to the election of a medical officer for the district, in room of Dr. Wilkinson resigned. The election excited considerable interest in the locality. Long before the proceeding commenced a large throng gathered in the village and cheered the supporters of the popular candidate as they passed by.

The candidates for the office were Dr. Neale, and Dr. M'Kenna, Mountmellick.

Mr. Wrafter—I proposed Dr. M'Kenna as a fit and proper person to perform the duties of dispensary medical officer of this district.

Mr. Meredith—I beg to second Mr. Wrafter's proposal, that Dr. M'Kenna be appointed. I think he has a great claim on our support, *particularly because he is a Roman Catholic*, and we *want very much to have a Roman Catholic.*

Mr. Reeves—I proposed Dr. William Neale. I have listened he said with deep pain and with the greatest regret to the observations spoken by Mr. Meredith. This is the first time, and I hope it will be the last time that in an assembly of educated gentleman any allusions should be made to the question of religion. I hope and trust that a doctor of any creed, or no creed at all, will do his

duty by the people. I do not think that being a member of any particular creed, or even a Mahometan, constitutes a man a good doctor, unless he can rely on his own abilities (hear, hear.)

Dr. J. G. Peacock—I beg to second Mr. Reeve's proposition. Dr. Neale is a native of this country. His family have been always connected with the county, and he has every claim by all those rights to your support. He is known well and favourably, and every one in this room knows the members of his family, generations of whom have lived in this county.

Mr. A. Conry—Descended from the Red Hand of Ulster.

The Chairman—Order, please.

The question was then put to the vote.

For Dr. M'Kenna, 8; for Dr. Neale 9.

Dr. Neale was accordingly declared elected by a majority of 1.

When the result was announced.

Mr. Rice Meredith rose from his seat at the table, and said—I protest against the decision of this committee as being totally illegal, on account of intimidation and undue influence being used by Captain Dunne, our chairman. He sent through his tenants last night and every other day to intimidate them, and get them to vote for Dr. Neale. There is a man in this room who promised his parish priest for the last six months that he would vote for Dr. Kenna; and Captain Dunne has gone up to his house, and brought his friend with him, and intimidated him in such a way that he was afraid he would be turned out of his place if he did not vote for Dr. Neale.

Captain Dunne—I had a perfect right to ask my tenants to vote with me, if I have a friend. This is not the case of an election for the county, where politics are concerned. I have no regard for questions of religion or politics. I have nothing to say to them. All I say is, I have a right when I see other parties working day and night through my tenants—as a landlord of Ireland, I have a right to ask them to stand by me, when I stand by them.

Dr. M'Kenna—I can bear testimony to threats having been used. I have a letter in my possession by which I can prove it.

Dr. M'Kenna was about making some further observations, when the meeting broke up somewhat confusedly.

During the proceedings a large gathering congregated outside the committee-room, and on Mr. Meredith making his appearance, he was chaired through the streets amid lusty and repeated cheers. Mr. Meredith raised his hat in acknowledgment of the honour, and addressed some remarks which we did not hear.

To prevent any person getting into the committee-room but the members, two policemen were stationed at the entrance. The little village bore a holiday aspect owing to the number of people who gathered into it. There seemed to be a very strong feeling over the election, principally of a sectarian character.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1878.

JANUARY 9th.—Powell, Blacker Castles, Parkmore, Roscrea, co. Tipperary, M.B. Univ. Dub. 1877.

9th.—McDonnell, Denis, Bradford, co. Clare, Lic. R. Coll. Surg. Irel. 1877, Lic. Apoth. Hall Dub. 1878.

14th.—Sandiford, John Oldfield Greatrakes, Ballinlough, Blackrock, co. Cork, M.D. 1877 and M.Ch. 1877. Q. Univ. Irel.

14th.—Woodroffe, John FitzHenry, Lislee Glebe, Bandon, co. Cork, M.B. and Bach. Surg. Univ. Dub. 1877, Lic. Mid. K. Q. Coll. Phys. Irel. 1877.

15th.—Armstrong, Henry, Enniskillen, co. Fermanagh, Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

22nd.—Penny, Henry James, 20 Kenilworth Road, Rathgar, co. Dublin, Lic. R. Coll. Surg. Irel. 1876, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

23rd.—Casement, Brabazon Newcomen, The Infirmary Londonderry, M.B. Univ. Dub. 1877.

23rd.—MacNeece, Jas. Gaussen, Clonfeacle Rectory, Moy, co. Tyrone, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

24th.—Dempsey, Patrick J., Aghadowey, Ballymoney, co. Down, M.D. 1877 and M.Ch. 1876 Q. Univ. Irel.

28th.—O'Sullivan, Daniel, Tralee, co. Kerry, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel, 1877.

28th.—Fergusson, Edward, 32 Upper Rathmines, co. Down, Lic. R. Coll. Surg. Irel. 1874, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phy. Irel.

29th.—O'Donnell, Joseph Francis, Longford, M.B. 1877 and B. Surg. Univ. Dub. 1877.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 26, 1878.

Total registered deaths in Dublin and suburbs*			177
Ten years average of same week			199
Decrease of mortality below average			22
10 weeks ratio of deaths Rathmines		19·7 per	1,000
" " " " Donnybrook†		26.9	"
" " " " Blackrock		19·5	"
" " " " Kingstown		14·9	"
" " Entire Dublin District		29·3	"
COMPARATIVE RATIOS—London		27·2	"
" " Glasgow		26·6	"
" " Edinburgh		24·1	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 22; being 9 less than in the preceding week, and 15 under the average for the fourth week of the last ten years. The deaths from these diseases include 4 from small-pox—those of a male infant seven weeks old, and 3 men, aged respectively 24, 33, and 45 years, *none of whom had been vaccinated;* two of the men were admitted into Cork Street Hospital from Peter Street District, and the third was received into the same institution from Meath Street District; all three died from the confluent type of the disease; the child died in the Hardwicke Hospital, into which he had been admitted from Coleraine Street District. Among the remaining deaths from zymotic diseases are 3 from fever (2 typhoid or enteric, and 1 simple continued fever), 3 from measles—being 8 less than in the preceding week—3 from scarlet fever, 2 from whooping-cough, 1 each from diphtheria croup &c.

Thirteen children died from convulsions.

Deaths from diseases of the respiratory organs, which, in the preceding five weeks had been respectively 48, 38, 59, 56, and 34, rose again last week to 49, of which 35 were attributed to bronchitis 10 to pneumonia, 1 to asthma, and 3 to lung disease unspecified. The deaths from these causes do not quite equal the average mortality in the fourth week of the last ten years.

Heart disease caused 6 deaths, aneurism 1, paralysis 7, apoplexy 2, epilepsy 3, brain disease unspecified 2, liver disease 1, Bright's disease 2, and kidney disease unspecified 1.

Twenty-four deaths resulted from phthisis, 4 from hydrocephalus, and 1 from mesenteric disease.

BELFAST.—Four deaths from fever, 5 from diarrhœa, and 1 each from scarlatina, measles, and whooping-cough were registered during the week.

CORK.—Three deaths from measles, and 1 each from fever and diarrhœa were registered.

YEARLY SUMMARY—1877.

BIRTHS.

DURING the year 1877 there were registered in the

Dublin District 9,325 births, being a ratio of 30 per 1,000 of the population. The average for the preceding ten years was 28 per 1,000.

Of the births, 31 in every 1,000 of the population occurred in the city, and only 24 in every 1,000 inhabitants in the suburban districts.

In London the ratio of births registered during the year was 36 in every 1,000; in Glasgow, 38 per 1,000; and in Edinburgh, 33 per 1,000.

DEATHS.

8,795 deaths were registered in the Dublin District during the year, being equal to 28·0 in every 1,000, against an average of 26·1 per 1,000 for the previous ten years.

Omitting 328 deaths, which are those of persons admitted into public institutions from localities outside the Dublin District, the death-rate for last year is 26·9 per 1,000 of the population, the rate for the city being 28·7 per 1,000 (28·3 on the North side and 29·1 on the South), and for the suburbs 20·4 per 1,000 The rates for the several districts range from 19·2, the rate for Rathmines, to 36·3. Meath Street District.

The deaths registered in Belfast during the year afford a ratio of 28 in every 1,000, in Cork 26, in Limerick 25, in Londonderry 19, in Waterford 22, in Galway 23, and in Sligo 22.

The deaths in London during the year 1877 amounted to 22 in every 1,000; in Glasgow to 25 per 1,000; and in Edinburgh 21 in every 1,000.

DISEASES.

Dublin Registration District.—Compared with the average annual number in the preceding ten years, there was a decrease last year in the mortality from zymotic diseases, and an increase in the deaths tabulated under each of the four other classes into which the causes of death are grouped, the chief excess being in the mortality from diseases of the respiratory organs.

The deaths from all diseases of the zymotic class registered during the year number 1,528, or 48·6 in every 10,000 of the population, being somewhat over the mortality from these causes in either of the two years preceding, but 218 deaths, or 7 per 10,000 persons under the annual average for the ten years 1867-76. Nearly 60 per cent. of the deaths from zymotic diseases last year occurred amongst children under five years of age. The deaths from the seven principal diseases of this class, exclusive of the deaths of persons from without the district who died in public institutions, are equal to 3·7 per 1,000 inhabitants, the rate for the city being 4·1 per 1,000, the rates varying from 2·8 per 1,000 persons in Denzille Street and Grand Canal Street District, to 5·8 in Meath Street District, and for the suburbs 2·3 per 1,000, the lowest suburban zymotic rate being 1·8 per 1,000 in Donnybrook, and the highest 3·4 in Blackrock.

Nearly one-third of the total mortality from zymotic diseases was caused by measles and its complications, the deaths from which amounted to 481, 1·5 per 1,000 inhabitants, as against an average rate of 0·4 per 1,000 for the preceding ten years, in none of which except the first (1867) did the deaths from measles equal one-half of the number in last year; in 1867, and the coincidence is remarkable, the number was 405. Forty-six of the deaths tabulated under this heading last year were registered in the first quarter, 146 in the second, 122 in the third, and 147 in the fourth.

There were 38 deaths from small-pox registered—viz., 33 in the city, 2 in the suburbs, and 8 hospital cases admitted from other districts.

Fever caused 280 deaths, of which 74 were classed as from typhus, 153 from typhoid, and 53 from simple continued fever. The average annual number of deaths from fever in the ten years 1867-76 was 318; in the year 1876 the number was 260.

Among the remaining deaths from zymotic diseases are 122 from scarlet fever (the smallest number in any year since 1866, and only one-third of the average annual number for the ten years 1867-76), 23 from diphtheria, 29 from erysipelas, 106 from whooping-cough, 101 from croup, 9 from quinsy, 156 from diarrhœa (being 111 under the average), 17 from dysentery, &c.

The deaths attributed to convulsions number 629, being 7 per cent. of the deaths from all causes. In 1876 the number was 594, and in 1875 it was 566. The deaths entered under this heading last year are exclusively those of children, and with 9 exceptions, were amongst those under 5 years of age.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 26th,* 1877; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

L. TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JAN. 26, 1877.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	29	176	177	29	44	4	3	3	1	2	3	...	4	9	51
BELFAST . .	20,687	182,082	27	124	94	17	23	...	1	1	...	1	4	5	1	...	16
CORK .	13,816	9 ,965	24	54	43	7	12	...	3	...	..	...	1	1	...	1	17
LIMERICK .	8,509	44,209	36	23	31	2	11	...	...	...	...	..	2	1	...	...	15
LONDONDERRY	21,865	30.884	10	22	6	...	3	...	...	...	...	...	...	...	...	...	...
WATERFORD .	17,209	30,626	48	13	28	2	2	...	7	...	...	...	7	...	...	...	8
GALWAY . .	21,358	19,692	24	11	9	2	1	...	...	..	...	...	2	...	...	...	2
SLIGO . .	30,835	17,285	18	8	6	...	1	...	...	..	...	...	...	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 13, 1878.

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 87.)

HEREDITARY SYPHILIS.

Concerning the heredity of syphilis, I think no practitioner at the present day is inclined to doubt that syphilis can be conveyed to the fœtus either through the male germ, or from the mother at any period during pregnancy, or at any stage of the disease. Yet it is of interest to note that the existence of substantive changes in the brain and nervous system, resulting from a transmitted taint, was not fully appreciated until within the last few years. In fact, the first case duly recorded in this country was by Dr. Barlow, in the Pathological Society's "Transactions" for 1877. Graefe some years ago described the case of a child less than two years old, in which a syphilitic new formation was found on two cerebral nerves (*Archiv für Ophthal. I. Bd.* 1 *Abth*), and Dr. Hughlings Jackson drew the attention of the profession to this subject in the *Journal of Mental Science*, 1875. The first clear case which came under my own observation was in the year 1874, and is here reported. It is doubtless a thoroughly genuine one of gummata of the brain and nerves, from congenital syphilis. Probably, before long, thanks to the investigations of Heubner, it will be found that many of the conditions which are now recognised as scrofulous, are really due to albuminoid or protoplasmic nutritive changes, the result of arterio-capillary constriction which originated in syphilis. In due time, evidence will probably be forthcoming to show that these changes also occur in the lymphatic system, and that they are coexistent with the primitive states of fœtal life. If pathology is not leading us astray, our deductions at the present time are of the greatest value and importance. The signs of hereditary syphilis, apart from the manner in which it invades the nervous system, have been so carefully studied and elucidated by Mr. Hutchinson, that it seems mere repetition either to examine or question them. There can be no doubt that his observations are usually received by the profession as conclusive evidence of the existence of the hereditary poison. Yet, it has often occurred to me in the examination of a large number of children, many of whom I have known to be syphilised, that if we confine ourselves merely to the consideration of the cupped incisor teeth of the upper jaw, and an interstitial inflammation of the cornea, we shall not always be using our judgment aright, and we shall, probably, make an incorrect diagnosis. I certainly maintain that we are not in a position to state that dental irregularity, apart from notching, means scrofula, whilst on the other hand, I have no wish to doubt that the especial signs referred to by Mr. Hutchinson, are indicative of syphilis.

I have seen the so-called scrofulous development of the head and jaw, irregular and regular notched teeth, to be the essential outcome of hereditary syphilis, and I have likewise seen them where no syphilitic taint could be detected, and this I know to have been the experience of a very large number of observers.

There is no man living who is sufficiently presumptuous to say that there are no cases to be found where it is not a matter of questionable certainty as to the condition being one of scrofula or syphilis. How often do we not see this statement verified in daily practice by the result of treatment? Our little patients have all the signs indicative of scrofula. They are wasted, ill-developed, rickety; with enlarged abdomen, large cranial development, pinched features, prominent under jaw, thick lips, irregular teeth, some notched, others serrated, squat nose, corneal opacities, congestion of the coats of the eye, and retinal exudations, hair fine and scant, ears large, spine distorted, ulcerations of the skin and mucous membrane, intermittent diarrhœa, and enlarged cervical glands. But withal the intellect may be clear.

I put the question, Do we invariably find these patients

improve upon the administration of so-called anti-scrofulous treatment, such, for instance, as cod-liver oil, the various preparations of steel, the dilute mineral acids, and chlorate of potash? I cannot say in my own experience that this has been the case, but a small quantity of grey powder every night, with iodide of potassium during the day, acts like a charm. Get the iron bond of taint broken through, and the normal nutritive processes rehabilitated, and then the cod-liver oil and steel not only do an infinite amount of good, but effect an absolute cure. Such then, being admitted, I will go a step farther and candidly say that in my own opinion, scrofula is essentially the outcome of syphilis; and I believe such has been the opinion of many other observers. M. Ricord and Mr. Erasmus Wilson, have put forward similar views. If we take the history of syphilis from the earliest time up to the present day, and allow ourselves to be guided by general facts; if we are not blind to the evidence which pathology can and does afford us; if we are not too sceptical of the deductions drawn from the effects of treatment, I feel sure that the growing weight of proof will be found in favour of this view.

Should there be a point in pathology of greater interest than any other, it is not so much the difference in structure between gummatous, scrofulous, or amyloid growths, as the association which often exists between them and their prime factor, syphilis. In the discussion on syphilis at the Pathological Society of London, in 1876, Sir James Paget, during his remarks, said: "I would not venture to call the disease that may occur in a scrofulous person become syphilitic, a hybrid one—and yet, perhaps, the term is not altogether wrong—but at least I would call it a mixed disease, and hold that syphilis, inserted in a scrofulous person, will in its tertiary form produce signs which it may be very hard to distinguish from scrofula. Signs in which the character of scrofula and of syphilis are mingled, and—which is very important—which require that the treatment of scrofula should be combined with the treatment of syphilis, in order to produce a fully successful result." From this statement, which does not, I must admit, support my opinion in any but an indirect way, provided it is true, that a scrofulous person contracts syphilis, and in the later stages of the disease such person suffers from a hybrid or mixed disease, which is neither scrofula or syphilis, but partakes alike of both, what effect does this hybrid condition produce upon the offspring of the parents so infected. Do we get scrofula mingled with syphilis, and syphilis mingled with scrofula; or have we, on the other hand, a distinct and novel entity established, which I conclude we must have, if the words of Sir James Paget are correct. At any rate it must be extremely difficult to say what condition may result from this hybridity, presumably the result of syphilis engrafted upon scrofula.

These three kinds of growth, Gumma, Scrofula, and Amyloidea, are more intimately associated in their nature than those of any other kind, and are merely the result of low inflammatory exudation changes, guided by a specific agency. They may be said to be a perversion of Nature's nutritive laws and selective capacity; and we can, I think, fairly well comprehend, how in children, particularly those born of intemperate parents, the subjects of syphilis, we find a state of tissue, that is of mucous nerve and other vascular textures, which is not normal, and where the controlling power of the vascular and trophic nerves is first at fault; and then secondly the blood participates, resulting in every form of low inflammatory change, which may of course determine the abnormal growths which we meet with in the teeth, the eyes, the skin, nates, and viscera. In the last volume of the Pathological Society's "Transactions," 1877, I was much interested to find a case of congenital syphilis (the one to which I previously referred as reported by Dr. Barlow) involving the cranial nerves and cerebral arteries, and he frankly states that the syphilitic nature of the disease was not diagnosed during life, but tubercle was suspected. The child was a boy aged fifteen months. We are led to conclude that the little patient had no signs of syphilis beyond those stated in the paper, namely, a sore bottom and frequent discharge from the nose. However, at the *post-mortem* examination made by himself and Dr. Lees, evidences of syphilitic infiltration were abundant in the nerves and vessels. He says the nerves were very extraordinary. "Both thirds at their superficial origin were swollen out into small conical tumours. There were also swellings in the fourth, fifth, sixth, seventh, and eighth pair, causing considerable broadening of these nerves. There was very little difference on the two sides in bulk, though I presume there must have been a different amount of change in the two facial nerves, for example, from the clinical differences which were observed. I have examined, microscopically, the third and fifth on one side. The first thing that strikes one is the almost entire atrophy of the nerve cylinders. Here and there in some of the sections are round bodies resembling corpora amylacea (altered myalin?). There is a most abundant infiltration of new cells with very fine stroma. This new growth is by no means most abundant in the interfunicular areolar tissue. It is, in fact, less abundant there than in the interfuniculi themselves, though it is to be noted that in the funiculi generally there is more of it at the periphery than in the centre." Dr. Barlow then goes on to describe the changes in the vessels, which resemble those first described by Prof. Heubner, and which I shall again refer to when speaking of the pathology of my own case. I have rather lengthily referred to the pathology of this case, because it is certainly of some interest from a clinical and of great importance from a pathological point of view; and it is rendered most complete by some well-executed microscopic drawings. The following case is of more extended pathological interest.

This woodcut shows very well the palsy of the *right* sixth and of the *left* seventh nerves, and the scars about the nose, with deformity.

G. D., a fairly-well nourished girl, æt. 12, was admitted into the Central London Sick Asylum, at Highgate, under my care on the 12th November, 1874. She was one of four living children, none of whom were healthy. The father was a strong healthy man; he contracted syphilis when young. The mother was said to have died of phthisis and to have had several miscarriages; she gave birth to seven children. The history is as follows: Her health was delicate as a baby, and continually so until she was five years of age, when the eyes became inflamed, and there was an offensive discharge from the nostrils. She was then placed under treatment, and her health improved. In the year 1872, she had a fit, and was unconscious for four hours. When consciousness returned she was violently sick.

The next thing which ailed her was an ulceration about the alæ of the nose, resembling a tubercular syphilide.

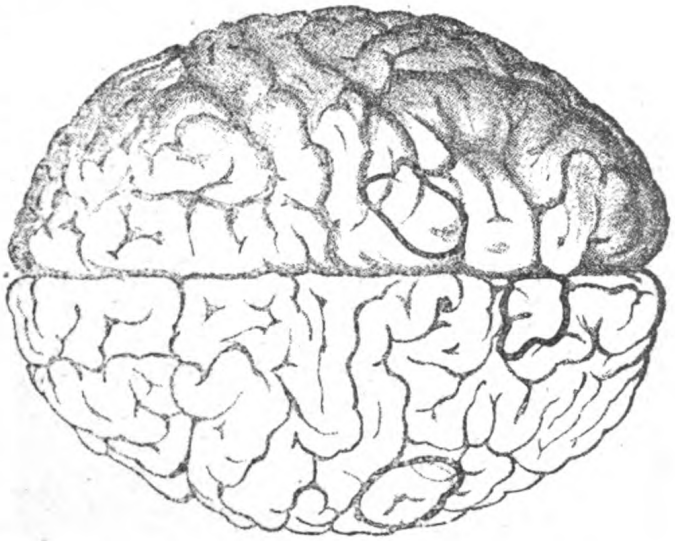
The ulcers were deep, of rapid formation, and attended with pain.

Around tha ulcerated surfaces there were numerous papular or tubercular elevations causing an indurated condition of the skin, the whole being of a reddish colour shading off into the surrounding cuticle. The discharge was extremely offensive, and encrustations were rapidly shed and reformed. After the ulceration had completely invaded and destroyed the soft structures at the tip of the nose cicatrisation set in, and the ulcerative process in this respect was completely stopped. (*a*) After, and almost coincident with the healing of the nose (and this is an extremely interesting point) she began to suffer from severe pains in the head, which became worse towards night; she described them as dull and aching; they were confined more particularly to the sides and back of the head. Then followed a series of epileptic seizures, which were associated with mental and visual derangement. Upon one occasion she went into a room without any fire and persisted in saying that it was full of smoke. At the time that she came permanently under my care her facial expression might be called hideous.

In the first place there was deformity of the nose and complete absence of the sense of smell, an offensive discharge coming from the nostrils. 2. There was double vision, and, upon ophthalmoscopic examination, the discs were seen to be hazy and their margins ill-defined; the arteries were contracted and the veins seemed of normal size. There was a paleness with some pigment spots upon the choroid. The left eye was remarkably immobile, the pupil dilated, and the whole of the globe was partially anæsthetic, the conjunctival and sclerotic vessels were intensely congested and dilated from vaso-motor paresis. The cornea was slightly opaque, not centrally, but toward the upper half. The third and fourth nerves of the right eye were not involved. There was marked anæsthesia of the left half of the face and hyperæsthesia of the right half. The right sixth nerve was palsied. The left seventh nerve was completely palsied from disease of its trunk, and all the signs of this condition were present. The bulbar nerves were not involved beyond those just mentioned. There was no absolute muscular palsy or paralysis of the extremities beyond a feeling of weakness. The voice was weak, but the vocal cords acted freely; the teeth were regular and presented none of the appearances usually attributed to hereditary syphilis. There was otorrhœa, with sanguinolent discharge from both ears. For days together she would lie in a state of partial stupor, apparently careless of all about her. At other times she was so giddy that she was unable to walk across the ward without reeling, and then again she would have a series of epileptic seizures; these were associated with screaming and violence, not preceding the fit, but afterwards as consciousness was returning. The aura commenced in the left arm and ended in the tongue, as though a number of needles were pricking it. During the violence of the fit there was the most rigid muscular spasm; the right side was more convulsed than the left. Towards the close of her life she became aphasic, and said "Yes" and "No" to everything. At this time there was a partial paralysis of the right side. The sphincters were competent, but the normal mental attributes were wanting. Urine free from albumen and sugar. She died during an epileptic fit.

The *post-mortem* examination was made some eighteen hours after death. Upon removing the skull it was found to be of normal thickness and free from erosion. The dura mater was easily removed from the surface of the anterior lobes, but, when the parietal lobes were reached, strong adhesions were found to exist in each cerebral hemisphere.

On the right side the growth was about the size of a shilling, and occupied the upper part of the superior parietal lobule. On the left side two distinct growths were found, one of which was seated upon the postero-parietal lobule, and the other upon the gyrus supra-marginalis. These growths were of like character, of a pinkish tinge, and firmly adherent to the dura mater, of which they appeared to form part, and from which they originated. They did not dip deeply into the brain substance, for their thickness was not greater than that of a two-shilling piece.



This woodcut shows the seats of the gummata as found in the brain upon the superior parietal lobule, the postero-parietal lobule, and upon the Gyrus supramarginalis.

Upon microscopic examination, they were seen to be made up of the elements of a gumma without apparently having undergone any degeneration. In addition to these growths, the surface of the brain, in contiguity to them, had undergone softening, and was of a yellowish-grey colour; the pia mater generally was deeply injected, and there was chronic arachnitis with effusion.

When the base of the brain was exposed, the vessels were seen to have an appearance similar to what we find from acquired syphilis. These were thickened, of a whitish colour, and semi-opaque; they remained open and gaping when cut through, like one sees in atheroma and advanced fibrosis.

But upon microscopical examination the change which they had undergone was found to be quite dissimilar from either, and corresponded exactly with Heubner's description, which is now so well known and fully recognised. The lumen of the vessels was seen in some places to be nearly occluded by an accumulation of spindle-shaped cells between the tunica fenestra and the epithelial lining; and interspersed with these, but particularly in the muscular and adventitious coats, were to be seen an enormous quantity of a round-celled growth, which in many parts seemed to actually replace the normal structures. The nerves were not examined microscopically, but the left, fifth and seventh nerves were thickened, swollen, and of a tough but gelatinous character.

I have no doubt that if these nerves had been examined under the microscope, they would have presented the same appearance which has been described by Dr. Barlow. I regret very much also that the lenticular ganglion of the left orbit was not examined, as we might have found some changes to account for the peculiar features presented by the left eyeball. Nothing abnormal was detected in the thorax. Upon opening the abdomen the liver was seen to be considerably enlarged. It weighed six pounds eight ounces, and from its position must have exercised some upward pressure upon the contents of the thorax. It was pale, and gave the mahogany red reaction with iodine indicative of amyloid infiltration. The kidneys were large, pale, and amyloid. The mesen-

(*a*) See case by the author in Clinical Society's "Transactions," vol. x., Case xxxviii., "On a Fatal Case of Syphilis contracted from the Hereditary Form of the Disease."

teric glands were of normal size and appearance. I have given this case somewhat in detail because it is unique, and with the exception of Dr. Barlow's, none other has been reported in this country.

(To be continued.)

Hornsey Lane, W.

THE ORIGIN OF POSTERIOR STAPHYLOMA AND THE MECHANISM OF SHORT-SIGHTEDNESS.

(Analysis of a Communication made by DR. LORING, *of New York, to the Philadelphia Medical Congress.)*

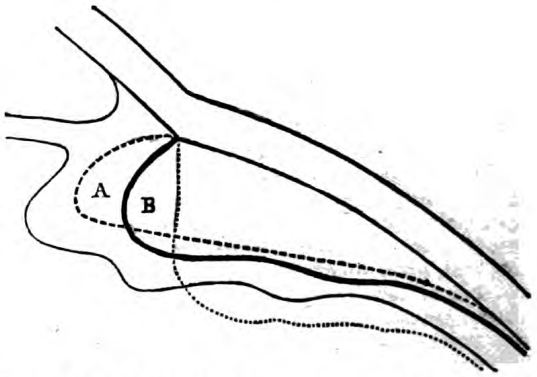
By ARCHIBALD H. JACOB, M.D. DUB., F.R.C.S.I.,
Formerly Ophthalmic Surgeon to the City of Dublin Hospital, and to the Dublin Eye and Ear Infirmary.

ARE progressive myopia and conus (posterior staphyloma) due to hereditary predisposition, or can they be induced by defect of refraction acting through the influence of the ciliary muscle? This is the question asked by Mr. Loring, of New York, in a recent pamphlet, and the conclusion arrived at by his inquires are :—1. That hereditary predisposition, though undoubtedly a potent cause, is not only not the sole cause, but not even the predominating cause of progressive myopia; and (2), that the action of the ciliary muscle taken of itself, exerts but little influence on the production of myopia, and still less on the formation of the cone.

Having reference to the almost universal opinion as to the heredity of short-sightedness held by past authors, and even by Stellwag Von Carrion, Jæger, Donders, and other lights of the present day, Dr. Loring expresses surprise that no writer in any language has attempted to sustain the theory by precise statistics. Dr. Loring tabulated the condition of 715 persons, and found "that the per-centage of those who had normal eyes themselves, but whose parents were myopic, was nearly identical with the per-centage of those who not only were myopic themselves, but who had myopic parents. That is to say, that the per-centage of emmetropic children from myopic parents was as high as that of myopic children from myopic parents." In corroboration of his impression that myopia and heredity are not essentially connected he quotes Cohn, who finds that only 2·7 per cent. of the myopes examined by him had one parent, and only 1·04 of them both parents myopic. Dr. Loring's analogous figures were 6·11 and 1·11 per cent., which proportions, he says, "do not show a marked hereditary tendency or warrant the expression of so decided an opinion" by authors.

If, in any case, it can be shown that an anatomical formation is peculiar to a certain disease, the presumption is that it is congenital as a rule, and the earlier it shows itself the more likely it is to be hereditary. Now these conditions are fulfilled by myopia, and almost all authors are agreed that posterior staphyloma is due to congenital malformation, and is not the result of any change during life. Graefe even said that, in myopia of one-sixth to one-half, ninety per cent. showed the existence of posterior staphyloma, and he thought that the proportion was really nearer one hundred per cent. than this. Nevertheless, Dr. Loring deprecates the idea that posterior staphyloma and myopia are synonymous. He, himself, found in 500 (aged 6 to 21) myopic eyes, only 20·5 per cent. posteriorly staphylomatous. Cohn, and Max Conrad, in 1,000 similar cases each, found only 20·0 and 28·1, presenting the "crescent" which is pathognomonic of posterior staphyloma. Dr. Loring, moreover, makes the remarkable assertion that of his own cases, only one-fourth showed any change whatever, while there were three-fourths of the eyes which showed no deviation from the normal standard. He also states that posterior staphyloma is by no means confined to myopes; for in 2,265 of his cases in which it was observable, 3·33 per cent. had normal eyes, 3·49 per cent. had hypermetropic eyes, and 20·56 per cent. myopic eyes. He furthermore refers to the great scarcity of conus in new-born children, and its development in eyes which, by previous examination, had been ascertained free from the defect; and he, therefore, maintains that myopia and the existence of the "crescent" are not, as much as has been believed, the result of congenital posterior bulging of the sclera, but are developed in after life from other causes.

The second anatomical variation, which is supposed to be characteristic of the myopic eye, and one which has had great importance attached to it, is the peculiar conformation of the ciliary muscle, which is supposed to be congenital. This condition was specially investigated by Iwanoff, who produced the following representation of the muscle in three typical eyes.



CONDITION OF THE CILIARY MUSCLE IN LONG SIGHT, NATURAL SIGHT, AND SHORT SIGHT.

Thick dark line shows section of ciliary muscle in emmetropic or normal eye.
Broken line - - - - - - - - - - - - - - in hypermetropic or far-sighted eye.
Dotted line ..... in myopic or near-sighted eye.

The hypermetropic muscle, it will be observed, is more bulky than that of the emmetropic eye by the mass of the triangle *A*, and the myopic muscle less bulky by the amount of the triangle *B*, and, moreover, extends further backwards along the sclera. The circular fibres of the muscle, are in all cases, situated at the thick end of the muscle next the lens, and Iwanoff's theory is that they are deficient in the myopic eye, and increased in the hypermetropic eye, merely from their disuse in one and constant employment in the other condition, the accommodative effort being constantly required in the latter and very seldom in the former. It was further shown by Iwanoff, that the longitudinal fibres had become hypertrophied in the myopic eye, as the circular had atrophied, and that thus the muscle had come to act simply as a "tensor choroideæ" acting solely from before backwards, and ceasing to draw towards the axis of the eye.

Dr. Loring's theory is, that the altered condition of the muscle is not the result of any accommodative effort or want of effort, but arises from intra-ocular distension, which forces backward the posterior part of the globe, and this drags upon the longitudinal fibres and flattens the thick circular portion of the muscle, which condition, he considers, would also account for the fact that the lens is flatter in high degrees of myopia than in the normal eye, and thus he restricts the hereditary tendency to a transmitted disposition to weakness of sclera, and looks upon intra-ocular distension as the motive power in the production of posterior staphyloma and of the ciliary changes. If, he says, analogous distension may cause the inguinal ring to yield, and expand the pleura or peritoneum, "why may not similar yielding, which is myopia, take place when the growing and elastic membrane is subjected to over use?"

Dr. Loring finds that this theory obliges him to prove the existence of progressive myopia and posterior staphyloma in perfectly emmetropic eyes which are not influenced by heredity, and even in hypermetropic eyes which are influenced in the opposite direction. There is considerable diversity of opinion as to the existence of this latter case, for Donders denies its occurrence, while Jæger and Stell-

wag state that such cases occasionally present themselves. Dr. Loring endeavours to establish the existence in the fully developed emmetropic and hypermetropic eye of such results of the alleged distension, and, to do so, he quotes statistics collected by Erismann in Russia, Max Conrad in Germany, and Dr. H. Derby and himself in America. The examinations were all of the eyes of school children aged 6 to 21, all degrees of refraction being included, and in the American cases being submitted at the same time to the ophthalmoscope. Erismann's cases numbered 4,358; Conrad's, 3,036; and Derby and Loring's, 2,265, making in all 9,659 patients. The results of these examinations are tabulated in diagramatic form, and the following conclusions may be superficially deduced from them :—

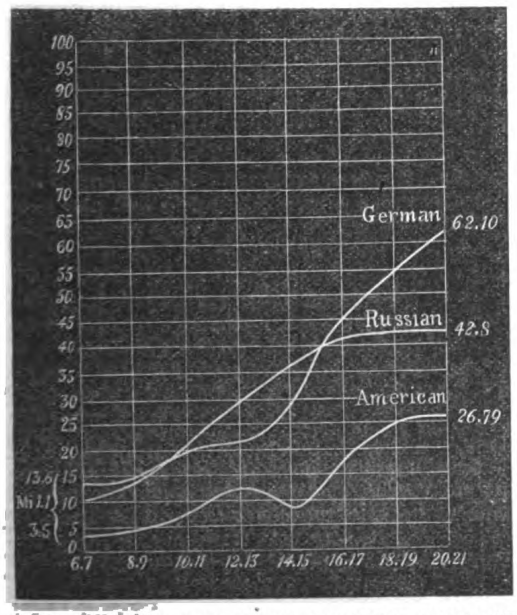
1. In Russia and Germany there is a marked decrease in the per-centage number of hypermetropes, as children advanced in age, *i.e.*, hypermetropia is rapidly lost from 6 years old to 21, the loss being more frequent in Russia than in Germany in the proportion of 31 to 9.

2. In America this is not so, for the hypermetropia increases slightly.

3. At the same ages myopia becomes developed in all countries, the increase in the number of myope school children being—in Russia, 39·2 per cent.; in Germany, 51·0 per cent.; and in America, 23·24 per cent.

4. In Russia and Germany thus it may be said that the *average* school child becomes less and less hypermetropic until he or she reaches the age of about thirteen, when the eye is normal or emmetropic, and then begins to become myopic, in which condition it advances. In America, however, the greater number of eyes are emmetropic in the first instance, and remain so until twenty-one; while of those which do undergo alteration, the hypermetropia does not pass the line of normal refraction and commence to become myopic until about seventeen years of age.

The progress of short-sightedness in the three countries is thus found to be very different, and a comparison between them is important. The following diagram gives the three curves of myopia side by side. The figures at the left side are the per-centages of children affected, and those at the bottom the ages at which they are affected.



CURVES, SHOWING DEVELOPMENT OF MYOPIA IN VARIOUS COUNTRIES.

An examination of these curves is instructive as regards natural differences in the development of myopia.

In Germany the number of myopes between 6 and 7 years of age is 13·6 per cent. of all school children—a greater percentage than in either Russia or America. Up to 11 years of age many children develop short-sightedness, and the percentage of myopes at 11 is 21·0. From 11 to 14 years of age few children become myopic, but from that age until 21 the short-sightedness affects a large number, so that at 21 years of age 62·1 per cent. of all school pupils are near-sighted.

In Russia the early development of myopia is nearly equally marked. Eleven per cent. of all school children between 6 and 7 years old are short-sighted, and from that age until 21 there is a certain steady increase in the number of those affected, but that increase is (42·8) nearly 20 per cent. less than in Germany. In America a very much smaller number of school children (3·5 per cent.) are myopic at 7 years old, and the development of the short-sightedness does not much increase until the children reach 15 years of age, after which the number of myopes rapidly advances. Not much more than a fourth (26·79 per cent.) of the American school children ever become myopic—a marked difference from Germany, where yearly two-thirds (62·10 per cent.) are short-sighted at 21 years of age.

It is thus very thoroughly proved that a usual progression of the eye in youth, when subjected to prolonged accommodative effort, is from hypermetropia to emmetropia, and thence to confirmed myopia; and the question now arises as to the cause of such change. Is it the chronic contraction of the ciliary muscle? There are two ways by which the ciliary muscle could render an eye, previously not near-sighted, myopic. The first would be by increasing the curvature of the lens, and the second by producing elongation of the antero-posterior axis of the eye. That such an increase of curvature of the lens does occur temporarily during near vision is now all but universally admitted, and the writers of the last generation held unanimously that that curvature might, and did, by persistence, become permanent, and that, in fact, the lens of a myope was always of the curvature suited to near objects. This impression has been conclusively disproved by Helmholtz, Donders, and Knapp, who showed that, if anything, the myope lens was usually flatter than the normal. Though this increased curvature may not be the sole or principal cause of acquired myopia, Jæger and Stellwag, nevertheless, assert very positively that it is a cause, and commonly an active cause. That increased curvature of the lens does not necessarily result from prolonged ciliary tension, may be concluded from the fact that the hypermetropia of young persons often does not cure itself, but that such patients frequently need to increase the strength of their glasses as they go on in life. Dr. Loring considers that such facts as these warrant us in the belief that, as a rule, the action of the ciliary muscle has no effect in producing a permanent increase of the curvature of the lens, and thus becoming a cause of myopia. He also considers that the theory of elongation of the eye-ball as a result of prolonged tension of the ciliary muscle, has been negatively disposed of by Young, and Helmholtz, and he argues, with much force, that, if traction on the choroid by the ciliary muscle could produce posterior staphyloma, that condition would be most frequent where the traction was greatest, *i.e.*, in hypermetropic eyes, yet every observer knows that this is not the case. It is also evident that, if the cone were produced by the ciliary strain, the yielding of the sclera (of which the "crescent" is the observable sign) would occur at the place where the strain was greatest, *i.e.*, to the inside of the papilla, which we know is usually the reverse of the case. Dr. Loring expresses, in fact, his disbelief in the theory that the ciliary muscle exercises any pull upon the posterior pole of the eye, and he doubts that it can produce any effective strain even upon the anterior part of the choroid.

Having thus dealt with the prevalent theory as to the production of posterior staphyloma, Dr. Loring proceeds to state his own theory, *i.e.*, "that the enforced and maintained contraction of the ciliary muscle produces that nervous exhaustion and irritation, with altered nutrition, which

always occurs in the case of an overtaxed muscle. That this irritation extends to the surrounding parts, causing increased vascularity and increased secretion." He "is, however, inclined to believe that this increased intra-ocular pressure, which is so potent a factor in the production of myopia, occurs much more frequently from other causes, especially from faulty convergence."

He states his conclusions from the whole investigation in the following words :—

1. "From the fact that there is so large a per-centage of children who are myopic, but whose parents are not near-sighted, while the myopia increases greatly with the amount of increased tension of the eyes, and from the fact that an interchange of refraction may occur, whereby an eye which is not congenitally myopic may become so in spite of hereditary tendency, it would seem to follow that hereditary predisposition, though undoubtedly a potent cause, is not only not the sole cause, but is not even the predominating cause of myopia.

2. "The action of the ciliary muscle, taken by itself, exerts but little influence on the production of myopia, and still less upon the formation of the cone."

Dr. Loring does not enter further upon the causes of myopia. It seems to me that he has made no attempt to prove that the distension or intra-ocular pressure with which he credits the formation of conus really exists as an essential concomitant of that condition. If he expresses disbelief in other possible causes, he should be able to show that the cause which he assigns is invariably present. In my experience myopes do not generally present the usual signs of intra-ocular tension. Perhaps the degree of tension which Dr. Loring supposes is less than that distinguishable by touch or by other usual means, and must, if so, be assumed, but not proved, but it is difficult to conceive that a degree of increased tension so slight as to be inappreciable to the senses, could produce so extensive a bulging of the sclera as that which exists with myopia. Moreover, our experience of intra-ocular tension, and its results upon the eye, are directly at variance with Dr. Loring's theory, for we have seen that small degrees of over secretion within the eye-ball, in the early stages of glaucoma, do not produce myopia, but hypermetropia, no matter how long such condition continues, and we know that when that tension does affect the ocular tunics, it is not the sclera, but the optic nerve which first yields to compression. If Dr. Loring's theory of the origin of posterior staphyloma were correct, we should have it in every case in which prolonged, though slight, intra-ocular tension, and a thinned sclera came together. Experience tells us that this is not so.

23 Ely Place, Dublin.

Clinical Records.

NATIONAL ORTHOPÆDIC HOSPITAL OF IRELAND.

Cases under the care of Mr. LAMBERT H. ORMSBY, F.R.C.S.,

Surgeon to the Hospital, and to the Meath Hospital and Co. Dublin Infirmary.

Reported by Mr. ARMITAGE FORBES.

CASE I.—*Double Talipes Varus (Congenital).*

PATRICK M., æt. 6, suffering from double talipes varus, 3rd degree. Was admitted into this hospital from Co. Carlow, under Mr. Ormsby's care on the 20th November, 1877.

History.—Was the child of a poor widow who had four other children, who were all born healthy, and well made. No history of maternal impression or otherwise. She never applied to any medical man for treatment.

State on Admission.—The boy, a fine healthy little fellow in appearance, walks on the outside of the feet, with a very hobbling gait, provisional bursa developed all along the outside of the foot, owing to pressure. The plantar fascia in each foot much contracted.

Operation performed on November 24th, by Mr. Ormsby, who divided the tendons of the tibialis, posticus, and auticus muscles, and plantar fascia, with a tenotome, in each foot. A small metallic splint adjusted with a bandage, and then a plaster of paris bandage applied, and before the plaster set, the feet were held with the hand in a forced position, so as to simulate equinus. The plaster was allowed to set, and then the foot remained so with the adduction completely corrected. This position was maintained with the plaster of paris for 6 weeks, when the plaster was removed, and the tendo-achillis in each foot was divided, and a pair of "Stromeyer's foot boards" applied, which acts remarkably well in cases of talipes equinus.

CASE II.—*Single Talipes Varus (Congenital).*

Patrick Dunne, æt. 8, was admitted to the hospital from Co. Kildare, suffering from single talipes varus of the left foot, 2nd degree.

History.—When the child was young, the parents had the child in a large hospital, and treatment was adopted, tendons divided, &c., but the case relapsed, and the boy walked on the outside of the foot, and not on the sole. Bursæ, as in the proceeding case, were developed on the outside of the foot. The tendons in the same order were divided, and the plaster of paris bandage applied, and the child, who has been three months under treatment, now walks with the sole flat on the ground.

CASE III.—*Double Talipes Varus (Congenital).*

James Kennedy, æt. 2, was admitted on July 3, with his mother, from Co. Limerick, suffering from double talipes varus.

History.—The mother states that when the child was a few months old, she came to Dublin, and had the necessary treatment applied. The tendons were divided, but when she returned home to the country, the case relapsed as bad as ever.

State on Admission.—The child, a healthy little fellow, when placed on the ground, stood on the outside of the feet; the plantar fascia considerably contracted.

Treatment.—It was found necessary to divide the tendons again, and in the same order as before. The mother directed to constantly manipulate the feet with her hands, so as to correct the adduction and extension present.

Boots with a mechanical ratchet pivot suggested, and the child was discharged on the 1st September, 1877, walking on the soles of the feet. Since that time, the case has been heard of, and no relapse has occurred.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Fourth Meeting of the session was held on Friday evening, January 18, 1878; the Vice-President of the College, Mr. P. C. SMYLY, in the Chair.

(*Continued from our last.*)

THE DEATH OF DR. WILLIAM STOKES.

Mr. EDWARD HAMILTON said :—I have been asked to undertake a duty which I am sure every member of the Society will assist me to discharge with solemn enthusiasm; for it is a duty which I think the Surgical Society of Ireland would not be true to itself if it did not discharge. This Society is eminently intended to be a Society for the promotion of the progress of medical science in its widest acceptation; and I would ask the Society now to express the sense of sorrow and regret which it must naturally feel, individually and collectively, at the loss of one of the great pioneers of science in this country—the late Dr. William Stokes. That name, Sir, requires no lengthy panegyric from me, nor shall I attempt to undertake such a task. But I hope and I trust that the story of his eventful life

will be written by some one competent to do it, for the benefit of mankind, and as an example to his professional brethren. In this assembly of surgeons and physicians, seeking out the onward and advanced paths of science, the name of William Stokes needs no eulogium, and I would say, in the words of the author, "*Si monumentum queris circumspice.*" I do not allude to monuments of bronze or of marble, but I do allude to that fame which will ever surround the name of our great Irish physician. Who is there in this room—not many, I would say—that has not learnt something from William Stokes? It may be when, as pupils, you have hung on those words of dignified eloquence with which he clothed his clinical teaching; it may be as students that you culled the golden corn of scientific truth from his published writings; it may be at the bedside of the sick that, in the hour of difficulty and doubt, you have summoned to your aid that master mind to unfathom the hidden mysteries of obscure disease. We all know, at such a time, with what chivalry he used to discharge such duties; we all know that there was no egotism, no self-glorification; no word of his, no hint of his—I would even say, no thought of his—ever breathed the slightest shadow of a cloud on the reputation of a professional brother, however humble or however juvenile he might be. With these few words, I would ask you to permit me to put the following resolution to the meeting:—

"That this Society hereby records its deep sorrow and regret at the loss which it, as well as the profession at large, has sustained by the death of their illustrious and distinguished associate, Dr. Stokes; and the members take this opportunity to tender to his sorrowing family their condolence and heartfelt sympathy while they mourn the loss of an affectionate father, a sterling friend, and a truly accomplished physician."

Mr. Rawdon Macnamara:—Mr. President,—Probably as the son of the oldest friend that Dr. Stokes had, and as —I say it in the humblest terms—one who had the great privilege of being, not only in the commencement of his career his pupil, but as his career advanced his colleague, I feel a melancholy satisfaction in seconding that resolution. I feel, on behalf of the family of Dr. Stokes and of his relations and admirers, that their thanks are due for the very kind and appreciative language in which the resolution has been moved by my friend Mr. Hamilton, and I feel still more the appreciative manner in which it has been received by this distinguished Society. The very last occasion—not very long ago—upon which Dr. Stokes attended a meeting of this Society was one when a question of great importance to the community at large, and of great interest to himself, was under discussion—it was the question of the propagation of fever. We all remember how kindly he attended upon that occasion, with what earnest enthusiasm he entered into the question; but I feel myself, with my friend Mr. Hamilton, that this is not the occasion, this is not the time, nor probably is either of us the person to pronounce his *éloge*. His *éloge* is written in a life of honour, a life of service to his profession, a life of generous devotion to the interests—more so to the interests of others than his own; and when I heard my friend Mr. Hamilton state that the thought even of disparaging a professional brother never entered his mind, it came strongly across my mind that the thought of self-advancement, of self-elevation, of self-praise, of claiming for himself that which was so justly due to him, never crossed his mind. I believe a more earnest, truthful, conscientious labourer in the cause of science, in the cause of truth, and, for the sake of science, of truth alone, never breathed than my venerated master and colleague, William Stokes; and I feel very proud of this Society that on this the first occasion of our meeting since his demise, we have not omitted to avail ourselves of the opportunity of expressing the sentiments of each person present here to-night, however feebly they may have been expressed.

Dr. Benson: As perhaps the oldest member of the profession in this hall to-night, and as one who almost from Dr. Stokes's infancy—from I may say his boyhood—intimately acquainted with him, I can vouch for the truth and accuracy of the encomiums which have been passed upon him. I never knew a more honourable man in the practice of his profession than he was, and one of the earliest experiences I had of that was in a case in which I was myself engaged. It was soon after he came over from Edinburgh. I was but a short time practising in Dublin at the time, and had very few cases to attend to, but in the case to which I allude, I was greatly interested. His name had just been acquired with regard to the practice of the stethoscope, and he was called in to see this case, but the moment he learned it was a patient of mine, he declined to attend without consulting me; and though strongly urged by the patient, he steadfastly adhered to his determination. All his life he only attended to his own particular line, and was a model of correctness in the profession. As to his authority in medicine, it would be useless here to speak of it—it is world wide. I was anxious to say that as an old friend, and I may say, a companion of his for the last fifty or sixty years, I can vouch for the correctness and amiability of his conduct, and for the truly professional style in which he always practised.

The Vice-President: I have now to put to the meeting this resolution, which has been so eloquently proposed by Mr. Hamilton, and so ably seconded by Mr. Rawdon Macnamara, and so appropriately spoken to by my dear old friend Dr. Benson. The state of my feelings prevents me from saying anything on the subject of the resolution. Dr. Stokes, from the time I was a boy was my dearest friend, as he was my father's dearest friend, and I can never forget how Dr. Stokes wept when my father died, for he was attending him.

The resolution was then put and agreed to in solemn silence.

EXOSTOSIS OF LOWER JAW.

Dr. Barton exhibited an example of exostosis of the lower jaw. It was removed from a young woman, æt. 17. It had existed for four years, and she could not give any account of injury. The teeth were in a perfect state of preservation, and the jaw was free from caries or other irritation. It grew very gradually, and she could not state that it had taken on any recent rapid action, but for four years it gradually increased. It was not the seat of any pain, but what was rather unusual, it presented, as one of the photographs which he exhibited would show, several cicatrices over its back surface, and these followed upon small abscesses, which had formed apparently in consequence of some local irritation. They were very small, but caused those puckered scars and adhesion of the skin over the tumour. It was not necessary to attempt, even if it had been possible, to remove the tumour through the mouth. The scars left it quite possible to make the incision an external one, and the tumour was easily laid bare. What he now exhibited was not the whole tumour, but the largest portion. About a quarter of an inch was afterwards removed with a saw. An inspection of the specimen showed that it belonged to the class of ivory exostoses. Its extreme hardness presented considerable difficulty in the removal.

EXCISION OF ELBOW FOR ANCHYLOSIS.

Mr. Tyrrell stated that some time ago a girl from the co. Galway came to the Mater Misericordia Hospital, and stated that a year since she suffered from an injury about her elbow. She went to a neighbouring bone-setter, who straightened her arm, put it up in splints, and left it so for a considerable time, she believed about a month. When the splints were removed the arm was found to be stiff and perfectly straight. She then, on the advice of some local surgeons whom she consulted, came to Dublin, and put herself under his (Mr. Tyrrell's) care. On examining the arm he found that the elbow was perfectly anchylosed, and although he put her under the influence of ether to the fullest extent, he could make no impression upon the joint. He therefore determined to excise the elbow. He found it an extremely difficult operation, very much more difficult than would be the case in operating for disease. On a former occasion he read a paper before the Society in which he stated that the best way to avoid the ulnar nerve was by not looking for it, because during his six previous operations he had not seen the nerve. However, on the present occasion, the nerve was found bound tightly down to the bone; it was only owing to the greatest possible care, and also to being very slow about the operation, that he was able to avoid the nerve. However, he succeeded in not injuring that important nerve. On examining the specimen which he now exhibited, it would be perceived that the cartilage was removed from the olecranon process, and

the ulnar nerve was displaced backwards, with a T-shaped fracture extending into the joint, which fracture was partly united, the union not being osseous, but fibrous. The only point of interest to which he wished to draw the attention of the Society, was rather that he wished to modify the opinion he expressed on a former occasion—that they need not in all cases look for the ulnar nerve. Now he would say that in the case of excision of the elbow-joint for injury and subsequent anchylosis, that they should look for it, and be very careful about it. In cases of excision for disease, when they were able to peel off the soft parts they were liable to raise up the nerve with those soft parts. That was not the place for him to allude to the subsequent treatment of the case, but he would simply say that he put up the limb in the straight position for a fortnight, then let the arm fall into its place, and he was happy to say that the patient, though it was but a comparatively short time—three weeks—since the operation was performed, had now almost perfectly recovered.

OVARIAN CYST.

Dr. LOMBE ATTHILL said the specimen which he now exhibited was a very interesting one if it were only as an example of the amount of disease which might exist compatibly with life. It was an ovarian cyst which had been removed by him from a patient in the Rotunda Hospital about ten days since. The existence of ovarian cystic disease in this patient was diagnosed some five or six years ago, and the operation as a cure suggested. The patient would not, however, submit to the operation. She was tapped several times, but at that moment he was not exactly able to say how often. He saw the patient for the first time in consultation about May last. At that time the abdomen was of enormous size. The existence of a large ovarian cyst was perfectly certain, as was also that of a certain amount of ascites. He then advised immediate operation, but she would not consent. Tapping again afforded temporary relief, and he neither saw nor heard more of her from that time until about a fortnight since, when he was sent for urgently and with a message to the effect that he was to bring the largest trochar he had. When he arrived he found the poor woman propped up in bed, breathing with much difficulty, and in great pain. Her medical attendant told him that he had tapped her three or four times since he (Dr. Atthill) saw her in May, and that prior to each tapping she had suffered from immense pain. After each tapping she evidently was the subject of a certain amount of peritonitis, the symptoms being of a tolerably severe character, but that relief was always for a time obtained. He had endeavoured to tap her again on the day before he (Dr. Atthill) was called to see her, but had only removed a very small quantity of lymph, the trocar, which was one of the ordinary size, becoming blocked up by large masses of lymph which got into it before the exit of the fluid, which it was utterly unable to get away except to the extent of a few pints. The symptoms were in no degree relieved by that tapping, and the friends of the woman now urged that he (Dr. Atthill) should tap her with a very large trochar. That proceeding he objected to. He felt that to tap her with a large trochar would be very nearly as dangerous as to perform the operation of ovariotomy, even though it might not succeed, and even though it gave only temporary relief. He therefore told her friends that he would not tap her, but that if they wished it he would perform ovariotomy, telling them at the same time that the result of that operation was extremely doubtful; that he could not advise such a course otherwise than as a last resource, as the patient was evidently dying. She had not slept for many weeks, and she could not breathe except in the semi-erect position, and she constantly rejected food, even lime-water and milk. Evidently she could last only a few days, and he thought that possibly the operation might save life, or at least prolong it. After some hesitation the friends of the patient consented. He had her brought to the Rotunda Hospital, and so eager were the friends then for the operation that they wanted it performed on the day she entered the hospital, and insisted on its being done on the next day, before any opportunity had been afforded, so to speak of putting the patient in a fit state for the operation. Under those unfavourable circumstances he performed the operation, Mr. Fitzgibbon kindly using the carbolic spray, which answered uncommonly well. The abdomen was of enormous size, measuring forty-eight inches. There was a considerable amount of fat over the walls of the abdomen, and on cutting down through that they found it impossible to distinguish between the peritoneum and the cyst; the peritoneum was so immensely thickened by repeated attacks of inflammation, and so intimately adherent to the tumour, that anything like separation of the cyst and the peritoneum was almost impossible. After making a number of vain efforts to separate them, he made a large opening in the abdomen, allowed the sanguineous fluid to escape, passed his hand into the abdomen, and gradually brought out the mass, which he now exhibited. The operation lasted an hour and ten minutes. Having taken out the tumour with a great deal of difficulty, they could then find no pedicle. He ligatured three distinct processes, but which was the pedicle he was uncertain. A careful *post-mortem* examination had not satisfied them as to that yet, but he intended to make a further examination. Although the poor woman was in a dying state—indeed he thought she would have died of exhaustion under the operation—she, however, rallied a little, but the reaction soon set in, and she died. The specimen was remarkable in this important point, among other things, that it contained a large amount of bony matter. He with great difficulty escaped tearing his hand, in consequence of the extreme sharpness of this bony matter. He had not had it examined carefully yet, but it gave one the idea of a fœtal bone. It occurred to him that it might originally have been one of those remarkable cysts which had been met with, and which contained bony matter and hairs, and so forth. As he had before said, the cyst had not as yet been carefully examined. It was greatly reduced in size, because it had been out of the body ten days. The patient died the third or fourth day after the operation. The *post-mortem* examination, carefully made, had not added to their knowledge. The parts were so completely disintegrated by repeated attacks of peritonitis, that they could not make out the remaining ovary. The uterus was reduced to an exceedingly small size, probably owing to a process of atrophy. The patient was a married woman, had had a large family, but had ceased to menstruate for five or six years.

CEDAR PENCIL REMOVED FROM THE GLUTÆAL REGION.

Mr. TYRRELL said that when he was the other day going round the wards of the Mater Misericordiæ Hospital, his attention was called to a young man who had just come from the South of Ireland. On asking the patient as to the nature of his injury, he stated that he had been sent up to Dublin for treatment, as it was supposed that he had broken off a portion of the great trochanter. He inquired from the patient how the accident happened, and he was informed that he was the owner of a country shop, and that he had fallen down about a dozen steps of stairs in his own house, while in a state of intoxication. On examination he (Mr. Tyrrell) found immediately below the trochanter a small wound suppurating, and on pressing the part he found a foreign body beneath his fingers. He enlarged the incision, and drew out with a dressing forceps an ordinary lead pencil about nine inches in length, and then of course the cause of the injury was at once cleared up. It appeared that the patient carried the pencil in his breeches pocket, and that in falling downstairs it penetrated the glutæal region. After the pencil had been removed, the patient, who was much surprised, got up, put on his clothes, and went home by the next train.

APPLICATION OF FLETCHER'S BLOWER TO DOCTOR PAQUELIN'S THERMO-CAUTERE.

By B. WILLS RICHARDSON.

Having on various occasions felt inconvenience in working with the hand the double-bag bellows (of Dr. Richardson of London) attached to Dr. Paquelin's Thermo-cautère, I was led to consult Mr. Long, of Messrs. Yeates,' on the advisability of substituting a Fletcher's bellows for the caoutchouc bags. Being worked with the foot the Fletcher's bellows leaves to the surgeon the use of both hands for an operation, a matter of no small moment when assistants are scarce. Mr. Long took the matter in hand, and found that none of the large Fletcher's bellows in his possession, although specially constructed to work the spray producer he (Mr. Richardson) described in the number of the *Dublin Journal*

of Medical Science of December, 1876, had sufficient power to drive the air and benzoline vapour to the platinum cauteries. Mr. Richardson now worked the spray producer alluded to, that the Society might see the large volume of spray it is capable of producing, and yet its large bellows would not act satisfactorily with the thermo-cautère. It was found by experiment, that the Fletcher's bellows necessary for prolonged and efficient action of the cautery should give a pressure of 4 lbs. to the square inch, whereas the bellows of the spray producer, to produce even the largest volume of spray, gives a pressure of only 2½ lbs. to the square inch. Finally, Mr. Fletcher was communicated with, who accordingly constructed for me a bellows of the power mentioned. Although smaller than the bellows of the spray producer, it nearly doubles it in power. Mr. Richardson finally observed that Fletcher's bellows had other advantages over the caoutchouc bags. For example it is, with ordinary care, but little liable to get out of order, and when the caoutchouc requires renewal, which it ought not to do for a considerable time, the surgeon can himself easily replace it. The caoutchouc bags, on the other hand, frequently get deranged, and when they stiffen for want of use, are liable to be spoiled, if not heated equally in the attempt to restore their pliancy. Mr. Richardson now worked the thermo-cautère with Fletcher's bellows, the platinum being immediately raised to an intense heat, at which it was maintained while the supply of benzoline lasted.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
ND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM

Chapter IX.—Preventive Measures.

(*Continued from page* 115.)

3. If it is only a suspicious case it is well not to kill it immediately, but to keep it confined and under close surveillance, so as to be able to verify the true state of the animal's health. If the animal should be rabid, then it must be killed and buried.

4. If an animal suspected of or affected with the disease escapes from its owner, or from a locality, or if an animal of this description is seen in a locality, the police should be immediately warned. They, in their turn, should, without causing alarm or fear, instruct the public, and warn them; under such circumstances, all children should be watched, and dogs and other animals ought to be confined and kept from strange dogs. All wandering dogs should be confined or killed. Every means must be adopted, with due precautions, to capture the mad or suspected animal. If really rabid it should be killed. If only suspected its life may be spared, in order to ascertain its true condition.

This is all the more necessary if anyone has been bitten, for if the animal is healthy the person bitten is relieved from the terror and mental suspense generally experienced by those in that condition. The period during which it should be kept under observation, should certainly not be less than four months.

In every case, and under all circumstances, the local authority should take exact note of these occurrences, and particularly endeavour to discover the domicile and the owner of the animal, and learn whether any person or animal has been attacked or wounded by it in the locality or elsewhere, as mad dogs run great distances, especially at night, the regulations and restrictions should be applied over a wide extent of country, and neighbouring districts should be warned. Hertwig tells us that he has observed that dogs belonging to peasants or persons living in the country, and running at large without supervision into the towns, were the chief instruments in the extension of the scourge. The announcement made to the inhabitants of the surrounding districts should mention the country towards which the animal is probably proceeding, or the direction from which it came, and a description should be published of the animal with regard to breed, size, colour, and other distinctive characteristics. A register should be kept containing the names of owners of dogs, with the number of animals they keep, their sex, and purpose for which they are kept; all sales, transfers, exchanges, or deaths must be duly notified to the authorities. When muzzles are worn it is above all things necessary that it should fit the dog's head in such a manner that it cannot bite through it or slip it off. A muzzle too small is most objectionable, as it may irritate the animal, and cause it great discomfort, while one too large may allow the dog to inflict wounds. If the wearing of muzzles is ordered the police should see that every dog has one of proper size, and any wilful infraction of this most essential regulation should be punishable by a fine.

The destruction of dogs must be carried out assiduously. No dogs should be allowed to be at large, and all stray dogs should be caught and killed immediately if without a muzzle; but if at large with a muzzle on they might be kept for three days; if wearing a collar with the owner's address they might be returned and a fine imposed. In all cases neglect of the sanitary orders should be severely punished. All dogs bitten by those which are mad or suspected, or which have been in immediate contact with them, should be destroyed, or sequestrated for a proper period. It is certainly a painful proceeding to kill all suspected animals, for the dog is a creature to which man is attached by a sentiment of affection, frequently of the strongest kind; to many it is the favourite of the family, especially of the children, and often a cherished *souvenir*. Our better feelings and admiration for the most affectionate and devoted of animals would not prompt this *dernier resort*, but for the dreadful character of rabies, and the great danger to which the human species and other creatures might be exposed by leniency. The value of the dog is too small, and the danger too great, to admit of any exception being made. Experienced men ought to be employed in capturing and destroying animals. When captured they should be gently dealt with and all cruelty should be studiously avoided. They ought not to be lead or dragged along, but put into a covered cart or waggon, with separate compartments for each animal, to prevent fighting and subsequent danger, for if put together in one place it might happen that a rabid dog might be among the number, and wound the others, some of which might be claimed by their owners and set at liberty again. Life should be extinguished as promptly as possible, the avoidance of pain being studiously inculcated. Science offers us the choice of efficient poisons, as certain narcotic vapours—chloroform, bichloride of methylene, &c., but nothing can be more effective and humane than the administration of strong *newly-prepared* prussic acid. Instruments must occasionally be used, when poison cannot be obtained.

We do not conceal from ourselves that numerous difficulties oppose themselves to the application of one or other of these measures, but they are nevertheless absolutely necessary, and if applied with vigour would ultimately bring about the total extinction of the rabific contagion. Sequestration is only too frequently an uncertain measure, while immediate slaughter of suspected animals is, for the people, a condition of absolute security. We believe that humanity points out the course to be adopted. It is better that dogs should die than mankind. If the sentiment of humanity does not speak loud enough to inspire and cause to be followed by everyone the line of conduct above indicated as the best, there is an excellent means for determining the owners of suspected dogs to sacrifice them, that is, to make the responsibility for the damage and disaster their animals may cause weigh heavily upon them.

Disinfection.

All the slaughtered dogs should be buried in a place set apart for the purpose, and at a good depth, the skins should not be removed from their bodies, but should have large cuts made crossways in them, and they ought never to be thrown into ditches, ponds or streams, as is so frequently done. All the wood-work, straw, shavings in connection with kennels should be burnt or thoroughly soaked with carbolic acid, Condy's fluid, or some other powerful disinfectant.

The floor of the kennel, stable, or place in which the animal has been kept should be well scrubbed with boiling water, and covered with quick-lime, or any agent noted for its power in destroying contagious matter.

The same should be done with the walls of the place as high as the dog could reach. The chain that attached the animal, and other ironwork which may have been in contact with it, should be heated in the fire, and all necessary precautions

adopted, as in diseases which are communicable by a fixed or even volatile contagium.

With reference to disinfection, it may be worth referring to Hertwig's experiments. After giving a number of dogs the saliva and blood of rabid animals without result, he put five of them into kennels where mad dogs had been, put the collars of these upon their necks, attached them by the same chains, made them lie down upon the same straw, but yet none of them became rabid.

Duration of Police Regulations.

With regard to the length of time during which the police regulations should r main in force, there is no definite rule. Knowing the limit of the period of incubation, it might be inferred that the sequestration of dogs should extend to that period. In Saxony, where the dog-laws have been rigidly carried out, it has been found that three months was generally an effective interval, though, if new cases occurred during this time the period was dated from them. Notwithstanding the inconvenience and annoyance oftentimes occasioned by the restrictions imposed for so long a period, yet those who suffer most from them should bear in mind the great interests that are at stake, and cheerfully aid the authorities in their endeavour to suppress a contagion which causes such terrible destruction and alarm; the more strictly judiciously-framed veterinary police regulations are obeyed, the sooner will the course of the pestilence be terminated, and the less will its ravages be felt. The same police regulations are applicable to rabid cats—they ought to be at once killed, and all other dogs or cats bitten by them destroyed.

Measures to be Adopted with Other Animals than Dogs.

We have already made some allusion to the measures to be adopted with the other domesticated animals, and we have now to complete our observations. In the last century, and perhaps even now—for in this country there are no veterinary police regulations for this disease—the same severe measures were sometimes applied to other domesticated animals as to the suspected dog, through ignorance of the disease as it affects them, as well as indiscrimination, and they were generally killed at once or left to chance, as the case might be. In dealing with them it must be remembered that they are not like the dog, our constant companion, and that their natural weapons of attack are different, so that they very rarely extend the contagion; and, in reality, veterinary police regulations should have chiefly for their object the health of the animal while alive, and its destruction when diseased. When these animals have been in contact with or bitten by a rabid or suspected dog the circumstance should be reported; they should be visited by an expert as quickly as possible, and their bodies carefully examined, particularly the ears, mouth, and nose, the limbs, and tail, in order to discover if there are any wounds, even of the most trivial description. Those discovered to be wounded should be at once isolated and carefully watched. Preservative treatment may be recommended, but, of course, cannot be ordered. Haubner states that the isolation of wounded animals is unnecessary, as nothing is to be feared from them should they become mad. Röll says separation and medical treatment is necessary unless the proprietor decides to kill them. But, as will be seen from our previous description of the symptoms, all rabid animals, including the dog, cat, fox, and wolf, of course are more or less dangerous to others, or to mankind, and particularly the horse; even the sheep may become so at times. It is better, therefore, to separate the suspected from the uncontaminated, and to place them under veterinary or police observation.

Such animals as horses, oxen and other beasts of labour should be permitted to work in the immediate vicinity of their homes, but they ought not be allowed to travel far beyond this on any pretext. If a mad dog has been among a herd of cattle or flock of sheep the whole herd or flock should be placed under surveillance.

None of the domesticated animals, other than those referred to, if bitten or suspected, should be sold, bartered, or removed within a period equal to the limits of their several periods of incubation.

Röll gives four months for the sale of horses and cattle, but for other animals used as food the minimum may be three months.

Haubner gives the period of supervision as two months for sheep, three months for pigs and horses, and six months for cattle, and we should prefer this as a basis for regulating the restriction to that of Röll. At any rate, it is a great mistake to make the quarantine the same for all animals; this should be regulated by the average duration of the incubatory period in the different species. The immediate slaughter of all the bitten animals is unjustifiable, as only about 50 per cent. take the disease, and, when compared with dogs, the danger is very trifling, even when rabies manifests itself. It is, therefore, time enough to resort to slaughter, when the disease shows itself, unless the owner is desirous of avoiding the risk of loss, and wishes to sell the carcase for food.

As soon as the disease manifests itself, notice ought to be given to the authorities, and an examination made by a veterinary surgeon, when, if it be ascertained that rabies is really present, and the owner does not object, the animal may be killed. All animals in which rabies is confirmed should be slaughtered, and no attempt at treatment permitted except under the restrictions before mentioned.

The carcase must be buried intact, with the skin slashed profusely. Haubner admits that if with rigor mortis the virulence of the contagium is extinct, then skinning might be allowed if conducted with care, and the skins utilised. Should the carcase chance to be dug up and eaten by animals there is no danger to be apprehended, according to Haubner; but Lafosse says the dead bodies should be covered by at least four feet of earth, and the burial places guarded from carnivorous creatures.

Disinfection.

Everything used with rabid animals was at one time destroyed, but neither observations nor experiment, as we have shown, warrant such a measure. The same means of purification may be resorted to as have been prescribed for the dog.

The Flesh as Food.

Haubner says that the slaughter of animals for food may be permitted within twenty-four hours after the bite of a rabid creature, but the injured portion must be cut out and destroyed. Even after this time killing an animal for the sake of its flesh may also be permissible, provided the flesh be consumed by the owner, and not offered for public sale; as the sentiment of the consumers must be consulted.

Milk.

According to the same high authority, forbidding the use of milk derived from bitten animals is wrong until the disease appears. It may be given to other animals, and the owner of the cattle might use it. Butter and cheese might also be made from it until it was ascertained whether or not the animal had been successfully inoculated with the rabid virus.

People have remained healthy, even when using the milk at the commencement of the disease, but our researches prove that both flesh and milk are dangerous when the malady is developed.

Résumé of Preventive Measures.

The measures to be recommended for the prevention of rabies and its extension to the human species may be comprised under the following heads:—

A. The owners of dogs and other animals should be made to understand the responsibility that rests upon them with regard to the health of their animals, particularly when contagious diseases appear among them.

B. The number of useless dogs should be diminished as much as possible, and a tax should be levied on all dogs.

C. Every dog should wear a collar with owner's name and address engraved thereon, as well as a particular mark impressed by the licensing or police authorities, for the proper registration and identification of the animal.

D. All stray dogs without the collar or the owners name and address thereon should be captured, and, if not claimed within a limited period, sold or destroyed; and dogs straying with the proper collar on may, where circumstances render it necessary, be seized and confined or returned to the owner, who pays expenses and is fined if need be. Bitches in *rut* should not be allowed to go at large at any time.

E. Unless under special circumstances, as when rabies is prevalent, or when certain animals are vicious, the muzzle should not be worn.

F. The owners of dogs should be held responsible for the damage done by them.

G. Diseased dogs, or those which show the slightest symptoms of disease—altered habits, &c.—should be carefully watched, and precautions adopted. If the symptoms of rabies appear the circumstances should be reported to the police by the owner or attendant on the dog, or other persons who know of its condition. Neglect of this should be estimated as

a criminal offence. The police should know the early symptoms of the disease.

H. If other animals which have been in contact with or bitten by a rabid dog become unwell afterwards, the symptoms ought to be noticed, and should they lead to a suspicion of rabies the creatures must be isolated, and their condition reported to the police.

I. Suspected animals should not be killed at once if they have bitten any person, but only destroyed when the disease is unmistakably present.

J. A mad or suspected dog escaping from its owner, or appearing in a district, should be the signal for alertness, and those who know of the circumstance ought to warn the police at once. Children should be guarded and animals confined or kept from strange dogs. All wandering dogs should be confined or killed.

K. Rabid dogs should be killed, or, if suspected, they may be kept until their condition is ascertained.

L. The police authorities should endeavour to obtain every information about any rabid or suspected dog, and to discover the name and address of its owner, learning also what damage it may have done. Regulations and restrictions should be extended over a wide space of country, and neighbouring districts should be warned. All information necessary to put the inhabitants on the alert ought also to be given.

M. When the disease appears in a virulent or epizootic form, all measures ought to be rigorously enforced. Owners of dogs should give due notice of all changes occurring among their animals. Muzzling may be necessary, but the muzzle for each dog should be properly and securely constructed, and sufficient in size without being too large. It must have appliances for attaching it firmly to the head.

N. The destruction and confinement of dogs must be assiduously carried out, and heavy fines or imprisonment should be imposed upon those who attempt to evade or neglect the regulations.

O. Dogs should be slaughtered with as little cruelty as possible. They ought to be buried deeply in the ground.

P. Disinfection should be carried out as with other contagious diseases.

Q. The police regulations and restrictions should be continued for some months beyond the appearance of the last case of rabies. This period should be dependent on the limit of the incubatory stage of the disease in the dog.

R. With regard to other animals when wounded by a suspected or rabid dog, the circumstance should be reported, and steps taken to ensure safety. Horses, oxen, and other working animals, may be employed in the immediate vicinity of their homes, but must not be sold, bartered, or removed within a certain period. The immediate slaughter of wounded or suspected animals is not necessary, but as soon as rabies manifests itself notice should be given to the local authorities, and the necessary steps taken to prevent damage. The bodies should be buried intact, though, under special circumstances skinning them may be allowed, in order to tan or dress these parts.

S. Disinfection to be resorted to as in the case of rabid dogs.

T. The flesh is not dangerous as food until the symptoms of the disease have appeared. If used before this period certain precautions should be adopted.

V. The milk may also be utilized during the same period.

X. Competent veterinarians must co-operate in the execution of these measures.

QUALIFICATIONS OF PUBLIC MEDICAL OFFICERS.

THE Bill, of which the following is an abstract, has been introduced by Messrs. Errington, Maitland, and Blennerhasset, M.P.

Whereas it is expedient to amend the law with reference to the qualifications required for holding certain medical appointments, and for registration under the Medical Act (1858):

Be it enacted, &c. :—

1. Clause fifteen of the Medical Act shall be and is hereby amended so far as it permits persons to be registered who are possessed of only one qualification described in Schedule A. of said Act; and from and after the passing of this Act no person shall be entitled to be registered under the provisions of the Act unless he possesses a degree or license to practise medicine as well as a degree or license to practise surgery from some university or college or other body duly authorised to grant the same.

2. *From and after January 1st.*, 1879, clause thirty-six of said Act shall be and is hereby amended as follows: No person shall hold any appointment as a physician, surgeon, or other medical officer in the military or naval service, unless he be registered under this Act; and no person shall hold any appointment as a physician, surgeon, or other medical officer in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poorhouse, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity or old age, nor as a medical officer of health, unless he be registered under this Act, and unless, in addition to being so registered, he shall also have been examined and declared competent for such appointments by an examining board to be constituted as herein-after provided.

3. Within a period of *three months* after the passing of this Act the General Medical Council shall appoint an examining board, consisting of *three* examiners from England, *three* from Ireland, and *three* from Scotland, whose duty it shall be to examine all persons who, being already duly registered under the Medical Act, shall present themselves for examination, and who, on passing such examination, shall be entitled to append to their names on the General Medical Register the letters C.M.B., signifying the Civil Medical Board, and shall be eligible to hold public appointments as provided in clause two of this Act.

5. The Board of Examiners so appointed shall be a purel examining board, and shall have no power to inquire into or lay down courses of education or study.

6. The fee for examination and certificate from the examining board shall not exceed *five pounds*, and in case the amount so received for such examinations and certificates should not be sufficient to defray the salaries and expenses of the examining board, *it shall be lawful for the Lords Commissioners of the Treasury to award such sums as may be necessary for the purpose.*

7. The examinations shall take place at the times and places to be fixed by the General Medical Council.

8. The examiners shall be appointed to hold office for *three* years; they shall not be eligible for re-election for three years after their retirement; members of the General Medical Council shall not be eligible to be appointed as examiners.

The Bill, it will be seen, provides :—

1. That every practitioner *must* be registered.

2. That every practitioner must have a double diploma.

3. That every public medical officer must pass a state medical examination in addition to his license examination.

It is hardly necessary to discuss the measure seriously, as it has not the least chance of adoption either by the Medical Council, the Government, Parliament, or the profession.

DR. LUTON, of Rheims, states that the tincture of iodine in distilled cherry-laurel water is a far more efficacious and innocuous means of treatment in the purulent ophthalmia of infants than the nitrate of silver. One gramme of the tincture may be added to twenty grammes of the water of medium strength (20 deg.), and produces a collyrium the colour of pale brandy. Some of this should be dropped into the eye four or five times a day, external lotions being also abundantly employed. It has proved rapidly successful at the Hotel-Dieu of Rheims.

THE fifty-seventh annual court of the Seamen's Hospital Society was held in London last week, the report showing favourable results notwithstanding the general depression of the past year,

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 13, 1878.

THE FUTURE OF THE ENGLISH CONJOINT BOARD.

THE success or failure of the conjoint scheme cannot be a matter of indifference to all those who are anxious to see an improvement in the standard of medical education, and the establishment of a more perfect and uniform system of examination. The principle involved in the division of labour may be a good one, and has certainly been of incalculable advantage as respects the achievement of various industrial pursuits, and the general order and well being of the working portion of the community, but it is a very questionable guide when the object aimed at is to supply the public with men who are in every respect competent not only to cure or prevent disease, but to maintain that dignity of behaviour, and that character for skill and scientific acquirements which should be claimed for every gentleman in the medical profession. That no fewer than 19 licensing bodies should have been entrusted with the very responsible task of granting licenses to practice medicine and surgery, and that the examinations of many of these bodies should have been either very imperfect, or very deficient as respects the standard of knowledge required of the candidate, all this has been long a legitimate aspersion upon the educational portion of the medical profession. Nor can we be surprised that a more uniform and perfect system of pass examination has been called for by the all but unanimous voice of the medical public in this country, and that there is not perhaps a half-dozen of either teachers or medical practitioners who would deny that the present movement is a step in the right direction.

We are, therefore, pleased to hear that the authorities who are responsible for the due introduction of the One-Portal System are doing all in their power to make it *un fait accompli*, and to ensure its success. The great corporations have voluntarily and most willingly come forward to attain an object which has long been desired, and to set an example which, it is to be hoped, will be followed throughout the United Kingdom. They are unanimous as to the chief principles on which the Board should be based, and many of the details by which the new system is to be practically carried out, while the fact that they are all satisfied with the share they are to respectively take in the constitution of the Board and the conduct of the examinations, may prevent one cause of jealousy or complaint interfering with the general harmony of their work. The Committee of Reference are, at the present time holding frequent sittings, and they have already settled many details as respects the number of examiners on each subject to be delegated by the corporations respectively, the subjects on which the candidate shall be examined, the places where the different portions of the examination shall be conducted, and other detail, the publication of which would be now premature.

Seeing that the One-Portal System, as far as England is concerned, is soon to be put on its trial, and that it is one in which the student also must be taken into account, it may be as well to glance at some of the obstacles that may prevent the Conjoint Board answering the sanguine expectations formed of it, and to see how these obstacles may be best removed or avoided.

There may be, for a time, a certain want of harmony and a certain amount of confusion inseparable from the first coming together of different bodies of men who have hitherto acted independently of each other, and with different objects in view. But we do not think that this confusion or discord will last long, and at all events, we feel certain that no feeling of jealousy or of discontent, will mar the mutual co-operation of those liberal-minded men who will direct, or actually conduct, the examinations of the Board. Of more importance to the immediate success of the new Board will be the character and standard of its examinations. If they are too lenient, they may act as a decoy for those students who might otherwise feel inclined to do without the conjoint license, but they would then not only lower the Board in the estimation of the profession and the public, but would be defeating one of its principal objects, namely, the establishment of an uniform, a perfect, and a practical standard of examination. This mistake, however, is not likely to be committed. The Board is far more likely to err in the other direction and to make its examinations too difficult. It will have to be borne in mind that, after all, the examination of the Conjoint Board will be a minimum pass examination, and that if its standard is raised too high, the Board will forfeit that popularity which is so essential to the success of most reforms, and the student will be driven to enter the profession, or at least to practise, on more easy terms. As every one knows, the great bulk of medical practitioners have hitherto been licensed to practise by a body of examiners who, being themselves engaged in general practice, could best estimate the contingencies of general practice, as well as the kind and amount of knowledge

which should be demanded of those who were about to follow in the same path. The value they put upon the collateral sciences and the more theoretical parts of medicine was in proportion to the practical application of these science to the every day duties of the general practitioner, and was not exaggerated by that enthusiasm and bias which every specialist feels for that particular science to the study of which he has devoted a great portion of his life. Somewhat different will be the relationship between most of the Conjoint Board examiners and the candidates who come before them. The learned physician may dwell too much upon some obscure points in pathology, or upon some questionable doctrine of the day, to the neglect of that practical knowledge and those little details of practice with which every medical man should be familiar. The chemical expert may think too much of the mysteries of the alcohols, and other subjects of advanced or theoretical chemistry, forgetting that the candidate is not going to be a chemist, but a practitioner in medicine. These errors will have to be guarded against, particularly as, for a long time to come, the operation of the new scheme will be confined to this country, as it will be still longer before the law will compel every student to pass the Board, and as, moreover, it is not desirable, through the unnecessary severity of the examinations, to prejudice the mind of the candidate against a system of examination which may eventually prove to be one of the most important and successful medical reforms of the present day.

It is, indeed, no slight drawback to the future success of the Conjoint Board that for some years it will be optional to the student whether he passes it or not, and that the licensing bodies of Scotland and Ireland will still be open to him. The Scotch and Irish bodies are not likely to follow the example set them by the English board until they see how the new system works, and, in the meantime, they will continue to give their inferior or imperfect licence to all who, either through ignorance or the undue severity of the English examinations, are induced to appear before them. Thus many of the evils inseparable from a competition of this kind will still remain. Consequently, it may be impossible for the Conjoint Board to at once raise their examinations to so high a standard as might be desirable, and in that case they would not have so much influence as they ought to have in raising the general standard of medical education.

There is one principle which should mould the examinations of these conjoint boards—namely, that they should exact from the candidate a thorough knowledge of the main principles and facts of each subject on which he is examined; and that such examinations should be as consistent as possible with the method of education at present pursued at the schools, and with the opportunities which the student has had of acquiring the knowledge demanded of him. This principle will be the more imperative the more compulsory the examinations are made, and especially if the conjoint scheme is adopted in each division of the United Kingdom. One circumstance to which attention has lately been drawn will show the propriety of acting upon this principle. The enormous number of unqualified medical practitioners in this country has been frequently animadverted on in the pages of this journal, and recently the Registrar-General has called attention to the large number of cases in which the causes of death are uncertified, and to the fact that this evil arises in a great measure from the number of unqualified men who are in practice either on their own account, or as assistants. Thus, in one place, the whole of the medical practice was conducted by two unqualified assistants of the practitioner who resided at a distance, and who held the appointment of Poor-law medical officer. Now, it is evident that if this state of things exists at a time when there are several examining bodies, whose license may be obtained on pretty easy terms, the evil may be aggravated if the candidate for a license is compelled both in England, Scotland, and Ireland, to undergo an examination, the standard of which is beyond the capacity of the majority of medical students, or which is inconsistent with the method of education pursued at the medical schools. If we wish to improve the general standard of medical education without increasing an evil which is already inflicting a serious injury upon the public, we must begin with the schools, and make the system pursued there a sort of foundation on which the Conjoint Board or State examiners can work, and, further, the ordeal imposed by them upon the candidate, must not be such as would prevent the public having at its service a sufficient staff of duly qualified medical practitioners.

There is, indeed, every prospect that the future of medical education and medical examination will be a bright one. The establishment of a uniform system of examination throughout the United Kingdom will foster, and be fostered, by the adoption at the schools, of a more comprehensive and more practical method of teaching; the general standard of medical education will be improved; and the profession will hereafter enjoy the confidence and respect of the public more generally, and in a greater measure, than at any previous period of its history.

SIR MICHAEL HICKS BEACH.

We should do less than justice to the Ex-Chief Secretary for Ireland, whose energies have just been transferred to the Colonies, if we permitted his connexion with Ireland to cease without expressing our conviction that his departure from Dublin Castle will involve a serious loss to Ireland, and we hope we shall be excused departing—for this once—from our rule of excluding politics from our pages in order that we may point a moral with a reference to Sir Michael Hicks Beach. When he was first named in Dublin as the minister placed in charge of Irish affairs, everybody asked: Who is he? and the feeling was general that Ireland had been in this instance, as in many others, made use of to dispose of a partisan who could not be refused office, and who had not sufficient genius for any other ministerial position. This impression, Sir Michael Hicks Beach, before three months elapsed, completely removed, and he now carries back with him to England the respect which Irishmen are always ready to accord to a man of talent and firm principle. Sir Michael is not a popular man in the ordinary sense of the word; his ministerial attitude presented a happy contrast to that of some of his predecessors, whose policy was to be cap-in-hand to all useful people, no matter what they came to ask for, and to turn

a deaf ear to suitors who had few votes to give and little influence to exert. The late Chief Secretary made it his business to learn his business. When he met a deputation he was generally found to know rather more of what they had come to say than they knew themselves, and he was as pliant to grant a just request as he was inexorable in resisting a job or an impracticable scheme. He was never over-lavish with his favours to the doctors, but he always evinced a readiness to hear and give attention to their representations, and to grant, if permitted by the higher powers, such of their requests as seemed directed towards the public benefit. His greatest quality as a Chief Secretary was his anxiety to see the right man in the right place, and, while labouring under the supreme necessity of keeping the supporters of his Government in humour, he always strained a point to select a man who had some real qualification for office. From him the nameless and brainless place-hunter, who, heretofore, had had ready access to the Castle, *via* the back-stairs, met with little consideration. Let us trust Sir Michael Beach's successor will emulate his industry and attention to public affairs, even if he cannot compare with him in talents, and let us gratify ourselves with the hope that his Secretariate may be the starting point of a new policy of Irish Government patronage. The minister who shows himself strong enough to disregard the importunities of the busy-bodies of his own party, and to appoint the best obtainable men to public offices, whether they be Tory, Home Ruler, Radical, Orange, or Ultramontane, that minister will be Regenerator of Ireland. Hitherto, we state it with sorrow, not less with emphasis—no job has proved too hot or too heavy for Irish Governments so long as it satisfied the nameless hangers-on of their party, and the administration of Ireland has been in the matter of patronage nothing better than an alternate series of politico-religious jobs, in the excitement of which the special qualifications of candidates were barely considered. Is it surprising that the evil example of "the Castle" in this matter infected all public bodies, until within the last few years it has come to be an almost unexceptional rule that—from a Chief Justice to a Relieving Officer—from a Lord Mayor to a Dispensary Doctor—capacity, intelligence, or industry were habitually ignored in favour of politico-religious partisanship? Is it surprising, therefore, that young men do not—in Ireland—set themselves to climb the ladder of success by the force of their own energies and industry, when they see, from day to day, the discouraging spectacle of men as industrious and earnest as themselves set aside to make way for the relative of some influential partisan—the professor of some dominant religion—or for some impecunious and undistinguished jackal of the party in power?

Notes on Current Topics.

Cretaceous Degeneration of Arteries.

In a recent communication to one of the Parisian medical societies, Professor Gubler observes that the cretaceous change in the condition of the arteries which attacks the various classes of society in strangely opposite ways, affords a great contrast for study between the rich and the poor, the inhabitants of towns and the rural population. At the top of the social scale the arteries may retain their suppleness until the approach of confirmed old age, while in the lower classes the indurations manifest a remarkable precocity, so that arterial atheroma is met with in the hospitals in men of forty, thirty, or even twenty years of age. Doubtless, the abuse of alcohol is one of its powerful causes; but we must avoid attributing to it a too exaggerated operation. For while in the upper classes alcoholism is not so very rare, and yet it does not give rise necessarily to this degeneration, so in certain patients in the hospitals it is impossible to attribute the atheromata observed in them to abuse of alcohol. But the different diet made use of by the poor and the rich, the inhabitants of the country and of towns, may explain the facts observed. Thus, while one class obtains its nutriment from the flesh of animals and from vegetables abounding in nitrogen, in the poorer classes, bread, potatoes, cabbages, and herbaceous vegetables form the base of their alimentation. Flesh and albuminoid substances contain very small portions of mineral principles, while a purely vegetable diet contains a considerable proportion of the earthy phosphates and carbonates. The facility of cretaceous incrustation prevails in an inverse proportion to the vitality of tissues, so that the middle coat of arteries, but little irrigated with blood and of low vitality, is especially liable to undergo this atheromatous degeneration. If, then, this has its chief origin in earthy matters furnished by the herbaceous regimen, concurrently with potable waters loaded with earthy salts, the disease should be more precocious and more severe in calcareous regions like the Orléannois—a fact confirmed by M. Leblanc; while it should be rarer, or even absent, in siliceous, granitic, and volcanic regions, like Puy, where M. Vibert has shown it is a rarity. In monasteries, where the monks are confined to vegetable diet, the arteries are found greatly indurated at the early age of thirty-two.

The Galway Workhouse Clinical Instruction.

We noted recently, that the Board of Guardians had consented to admit students to the workhouse for the purpose of clinical teaching in connection with the Queen's College, Galway. Such teaching had been carried on for many years by the late Professor Cleland, but it was considered necessary to make new rules as soon as the instruction passed into other hands. The rules are before us, and some of them are so ridiculous as arrangements for hospital instruction, that they seem worth quoting:—

1st. That no student shall be admitted to or allowed to remain in the hospital or workhouse unless accompanied by the medical officer of the workhouse.

2nd. That the medical officer shall be responsible for the conduct of the students while in the workhouse, and shall report any irregularity to the board of guardians, and forthwith direct the porter not to admit the offending students again to the workhouse until the board have made an order to that effect.

3rd. That the medical officer shall accompany the students on their entrance to and exit from the workhouse.

4th. That under no circumstances shall any student be admitted to the workhouse before 10 o'clock, a.m., or after 4 p.m.

5th. That the names of the students attending on such occasion shall be entered by them on a book, to be kept by the porter for that purpose.

6th. That no student shall communicate with or interrogate any patient in hospital, except in the hearing of the medical officer.

7th. That no student shall, under any circumstances, interfere with the medical treatment of the patients—the object of the admission of students being merely their instruction.

The above rules were laid before the board of guardians, at their meeting of 18th January, 1878, and approved, with the following amendment :—

"That the hour for attendance of medical students shall be from 10 to 11 o'clock, a.m., on two days in each week."

The above rules have been printed recently by the board of guardians, and a copy is furnished to each student receiving clinical instruction from the medical officers of the workhouse hospital.

To comply with these regulations, the medical officer must attend outside the gate at 10 o'clock in the morning, to await the assembly of the students. Those who are not punctual, may stay outside. On entering the hall, the whole class must write themselves into the porter's book. They will then march through the wards in dumb show, not being permitted to stay a moment after the doctor to ask a question of the patient, listen for a chest sound, or examine a case, nor to dress a stump, adjust a splint, or "under any circumstances, interfere with the medical treatment of the patients." On the stroke of 11 o'clock, the medical officer must accompany them to the outside of the gate, and this proceeding repeated twice a week will constitute the clinical teaching of the Galway workhouse. We presume these rules are intended for show, and not for obeyance, otherwise we hardly understand how any physician can undertake to instruct a class under such circumstances.

On Heredity in Alcoholism.

In the *London Medical Record* for January, Dr. Charles Aldridge gives an interesting account of Taquet's observations on this subject. M. Taquet would place the abuse of spirits in the first line of causes which tend to depopulation. As Lancereaux has said, alcoholism is not only a disease of the individual, but is a family disease, and projects its evil influence upon the race. One sees it follows the individual in his offspring, his family receiving from him a fatal heritage in debility, deafness, a crowd of nervous disorders, moral imbecility, idiocy, mental alienation, and weaker instincts. The Indians of America have disappeared before the destructive powers of alcohol, when fire and sword failed to vanquish them. Daredin tells us that the families of drunkards become extinct in the fourth generation, after having descended through the scale of physical and intellectual degeneration. A remarkable case, cited by Taquet, in which most of the children of a drunkard showed serious manifestations of hereditary alcoholism, presented two important considerations :—1. That sexual desires show themselves early in children of drunkards, and are associated with an absence of moral sense; 2. That phthisis, when not hereditary, is capable of being produced by spirituous excesses. Magnus, Huss and Launay have supported this thesis by numerous examples. Again, other things being equal, the hereditary transmission will be more surely by the mother than by the father. The children of female drunkards are often idiots, imbeciles, insane, or epileptic. Of all the manifestations of alcoholic heredity, epilepsy is believed to be the most common. Of 95 epileptics examined by M. A. Voisin, 12 had ancestors who died from alcoholic excess. Marcet reports of a drunkard who had 16 children, that five were dead and the remainder epileptic.

Temperance in Elementary Schools.

A meeting to advocate the introduction of temperance teaching into the ordinary curriculum of public elementary schools will be held this day in Exeter Hall. The Lord Bishop of Exeter will preside, and the Dean of Bangor, Sir Charles Reed, Dr. Richardson, and several other influential gentlemen will take part in the proceedings. The object of the meeting is undoubtedly a good one, as, in most instances, there is more hope of improving the morality of the working classes by inculcating wholesome precepts in the minds of their children than if those who have long given way to habits of intemperance were the only persons dealt with. At the same time, it must be remembered that, in a matter of this kind, the rising generation are more influenced by example and by home influence than by all the moral teaching that can be provided for them in schools. As a rule, we do not find that the religious education of young children has very much influence upon their conduct in after years, and we are afraid that all the lectures or lessons on the evil results of intemperance will be forgotten by the time they are exposed to the temptations by which most of them are surrounded. It may even appear that the familiarity with the subject which such teaching will naturally involve may put into their young minds ideas and inclinations which otherwise they would never have entertained. The promoters of this movement, therefore, must not be too sanguine as to the beneficial results of temperance teaching. They can rest satisfied that the principle of the proposed scheme is a good one, and hope that more good than harm will come of it.

Headache in Renal Disease.

In the current number of the *Glasgow Medical Journal*, Prof. Gairdner draws attention to the importance of headache as a symptom of renal disease, and cites two interesting cases in support of his observation. He remarks that this symptom has not been so commonly or so strongly insisted upon by authors, at least, in the subacute types of renal disease, and in the uræmia arising from it. Dr. Gemmell, in his large experience of scarlatina at the Fever Hospital, became quite familiar with headache as a symptom of the renal affection following that disease. Bartels, in Ziemssen's "Cyclopædia," alludes to "frequent and severe attacks of headache sometimes occurring under the forms of excessively severe hemicrania of remarkably long duration," as formerly one of the earliest evidences in some cases of renal cirrhosis ; and a somewhat similar remark is made by Dr. Murchison, who also draws attention to the neuralgic character of the pain, and infers—as does the German author—that attacks of *migraine*, occurring after middle life, ought always to lead to careful

scrutiny of the state of the urine. Dr. Gairdner likewise remarks on the value of benzoic acid and of purgatives in the treatment of these cases. With regard to the former, which has been much employed in Germany against uræmic attacks during pregnancy and after delivery, Dr. Gairdner found that in doses of 5 grains three times a day, it had a prompt and excellent effect upon a patient who was suffering from this complaint, accompanied by muscular spasms, faintness, extreme weakness, and in whom an attack of general convulsions appeared to be imminent. She had all the appearance of having been "rescued from a nearly hopeless state of impending death." She was ultimately discharged quite well, without either albumen or tuberculosis being perceptible in the urine, and she continued to enjoy better health and strength than she had for years previous to the dropsical attack.

Small-pox and the Public Health in Dublin.

VARIOLA is, we regret to say, very prevalent in Dublin. In the week ending Jan. 26th, four cases died, none of whom had been vaccinated, and three of whom suffered from the confluent type. Within the year 1877, thirty-eight deaths were registered within Dublin; thirty-three from the city, two from the suburbs, and three from other districts.

The Sanitary Association, at their last meeting, reported that since the 1st of February, 16 cases had been admitted into Cork-street Fever Hospital, and there are altogether 27 cases there. The *Daily Express* says, that much of the evil is due to the obstinate neglect of parents in the poorer classes to have their children vaccinated. It does not appear, however, that the provisions of the law in this respect are carried out with sufficient strictness, and the effect is that the people in the humble ranks of life are allowed with impunity to indulge their indolence or prejudice, and keep their children unvaccinated. Seven of the cases brought into Cork Street hospital were of this class. The public are apt to forget the ravages made by such visitations when the danger passes away, and it is well to remind them that in the epidemic of 1871 and 1872, no fewer than 1,647 lives were lost by it, and the cost to the ratepayers of the city was £30,000.

The death-rate of the city, which for a couple of weeks had fallen to a moderately high level, has again risen, and, for the week ending Feb. 2, stood at 32·6 per 1,000, London and Glasgow being only a fraction over 24 per 1,000. This excessive mortality had no reference to the prevalence of small-pox, for there was no death from that cause that week. We do not hear that the Public Health Committee of the Corporation is making any effort whatever to save the lives of the citizens.

Treatment of After-Pains.

AT the last meeting of the Obstetrical Society of Edinburgh Dr. Allan Jamieson read a paper on the systematic prevention of after-pains, in which he advocated the use of ergot in every case of labour. Professor Simpson thought the subject an important one, and wished he could feel sure that this line of treatment would always succeed. Dr. Gordon found chloral of most service in such cases. He, and two or three other members, saw no need of injecting ergotine, as the old method of giving the remedy was quite satisfactory. The treatment of after-pains has often been a subject of discussion, and it is evident from the remarks made at the above meeting that the question is not settled yet. It may even be doubted whether the cause of these pains is exactly understood. Sir Charles Locock used to make a point of clearing the uterus of all clots directly after the placenta had come away, as he was convinced that this plan ensured uterine contractions and prevented the occurrence of after-pains. At all events, narcotics should not be resorted to except in cases of great severity, when a full dose of Dover's powder will generally give speedy relief. Ergot is perhaps most useful in the case of women who have had several children.

The Throat Hospital, Golden Square.

OUR readers will remember that during the past year this hospital has been under a cloud owing to alleged mismanagement. In July last, in consequence of certain grave charges and the resignation of a portion of the staff and officials, H.R.H. the Prince of Wales, as patron of the Institution, ordered an inquiry to be held, the result of which was, the withdrawal of Royal patronage, the resignation of the Marquis of Bute as president, and the withholding of the usual grant by the Hospital Sunday Fund. Of course, no Institution dependent upon voluntary support, could long exist under the suspicions to which its management would necessarily be subject on account of the unfortunate circumstances referred to. A number of the influential subscribers have, therefore, requested the secretary to convene a general meeting, and the following notice has been forwarded to us.

"We, the undersigned subscribers to the Hospital for Diseases of the Throat, 32 Golden Square, London, W. in accordance with bye law 38, do hereby request you to convene a special general meeting of subscribers. The objects for which we require such meeting to be held are as follows:—1. 'To receive a letter from Sir Dighton Probyn, enclosing, by permission of his Royal Highness the Prince of Wales, the report of the committee of inquiry, held on the 14th of July last, at the request of his Royal Highness, into the alleged mismanagement of the medical department of the Hospital. 2. To receive the report of the committee of inquiry above-mentioned, which it appears has resulted in the withdrawal of the patronage of their Royal Highnesses the Prince and Princess of Wales, and in the resignation of the Marquis of Bute, the President of the Institution. 3. To take such steps as may be necessary to reorganise the hospital, so as to justify the renewal, if possible, of their Royal Highnesses' countenance and support.'"

Signed by:—The Marquis of HAMILTON, M.P (Vice-President), the Earl of PEMBROKE, (Vice-President), the Earl of ILCHESTER (Vice-President), Earl Cowper (President 1874-5), the Earl of ROSEBERY, Lieut.-Col. Lord EUSTACE CECIL, M.P., the Hon. WILBRAHAM EGERTON, M.P., SIR CHARLES LEGARD, Bart., M.P., Sir LOUIS MALLET, C.B., Mr. A. BOWRING, Mr. SIDNEY HARGROVE, Captain HUGHES-HALLETT (Vice-President), Mr. E. N. LEVY, Mr. JOHN W. MALCOLM, M.P., Mr. H. B. MILDMAY, Colonel W. PINNY (Vice-President), Mr. F. R. WEGG-PROSSER, and others.

Royal Free Hospital.

On Thursday evening Mr. James Hopgood presided at the 50th annual meeting of this charity, held at the hospital, Gray's-Inn Road. The institution, which originated in a "small beginning," in a house in Greville Street, Hatton Garden, has now developed into one of the most important charitable institutions of London. A new wing, containing 50 additional beds, has been erected from the designs of Mr. William Harvey. In addition to this the committee have resolved upon erecting block No. 2 of the new buildings, which will consist of nurse's room, isolated wards, and board room. During the year, the hospital has opened its doors to lady medical students, an arrangement having been made that £400 per annum be paid to the medical staff for clinical instruction, and an additional £315 annual subscription to the Hospital Funds by the London School of Medicine for Women. The number of patients received into the in-patient department during the year was 1,369. As regards out-patients the number has decreased this year, owing to the building operations which have been going on during the year, and was only 5,099. The newly erected wing contains, besides three large wards, affording accommodation for 50 in-patients, an entirely new out-patient department. Legacies to the amount of £14,037 were announced in the report, and from Hospital Sunday Fund £487 was received, while Hospital Saturday Fund contributed £134. In addition to these amounts various sums are acknowledged from several city companies, and smaller contributions.

Our Poor Profession.

Having the painful duty frequently to record cases illustrative of the poverty of our profession, it gives us pleasure to present the opposite side. Two or three weeks since our obituary contained the death of Dr. James Blundell, of No. 80 Piccadilly, London, which took place on January 15th, at the ripe age of 87. Deceased's will has just been proven by George Augustus Frederick Wilks, M.D., the nephew, and Samuel Frederick Noyes, the surviving executors, the personal estate being sworn under £350,000, besides considerable freehold and household property. The testator leaves to his sister, Miss Mary Blundell, an annuity of £800, and all his furniture, plate, pictures, household effects, horses and carriages; to his half-sister, Miss Ann Blundell, an annuity of £250; to his nephew Bezer Blundell, £14,000 consols; to his nephew Dr. Wilks all his freehold, copyhold, and leasehold estates and £35,000 reduced bank annuities; to the London Hospital, £500; to St. Mary's Hospital, Paddington, £250; and there are other legacies and annuities to relatives, friends, and servants.

The New Museum of Science and Art in Dublin.

Dr. Steele, Secretary of the Royal Dublin Society, and of the Branch Medical Council for Ireland, has received a letter announcing that the Government offer him the appointment of Director of the Museum of Science and Art in Dublin. Lieutenant-Colonel Donnelly, in communicating the offer to Dr. Steele, writes that it is made in recognition of his long and valuable services in connection with the department as Secretary of the Royal Dublin Society, and from the belief that the experience Dr. Steele has gained in the office will be of the utmost value to them in the establishment of the new museum. The salary attached to the new office will be £500, with an annual increment of £25 until it reaches £600, with a residence but the maximum salary of £600 will be paid to Dr. Steele from the 1st of April next. A sum of £160 a year will be allowed for a residence until one is provided.

Spectacles and Beards in the French Army.

A Paris correspondent says in a recent letter: Among the lessons learned by the French in the late Prussian war is the fact that, with the aid of spectacles, short-sighted soldiers can fight as well as those whose sight is not affected. On the representation of Dr. Perrin, one of the professors of Val-de-Grâce, a ministerial circular authorises the rank and file, in common with officers, to wear spectacles whenever considered necessary. The consequence is, that myopic subjects, who used formerly to be rejected, are now enlisted in the French army.

Another ministerial circular, ordering officers and soldiers to wear the moustache and beard, has lately appeared. The latter is to be in the form of a *mouche*, consisting of only a small tuft under the lower lip—the style of the royalists. This was superseded, under the Empire, by a fuller beard, called the "imperial;" but those in the colonies have the option, or not, of wearing the full beard; all officers and soldiers to have their hair cut quite close.

The Genesis of Red Corpuscles.

M. G. Pouchet has (says the *London Medical Record*) brought a communication on this subject before the Société de Biologie. His conclusions were based on an examination of the blood and the intimate structure of the spleen in the Selachian fishes. Thus, in *Scillium catula*, the blood invariably contains corpuscular elements which cannot be distinguished from those which make up the splenic parenchyma. These elements are smaller than ordinary leucocytes; they exhibit a pearly lustre by transmitted light; their surface presents smooth protrusions of sarcodic matter; and they contain a voluminous nucleus which turns slightly brown under the influence of osmic acid. These elements pass through a series of intermediate stages into fully-formed red corpuscles; they increase in size, lose their sarcodic properties to assume a regular figure, their nuclei shrink, and hæmoglobin appears in their interior.

German Medical Students.

The Official Almanack informs us that the number of medical students entered at the various German schools during the past year was 6,116. Vienna still stands at the head of the list with 755 students, while Berlin counts only 281, coming sixth on the list, after Prague. Strasburg has 222 students; Heidelberg 84; while Rostock, the lowest on the list, has only 34.

According to a telegram from Shanghai, dated Feb 3, the Asylum for Women and Children at Tientsin had been destroyed by fire. More than two thousand persons are stated to have perished in the flames.

The Milk of an Esquimaux Woman.

THERE is, says *La Presse Médicale*, among the Esquimaux now to be seen at the Zoological Gardens, Brussels, a young mother, who suckles two infants. Dr. Condereau, of Paris, has analysed the milk of this woman, and compared it with that furnished by Europeans. According to his researches, the Esquimaux's milk contains a less proportion of salts, but it is rich in sugar, and esp ecially in fat. This abundance of hydro-carbons agrees with the habitual regimen of the Esquimaux, who resist the cold to which they are exposed by consuming a large quantity of fatty food.

Nutrition of Amœbæ.

IN a lecture on the protoplasmic theory of life, delivered by Professor Garrod at the Royal Institution, the lecturer propounded a new theory respecting the nutrition of amœba, foraminefera, and amœbiform bodies generally. The protrusion of the pseudopodia has hitherto been regarded as a motion in search of food, but Professor Garrod considers it to be in reality a temporary growth. When the supply of nutriment ceases, growth ceases, and the death of the part follows. The salts of lime which form shells and the bones of the higher animals, are, according to this view, all precipitated through chemical action around the amœbiform bodies. The full report of this lecture will be looked for with some interest.

Opium Eating in the United States.

THE total amount of opium imported into the United States for 1877 was 2,589,924,383 grains. Deducting one-fifth for medical uses, there remain for opium eaters 6,125,383 grains daily. If thirty grains are taken as a daily dose, there are in the United States over 200,000 men who eat opium.

Fasting.

A PROVINCIAL paper says that another Welsh fasting girl has come to light. Her name is Morgan. She is about fifteen years of age, and is said not to have eaten nor drunk anything since the 30th of October last.

ANOTHER death occurred last week from the administration of chloroform. The deceased was a sailor named Michael Cain, who met with an accident, and was taken to the Northern Hospital, Liverpool, where it was found that he was in danger of losing his sight. An operation was decided upon, and the surgeons administered chloroform; but in a few minutes the patient died from failure of the heart's action. A coroner's inquest was held on Saturday last, when the jury returned a verdict accordingly, and exonerated the surgeons from blame.

SMALL-POX caused 38 deaths in London last week, of which 26 occurred in the special hospitals, and 12 in private dwellings. Judged by the number of cases under hospital treatment, the epidemic is decidedly on the increase. The number of small-pox patients in the hospitals in October last, was 137, since which it has steadily increased to 542 at end of last week, rather an alarming state of things.

Gastrotomy.

AT a recent meeting of the Academy of Medicine in Paris, Dr. Cagin, of Bologne, read a paper on a case of gastrotomy performed in consequence of an intestinal occlusion. The operation, he observed, is applicable to certain cases of internal hernia from bands, or twisting, those which occur suddenly, by complication. It is not necessary to know exactly the seat of the evil in order to intervene. All delay in operating diminishes the chance of success. If there be any doubt about the seat of the strangulation, the incision should be performed in the median line to an extent proportionate to the difficulty of finding the seat of the malady. Parise's method which simplifies the manipulatory measures, should be used; and there should be extreme care as to cleanliness, and Lister's antiseptic method should be used.

The Abuse of Tobacco Prizes.

THE *Gazette Medicale* says that the Paris Société contre l'Abus de Tabac has received no less than 108 manuscript essays for its prizes of 1877, for the best essays on the abuse of tobacco. Of these 14 come from England 1 from Belgium, and 1 from Germany. The authors, most of whom are medical men or schoolmasters, are informed by the Society that several months must elapse before the committee can have finished its examination of such a number of essays.

Cremation.

AN opportunity will be afforded to-day at the Society of Arts for the public to acquaint itself with the method of cremation now practised on the Continent. Mr. W. Eassie is to lecture on the subject, and he will, without doubt, exhaust it.

THE President and Fellows of the King and Queen's College of Physicians in Ireland give notice that Dr. Aquilla Smith has been continued in his office as the King's Professor of Materia Medica and Pharmacy in the School of Physic in Ireland, for a further period of seven years from the 12th of May next, in conformity with Section 24 of the School of Physic Act.

THE mortality last week in the four principal cities of the United Kingdom, was at the rate of 25 per 1,000 of the population in London and Glasgow, 27 in Edinburgh, and 33 in Dublin. Of the large towns in the second category, Portsmouth was lowest in the list with 16, and Plymouth highest with 35. Manchester and Norwich being next with 33 per 1,000.

ST. PETERSBURG shows again the highest rate of mortality of any city in the world, whose returns are sent weekly to the Registrar General. Typhoid and relapsing fevers are excessively prevalent, the gross deaths from all causes amounting to the extraordinary total of 51 per 1,000 of the population.

THE appointment of Physician in Ordinary to Her Majesty's Household, vacant by the death of Dr. Francis Hawkins, has been conferred upon Dr. Russell Reynolds.

In addition to the terrible sufferings of cold and hunger, which the refugees in different parts of European Turkey are suffering, small-pox and typhus fever have broken out in their midst, with fearful virulence.

A TELEGRAM from Mysore states that the census shows that 25 per cent., or a million and a quarter, died during the famine, and that 35 per cent. of the poor classes have disappeared.

THE Registrar General reports that whooping-cough is fatally epidemic in Plymouth and Wolverhampton.

Correspondence.

A CAUSE OF DEATH DURING TRACHEOTOMY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of February 6th there is a communication by Dr. Norman Chevers, in which he mentions several cases of diphtheria in which tracheotomy was followed by immediate death. I may, perhaps, be able to throw some light upon the cause of this disastrous mishap by relating a case which occurred in my practice some years ago.

In the early part of 1874 I was asked by a colleague to see a patient with him who was suffering from œdema of the lung and excessive inspiratory dyspnœa. On examination, I found that the larynx and the trachea, as far as I could see, were quite œdematous. My prognosis was very unfavourable, and it was only after repeated urging that I determined to tracheotomise, in order to afford the sufferer some, if only temporary, relief. On the following day, the patient being slightly under the influence of chloroform, I proceeded to operate. The trachea was readily exposed, respiration going on quietly. As soon as I plunged my knife into the trachea violent dyspnœa set in, which, increasing as I cut the tracheal rings, I thought might be due to the anæsthetic; the chloroform was suspended, and, dividing five of the cartilages as speedily as possible, I introduced a large, hard rubber canula. Speedily as this was done, it proved of no avail, for the patient was dead. With the permission of the family, a *post-mortem* was made the next day, and the larynx, with its adnexæ, was removed, in order to allow of a careful examination. It was found that the incision had divided five of the rings of the windpipe, but the knife, instead of dividing the lining mucous membrane had separated it from the anterior and lateral walls of the trachea, and the more I cut the more I pushed the membrane before me, and thus cut off the supply of air; the introduction of the tube merely capped the climax.

My distress was extreme, and, in searching for the records of similar cases, I chanced to alight upon a number of the "Bulletin" of the Royal and Imperial Medical Society of Vienna, of the year 1851 (I cannot be exact, for the files are not at hand). In this number there is a paper by Prof. V. Pitha, of the Military Academy of Vienna, on "*Decoulement de la Membrane Muceuse de Trachée*," *i.e.*, loosening of the mucous membrane of the trachea. I there found that a similar accident as that just mentioned had occurred to the distinguished operator, and that Dupuytren, the great French surgeon, had also had two like mishaps occur in his practice. Von Pitha says that the loosening of the mucous membrane is due to an œdematous infiltration of the sub-mucous areolar tissue, which admits of the detachment of the lining membrane.

Taught by experience, since that time I never fail, in tracheotomising, to secure a firm hold upon the mucous membrane by plunging a tenaculum into one of the upper intercartilaginous membranes as soon as the trachea is exposed. By so doing the windpipe is steadied, and the division of the cartilages and the lining membrane can be proceeded with at leisure.

Yours very truly,

RICHARD C. BRANDEIS, M.D.

20 Bentinck Street, Manchester Square, W.
February 11th, 1878.

THE CARMICHAEL PRIZES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—What does the Council of the Royal College of Surgons in Ireland intend doing with reference to the Carmichael Essay? I make the inquiry with a view to legal action, as I, for one, am quite determined that the decision of the Master of the Rolls shall not be allowed to remain a dead letter. I would be glad to hear from your other correspondent. He need not fear ultimate punishment from the College Authorities for the favour, and the Carmichaels will effectually provide for the punishment of partiality in the award.

MEDICUS.

PROFESSIONAL ADVERTISEMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above heading, in your last issue, you alluded to an article which appeared in the *Dublin Evening Mail* recently, by which your sense of personal and professional decorum was outraged, and you cast the following imputation on me:—

"That I had caused a newspaper puff (having my name prominently introduced) to be written, and supplied the reporter with the pabulum thereof."

I do not know whether you have made this assertion from information furnished you by others, or from an assumption of your own. In either case—if the former, the statements told you were untrue; if the latter, you yourself were incorrect—I distinctly deny having ever, directly or indirectly, availed myself of the public press as a means of personal advertisement.

Your obedient servant,

R. L. SWAN.

[We have not made any charge against Dr. Swan in the terms attributed to us. Our complaint was in reference to a "breach of professional decorum, all the more open to censure because it is perpetrated under the apparent cognisance of a surgeon or surgeons . . . . one of whose names is prominently set forth in this newspaper puff," &c., &c., and we distinctly expressed our opinion that it would be consistent with his own self-respect that the surgeon in charge of the institution "should repudiate a proceeding with which his name is so directly connected." We are gratified to be allowed to publish Dr. Swan's assurance that he never, "directly or indirectly, availed" himself "of the public press as a means of personal advertisement." We shall be still better pleased if he allows us to say that he emphatically disapproves of the surgical successes of any surgeon being recorded in the public papers—that he was not cognisant of such a record in the past, and will not countenance it in the future.—ED. M. P. & C.]

Medical News.

Army Medical Department.—List of candidates who were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley, February, 1878.

Keays, W.	Marks	4,930	McLaughlin, H. J.	,,	3,330
Young, P. G.	,,	4,553	Power, E. R.	,,	3,316
Crofts, F. W.	,,	4,273	Donovan, H. L.	,,	3,229
Beamish, R. T.	,,	3,956	Leader, N.	,,	3,156
Parker, W. A.	,,	3,900	Tidbury, J.	,,	2,913
Green, A. P.	,,	3,869	Lyle, A. A.	,,	2,842
Lundy, A. R.	,,	3,865	Clinch, J. V.	,,	2,784
Anderson, J.	,,	3,865	Conolly, J. V.	,,	2,742
Pedlow, J.	,,	3,850	Charlton, H. A. H.		2,540
Routh, J. J.	,,	3,350	Barrington, H. E. W.		2,496
Mulrenan, J.	,,	3,348	O'Neill, S. L.	,,	2,495
Grier, H.	,,	3,335	Quarry, C.	,,	2,454

Naval Medical Service.—The following candidates were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley:—

Porter, J.	Marks	4,670	Charlton, G. R. D.		3,445
James, C.	,,	4,015	Bell, G. W.	,,	3,350
Loane, Th.	,,	3,775	Jeans, F. A.	,,	3,160
M'Leod, A. W.	,,	3,620	Read, A. W. W.	,,	3,145
Triggs, J. B.	,,	3,544			

Indian Medical Service.—The following candidates were successful at both the London and Netley examinations, having passed through a course of instruction at the Army Medical School, Netley :—

*Thomson, S. J.	Marks 5,008	Tully, E.	Marks 4,050
Campbell, R. N.	,, 5,000	Davidson, D. C.	,, 3,985
Brander, E. S.	,, 4,972	Bennet, C. H.	,, 3,942
Manser, R.	,, 4,885	Peacocke, J. C. H.	3,890
Chatterjie, F. C.	,, 4,719	Nariman, K. S.	,, 3,875
Emerson, G. A.	,, 4,565	Sargent, A. F.	,, 3,697
Adey, H.	,, 4,500	Thornhill, W. H.	,, 3,615
Koyaji, B. N.	,, 4,290	Robinson, R. H.	,, 3,486
Street, A. W. F.	,, 4,130	Reporter, M. E.	,, 3,327
Jervis, H. P.	,, 4,065		

* Gained the Herbert Prize and the Martin Memorial Medal.

The Profession at the Levée.—By command of the Queen, a Levée was held on Saturday last at St. James's Palace, by H.R.H. the Prince of Wales, on behalf of Her Majesty. The following members of the profession had the honour of presentation, all belonging to the Army Medical Service :—Deputy Inspector-General John Elliott, M.D., on promotion, by the Director-General, Army Medical Service ; Inspector-General D. Lloyd Morgan, C.B., M.D., on promotion, by the Director-General, Army Medical Service ; Surgeon G. B. Stuart, M.B., Grenadier Guards, on appointment, by H.R.H. the Duke of Cambridge.

The following also attended the Levée :—Sir Joseph Fayrer, M.D., F.R.S., Drs. Wilson Fox, T. King, Chambers, Brodie, Lewell, George Bridwood, Reginald Read, William Hickman, Ivey, and Rae.

NOTICES TO CORRESPONDENTS.

An Undergraduate is thanked for his letter in confirmation of our views ; we cannot, however, re-open the discussion as little can be advanced on either side which has not been already said.

A Sanitary Laundry.—We have been asked to direct the attention of our readers to an undertaking just started under the title of "The Metropolitan Sanitary Laundry Association." It is in the form of an ordinary limited liability company, except in those objectionable features—promotion money, founders' shares, &c., which are not here recognised. The directors are all medical men, consisting of Dr. W. H. Haden, Dr. Arthur Leared, and Dr. Dudfield, assisted by a ladies' committee of management for the indoor department. The objects of the Association are sufficiently explained in its title, and beyond the advantages sought to be obtained for the public, the Company is also expected to pay a good commercial dividend to shareholders. In order to effectually prevent contagion, and to ensure perfect immunity from those ills to which the householder is liable when sending linen from home, the Association, through its medical directors, guarantee that "the employés of the Association will be engaged on certain conditions, having special reference to the health and sanitary condition of their respective households, which will be constantly and carefully inspected by the Company's sanitary officer. Where illness of an infectious or contagious character exists in the household of any one using the Association's Laundries, notice of such illness shall be sent to the manager—the non-compliance with this rule will entail forfeiture of all shares and privileges. All linen will be disinfected in specially-constructed chambers."

The Medical Alliance Association.—In giving the draft of the Bill for the Amendment of the Medical Act in our last we omitted to state that it is drawn up by the Medical Alliance Association, and is down for the second reading on Feb. 20th. The Association, we may add, has done much good work in prosecuting unlicensed practitioners and prescribing chemists. Its action is somewhat impeded for want of adequate support. Dr. Carpenter, of 130 Stockwell Road, S.W., is the Hon. Sec., and will be glad to enrol additional members on payment of the annual subscription of 10s. 6d.

Dr. Langhet, Rheims.—We cannot add to our already heavy exchange list. Our publisher has been directed to send you an occasional copy.

Mr. B. L. S.—You are wrong altogether in your law ; the authorities have full power to act as they have done, and we can only counsel you to submit.

Mr. Worth's letter, with editorial reply, will appear in our next.

Royal College of Surgeons of London.—Wednesday, Friday, and Monday, Feb. 13, 15, and 18, at 4 p.m., Prof. Parker will lecture "On the Morphology of the Batrachia."

Hunterian Society.—Wednesday, Feb. 13, at 7½ p.m., Annual Meeting for Election of Officers. At 8 p.m., Annual Oration by Mr. P. L. Burchell.

Dr. C. B. Fox, Chelmsford.—The numbers in 1860, containing the series of articles mentioned, are out of print. You will doubtless be able to refer to them at the British Museum, or at one of the medical colleges.

Fair Play, on "Medical Women," too late for our present issue.

More Curiosities of Medical Literature.—We find the following in a local paper :—"A Distinguished Waterford Man."—Among st those who distinguished themselves at the examination held last week at the King and Queen's College of Physicians, Dublin, we observed the name of Mr, —— ——, L.R.C.S.I, L.M., son of Mr, —— ——. At the examination we allude to, Mr, —— obtained his diploma as physician, standing, at the end of the examination, many points higher than his fellow-students, whilst the following day, in the midwifery examination, he was congratulated by the professors—one of the greatest compliments any student has received. We understand Dr. —— intends practising in the city, and taking into account his distinguished collegiate career, we have no doubt he will fall into a practice not only lucrative to himself but to the advantage of the citizens generally. The "distinguished collegiate career" of Dr. —— does not seem to have done much to cultivate his sense of social or professional propriety.

Royal Institution.—Thursday, Feb. 14, at 3 p.m., Prof. Dewar, "On the Chemistry of the Organic World." Friday, Feb. 15, at 9 p.m., Weekly Meeting. At 9 p.m., Dr. P. L. Sclater, "Zoological Distribution and some of its Difficulties." Saturday, Feb. 16, at 3 p.m., Mr. Bosworth Smith, "On Carthage and the Carthaginians."

Communications, Enclosures, &c., have been received from Dr. Wilson Fox, London. Mr. H. Cripps Lawrence, London. Dr. Langhet, Rheims, France. Dr. Beverley Johnson, New York. Dr. Broadbent, London. Dr. Wheeler, Dublin. Dr. Fort, Paris. Dr. Swan, Dublin. Dr. Offenberg, Wickrath, Rhenish Prussia. Mr. Lloyd, Pontypridd. Dr. Norman Chevers, London Hospital. Dr. F. Agar, Ponder's End. Dr. Fano, Paris. Mr. Gilman, Norwich. Mr. Oliver, Manchester. Mr. Thornton, London. Mr. Douglas Hemming, Notting Hill. Dr. Handfield Jones, London. Dr. Dolan, Halifax. Mr. Hall, Lincoln. Mr. Rundle, Crediton. Dr. Gillespie, St. Thomas's Hospital. Dr. W. H. Haden, London. Mr. Caddy, London. Mr. Burke, Clifden. Dr. Haddon, Manchester. Dr. Squire, London. Mr. Wordsworth, London. Dr. Stretch Dowse, Hornsey. Mr. Felix Weiss, London. The Director-General Army Medical Department. Mr. Hills, Guy's Hospital. Dr. Carpenter, London. Mr. Gure, London. Mr. Rickards, Derby. Dr. Wilmot, Dublin. Mr. Worth, Nottingham. Dr. Loring, New York. Dr. Cooper, Notting Hill. Mr. Williams, Dublin. Mr. Bridges. Dr. McNaughton Jones, Cork. Mr. James, Belfast. Mr. Campbell, Dundee. Dr. Hamilton, Glasgow. The Director-General Indian Medical Department. Dr. Cornelius Fox, Chelmsford. Mr. F. C. Wells, Finsbury. Mr. Simson, Eltham. Dr. Meymott Tidy, Islington, &c., &c.

VACANCIES.

Altrincham Rural Sanitary Authority.—Medical Officer of Health. Salary, £800 per annum, to include all expenses. Applications to the Clerk of the Joint Committee, Union Offices, Kingsford, Cheshire.

Clifden Union.—Medical and Sanitary Officer for the Clifden Dispensary District. Salary, £90, exclusive of fees. Election, 13th inst. (See Advt.)

Downpatrick Union, Strangford Dispensary.—Medical Officer. Salary, £100. Election, Feb. 21.

Gort Union, Ardrahan Dispensary.—Medical Officer. Salary, £140. Election, March 14.

Hertford General Infirmary.—House Surgeon and Secretary. Salary, £100, with board and lodging. Applications to the Chairman of the Weekly Board, Hertford.

Hospital for Women, Soho square, W.—House Physician. Full particulars of the Secretary.

Killala Union, Killala Dispensary.—Medical Officer. Salary, £60. Election, March 2.

Liverpool Royal Infirmary, School of Medicine.—Lectureship on Botany. Full particulars of the Registrar.

Lincoln Lunatic Hospital.—Medical Superintendent. Salary, £150, with board, lodging, and washing. Applications to R. Hall, Esq., 38 Silver Street, Lincoln. (See Advt.)

Manchester Hospital for Sick Children at Pendlebury.—Medical Officer. Salary, £100, with board and residence. Applications to the Chairman of the Board. (See Advt.)

Surrey Dispensary.—Dispenser. Salary, £80, with partial board. Hours of attendance, from 9 a.m. to 6 p.m., daily. Full particulars of the Hon. Sec., 190 Tooley Street, S.E.

Westminster Hospital.—Aural Surgeon and an Assistant Surgeon, both Honorary. Election, Feb. 26. Candidates must attend a meeting of the Board on the 19th inst., with testimonials.

West Norfolk Hospital.—House Surgeon and Secretary. Salary, £100, with board, lodging, &c. Applications to the Chairman of the Weekly Board, Lynn, Norfolk.

APPOINTMENTS.

Atkins, R., M.D., M.Ch., Resident Medical Superintendent to the Waterford District Lunatic Asylum.

Bellamy, E., F.R.C.S., promoted to Surgeon to the Charing Cross Hospital.

Elsom, F. J., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Whitwell District of the Worksop Union, Notts.

Fox, Dr. C. B., Medical Officer of Health for Chelmsford, elected Fellow of the Chemical Society.

Paul, F. T., L.R.C.P.L., M.R.C.S.E., Pathologist at the Liverpool Royal Infirmary.

Reynolds, J. R., M.D., Physician to the Household in Ordinary to Her Majesty.

Deaths.

Armstrong.—On Jan. 29, at Manorhamilton, Christopher Armstrong, M.B., L.R.C.S.I., late of the 84th Regiment, aged 34 years.

Brown.—On Feb. 2, at Wooler, Northumberland, Joseph Brown, L.R.C.P. Ed., aged 66.

Cooper.—On Jan. 26, at Tombland, Norwich, Emanuel Cooper, L.S.A.L., aged 75.

Fry.—On Jan. 29, at Maidstone, Frederick Fry, F.R.C.S.E., aged 68.

Jones.—On Feb. 4, at Blackfriars Road, Frederick Charles Jones, M.D., aged 61.

Pelly.—On Jan. 30, at Eyrecourt, co. Galway, James Pelly, L.R.C.S.I.

Tayler.—On Feb. 2, at Trowbridge, Christopher Tayler, M.R.C.S.E., aged 62.

Wilson.—On Jan. 29, at Stretford Road, Manchester, Alexander Wilson, M.D., aged 57.

IRISH POOR-LAW INTELLIGENCE.

TRALEE GUARDIANS.

IMPORTANT TO DISPENSARY DOCTORS.

THE following communication, received from the Local Government Board, was read by the Clerk :—

Local Government Board,
Dublin, January 12, 1878.

SIR,—The Local Government Board for Ireland have observed in the minutes of proceedings of the Board of Guardians of Tralee Union on the 22nd ult., a notice to move that their sanction be requested to a proposal to deduct from the salary of Dr. Harrold, medical officer of the Brosna Dispensary District, the sum of £17 17s. surcharged by the auditor against certain guardians at the recent audit of the union accounts ; and the Board desires to state that they could not interfere in this matter in the manner in which the terms of this notice contemplates.

By order of the Board,
B. BANKS, Secretary.

To the Clerk, Tralee Union.

Mr. Kenny—I believe there is a notice of motion by Mr. Loughnane to be discussed to-day on the same matter?

Clerk—There is.

Mr. Loughnane—Dr. Harrold said he was suffering from a little nervousness, caused by family affliction, and he got a certificate from Dr. Hannafin to that effect, and sent it to his cousin, Mr. Roche, the secretary of our committee, who called a meeting, and gave him a month's leave of absence, and to advertise for a substitute. There was no substitute appointed at the time, and in the middle of that week a most frightful case turned up. There was no doctor to attend to it, and I came at once to Castleisland and met the secretary, and told him that the case was likely to turn out a bad one, and that it was better for us to do something. I accordingly got Dr. Nolan to attend the patient. Dr. Harrold was too nervous to attend a "red ticket" call, while one week during the leave of absence he earned £12. Dr. Nolan's bill was £17 17s., and he was paid it, but it appears the auditor surcharged the three gentlemen who signed the cheque—gentlemen who had no connection whatsoever with the district. What I propose now is, that this sum of £17 17s. be deducted by the Clerk out of Dr. Harrold's salary.

Mr. Herbert—I'd like to know who is to be the judge of whether a man is sick or not? What stronger proof could be given than the certificate of a medical man? We all know that Dr. Hannafin is a well-qualified medical practitioner, and I have heard people from Milltown say that he is regarded as a first-class medical man (hear, hear). My friend Mr. Loughnane turns round and says that Dr. Harrold attended private patients.

Mr. Murphy thought it right to say that Dr. Harrold filled the onerous duties of medical officer of that district for 27 years, and during the time he was always known to command the confidence of the people. He was a most eminent doctor, and most attentive to the wants of the poor. He hadn't heard a complaint against Dr. Harrold of any kind for the 16 years that he (Mr. Murphy) knew Brosna. He was aware that Dr. Harrold's mother-in-law, brother-in-law, and sister-in-law died, and he thought that after such afflictions in one family, there was little to be wondered at his getting a month to refresh himself—a very reasonable time. He would suggest that the whole matter be referred to the Local Government Board.

Clerk—There is a letter from the Local Government to-day which I read for you, stating they cannot interfere in the matter.

Mr. Murphy—Gentlemen, I hold in my hand a paper called the *Medical Press*——

Mr. Loughnane—I suppose you got that the night of the dinner (laughter). Ye had a dinner there this week (laughter).

Mr. Herbert—Hear Mr. Murphy (order).

Mr. Murphy—I hold in my hand a paper called the *Medical Press* of September 29, 1875, which contains an editorial note on certain proceedings in the Waterford Union. I'll read it for you, and I think it bears very strongly on this ease.

Mr. Kenny—What do we know about the *Medical Press*, Mr. Murphy?

Mr. Murphy—It is a case in point.

Chairman—Hear Mr. Murphy. Go on, please.

Mr. Murphy—I was calling your attention to this paragraph in the *Medical Press*. Here it is :—

"We really cannot understand why medical officers should put themselves under a compliment to their committees, or put their *locum tenens* in a delicate position as regards payment for temporary services rendered in case of the incapacity of the medical officer to discharge his duty. The regulations of the Local Government Board, which we have more than once republished for the information of Poor-law medical officers, indicated a simple course which the medical officer shall adopt in case he falls ill. He is to write to the secretary of his committee or the clerk of his union, in case he be a workhouse officer, stating simply that he is no longer able to continue work, and recommending a qualified medical man for appointment as his substitute. This done, he has nothing further to say to the matter. The committee or guardians have no power whatever to stop his pay, or make any deduction therefrom. They may or may not adopt his recommendation as to the choice of a *locum tenens*, and if any medical officer is foolish enough to accept the office without an understanding as to payment they may give him anything or nothing. He can name his own remuneration, and the sick officer has no more liability in that matter than any member of the committee."

Mr. Kenny—The Local Government Board is a better authority than the *Medical Press*.

Mr. Brick—I don't think it is in our power to stop this from Dr. Harrold.

Clerk—If you did, the first thing Dr. Harrold would do would be to bring a process against me for the amount.

Mr. M'Cowen—Did Dr. Harrold comply with the Act of Parliament when he got this leave of absence?

Mr. Murphy—He did, sir.

Mr. M'Cowen—I don't think he did.

Mr. Murphy—Oh, he did.

Mr. M'Cowen—Are you sure now?

Chairman—Didn't he desert his post?

Mr. Murphy—He got leave.

Mr. Kenny—I wish to know the opinion of our respected Inspector, Mr. Horsley, on this matter?

Mr. Horsley—Upon what point?

Mr. Kenny—Who is to pay for a substitute for Dr. Harrold?

Mr. Horsley—It is certainly not Dr. Harrold himself. It is quite clear you cannot stop this sum of £17 17s. from his salary either. It is the duty of the committee to appoint a substitute for a medical officer when unwell, and the services of a substitute having been so obtained, and the duties properly discharged, then, of course, it is the duty of the Board of Guardians to see that he would be paid, such sum to be levied off the electoral divisions comprising the district.

After some further discussion, the following resolution was adopted unanimously :—

"Resolved—That with reference to the surcharge of £17 17s. made by the auditor, and with reference to the letter of the Local Government Board of the 12th inst., we request them to ask the auditor not to press payment of the surcharge against the guardians named, inasmuch as the medical services were given by Dr. Harrold's substitute on the distinct understanding that they would be paid for at the rate agreed upon by the Brosna Dispensary Committee of Management, and charged on the rates of the electoral divisions comprised within that district."

DUNDALK UNION.

A DISPENSARY WITH A TAP ATTACHED.

THE following was read :—

"It has come to the knowledge of the dispensary committee at Clogherhead that a door has been open communicating with the waiting-room there, it is now ordered that the door be built up."

Dr. Adrian—What is Dr. Drew's complaint about it? I know something of what the requirements are.

Mr. King—Dr. Drew complains that it is not large enough.

Dr. Adrian—The Local Government Board requires that the waiting-room must be comfortable and large enough to accommodate as many patients as will come, and there must be a fire in it; two rooms are required.

Mr. Feehan said that the objection was that the back part of the waiting room opened into a public house. They considered it should be shut off from the public house.

Approved.

MULLINGAR UNION.

REFUSAL OF SANCTION FOR AN INCREASE OF SALARY.

A LETTER was read from the Local Government Board in reference to a resolution of the Board of Guardians of Mullingar Union of the 3rd Jan., proposing to increase the salary of the medical officer of the Mullingar Dispensary District, from £120 to £140 per annum. The Local Government Board desire to state that they do not see in the circumstances of this dispensary district, as compared with those of other dispensary districts in Ireland, a necessity for so large an addition to the salary of this medical officer. They approve, however, of an addition of £10 a year, making the salary for this district £130 a year.

DUBLIN CITY QUARTER SESSIONS.

HENRY CLORAN, a medical practitioner, sought to recover the sum of £8 from one Borden, for having attended the defendant's wife during her illness.

Dr. Cloran cross-examined—Did Mrs. Borden ever send for you?—She did.

Did you force yourself into her house?—No, her son came for me at night.

On your oath did you not pretend to cheapen goods in her shop, and then ingratiate yourself with her by asking after her family? (laughter)—I did not.

Did you intrude yourself into her house—did you hear that Dr. Kenny was in attendance upon her, and force your way in?—Never.

Did you meet him in consultation?—No.

Mr. Ennis said that at some future time a historian would describe the complainant as one of the most distinguished physicians in the city of Dublin, for having come here with, on this occasion, four suits, and on a previous occasion with 16 suits against his patients. The facts of the case were that the complainant came into the shop as if to purchase articles, then inquired about the woman's family, pretended to be a friend, and the defendant's wife thought she met the "good Samaritan" in the person of Dr. Cloran.

Mrs. Borden deposed to this effect.

An old woman deposed that on one occasion Dr. Cloran came to visit the defendant, who told him that Dr. M'Cormick and Dr. Kenny were attending her. Witness told him not to aggravate the patient, and ordered him out.

Dr. Kenny deposed that he had been attending Mrs. Borden.

Dr. Cloran—Had I known that he was in attendance, I would have been glad to meet him.

Dr. Kenny—And I would rather not (laughter).

The Recorder said that Dr. Kenny being in attendance, and Dr. Denham attending also, what did the woman want more? He should dismiss the case.

TIPPERARY GUARDIANS.

SUPERANNUATION.

MR. CROWE moved to superannuate Dr. Ryan of the Graine dispensary. He considered Dr. Ryan, from his long and arduous services to their Board for the past 26 years, fully entitled to such a remuneration as they thought proper to allow him, and believed from his present state of health, that he ought to be allowed the full amount of his salary.

Mr. O'Connell remarked that he was told by a professional authority that Dr. Ryan was in a bad way at present, and urged the necessity of giving the superannuation sought for.

Mr. Hogan—If that be so, what do we want giving him superannuation at all?

Mr. Brayden said he seldom attended the board, but saw and read the papers relative to this matter, and that Dr. Ryan paid £100 to Dr. White for his interest. As to the lease, the board had nothing whatsoever to do with it; it was made to Dr. Ryan, and was dated in the year 1856. Mr. Brayden further stated that the doctor was on his bed, dying fast, and he required some nourishment and a bit to eat, and described the proceedings as monstrous to treat a professional gentleman in such a way. He spoke as much for the interest of his successor as for himself.

Mr. O'Brien said the house was in the occupation of three or four doctors, and pressed for an adjournment of the proceedings for a month.

The Chairman said that Mr. O'Brien had no right to clog the matter by bringing forward his imaginary case about the house, with which the guardians had nothing to do.

It was then proposed that Dr. Ryan be superannuated in two-thirds of his salary, or £80, being the full sum to which he would be entitled.

Mr. Hogan opposed the motion, and regretted that he was obliged to do so in justice to the ratepayers, and said those doctors who were superannuated from time to time, were all sick, too; and he was told by old farmers that they were never so badly off, and the worse they are getting, the more we appear to be pressing the rates on them.

Mr. Quillinan proposed £50.

It was then agreed upon to withdraw the proposition for £80, and leave it to one poll of £50 or nothing; when there voted—For £50, 17; against it, 6.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE annual meeting of the Belfast branch of this Society was held in the Chambers, High Street, on the 6th February.

Dr. Moore, H.R.A., moved, and Dr. Higginson, Bangor, seconded, "That Dr. T. H. Purdon, the permanent President, do take the chair."

It was intimated that letters of apology, &c., had been forwarded from the following gentlemen:—Dr. M'Donnell, Randalstown; Prof. Redfern, Belfast; Dr. M'Bride, Gilford; Dr. Ritchie, the Grove; Dr. Ross, Belfast; Dr. Stewart, Donaghadee; Dr. Thetford, Strangford; Dr. M'Kain, Loughbrickland.

The President called upon

Dr. Wilberforce Arnold, Hon. Sec., who read the advertisement convening the meeting, and also the minutes of the previous meeting.

Dr. Drennan moved that the minutes be confirmed.

Dr. M'Gee seconded the motion, which was passed unanimously.

Dr. Browne, R.N., J.P., Hon. Treasurer, submitted the audited yearly statement of accounts.

Dr. Higginson moved that the report be adopted, which was unanimously agreed to.

The President, with Drs. Browne, Arnold, and Moore, H.R.A., were then unanimously appointed as a deputation to represent this branch in Dublin at the annual meeting of the parent Society, to be held in the Royal College of Surgeons in June next.

Dr. Bryce Smyth moved, and Dr. Beck seconded, "That the honorary collectors be cordially thanked for their services, and re-appointed for the ensuing year."

The motion was passed unanimously.

Auditors were then appointed for the ensuing year.

Dr. Browne intimated that he had received the following donations and subscriptions:—

Dr. T. H. Purdon, donation, £25; ditto, subscription, £5; Dr. W. Arnold, £2 2s.; Dr. Browne, J.P., £1 1s.; Dr. Ritchie, J.P., £1 1s.; Prof. Redfern, £1 1s.; Dr. Drennan, £1 1s.; Dr. M'Gee, £1 1s.; Dr. Gray, Castlewellan, £1 1s.; Dr. Higginson, Bangor, £1 1s.; Dr. M'Donnell, Randalstown, £1; Dr. Jamison, Newtownards, £1; Dr. Thetford, Strangford, £1 1s.; Dr. Stewart, Donaghadee, £1; Dr. H. Burder, Belfast, £1 1s.; Dr. Merrick, £1 1s.; Dr. James Moore, £1 1s.; Mrs. Harrison, Belfast, £1; Mrs. Stewart, Knock, £1; Dr. M'Bride, Gilford, 10s.; Surgeon M'Kain, Loughbrickland, 5s.; Dr. Bryce Smyth, £1 1s.

The meeting then proceeded to the election of its honorary office-bearers and committee of management for the ensuing year. The following were declared by the President duly elected:—

Hon. Secretary, Dr. Wilberforce Arnold; Hon. Treasurer, Dr. Browne, R.N., J.P. Committee—Drs. C. D. Purdon, Drennan, Ferguson, Harkin, J.P., Cuming, M'Cleery, Murney, J.P., James Moore, H.R.A., Alderman Whitaker, J. T. N. Smith, H. M. Johnston, John Moore, Bryce Smyth, M'Gee, and Spedding, with Drs. Musgrave, Lisburn; R. B. M'Clelland, Banbridge; Ross, Ballymena; Filson, Portaferry; Gray, Castlewellan; Higginson, Bangor, as country members.

Dr. Browne said that in the month of November last he had, in harmony with their resolution, addressed the students, and hoped there would be satisfactory results.

Dr. Browne moved, and Dr. Drennan seconded, "That this meeting thankfully acknowledges the influential advocacy our Society has always received from the press of Belfast, and relies on a continuance of its powerful co-operation."

The resolution was passed unanimously.

The remaining business having been transacted,

Dr. Arnold moved that the President do leave the chair, and that Dr. Browne do take it, and that the marked thanks of this meeting are due, and are hereby tendered to the permanent President (Dr. T. H. Purdon) for his proper and dignified conduct in the chair.

Dr. Bryce Smyth seconded the motion, which was passed amid applause.

The meeting then separated.

YEARLY SUMMARY—1877.

(Continued.)

Bronchitis proved fatal in as many as 1,388 instances, pneumonia in 510, asthma in 19, pleurisy in 18, laryngitis in 7, and lung disease unspecified in 147; the total deaths from these causes being 1,889, or 60 in every 10,000 of the population, against an average rate of 49 per 10,000 fer the preceding ten years, the mortality in 1877 being heavier than that in any of those years.

Diseases of the heart and circulatory organs caused 452 deaths, classed as follows—pericarditis 4, aneurism 38, and heart disease 410; the deaths from these causes are 59 over the annual average for the ten years 1867-76.

There were 182 deaths attributed to paralysis, 123 to apoplexy, 51 to cephalitis and its membranes, 38 to epilepsy, 10 to insanity, 3 to chorea or St. Vitus's dance, 157 to brain disease unspecified, 12 to jaundice, 5 to hepatitis, 122 to liver disease unspecified, 1 to spleen disease, 50 to nephria, 9 to diabetes, 8 each to nephritis and cystitis, 2 to stone in the bladder, 1 to ischuria, and 78 to kidney disease unspecified.

Provincial Town Districts.—The only death from small-pox returned during the year by any of the Registrars for the seven provincial town districts included in the Summary is one which was registered in Belfast in the September quarter.

In Limerick, according to the weekly returns, there were registered 49 deaths from diarrhœa, 29 from fever, 23 from scarlatina, 4 each from measles and whooping-cough, and 2 from diphtheria, these 111 deaths being equivalent to 2·5 per 1,000 of the population.

STATISTICS OF RELIEF AND EXPENDITURE.

Local Government Board, Dublin,
2nd January, 1878.

SIR,—The Local Government Board for Ireland transmit to you herewith, for the information of the Board of Guardians, a copy of a Statement, which has been prepared in anticipation of the more detailed information to be given in the Board's next annual Report, showing the collection and expenditure of the poor rate, and the number of persons receiving in-door and out-door relief in all Ireland, during the year ended 29th September, 1877, in comparison with the same particulars for the precedin year.

By order of the Board,
B. BANKS, Secretary.

To the Clerk of each Union.

The following statement of expenditure has been prepared in anticipation of a similar statement prepared after audit; and is, therefore, not strictly correct. It will, however, be found to be a close approximation to the actual expenditure.

It will be observed that the total poor rate lodged amounts only to £878,797, while the total expenditure under all heads is £1,045,681, being an excess of expenditure over poor rate of £166,884. This deficiency is, however, nearly met by a sum of over £93,000 received from the Parliamentary Grants in aid of medical and educational expenditure of salaries of officers under the Public Health Acts, and over £27,000 received by the unions from other sources.

The statement does not show the numbers who received relief under the Medical Charities Acts; the cost of which is given in column 6 as £141,157. The numbers so relieved may, however, be roughly estimated at about 770,000.

EXPENDITURE AND POOR RELIEF FOR THE YEAR ENDED THE 29th SEPTEMBER, 1877.

Provinces.	Poor Relief Expenditure.				Expenses under Medical Charities and Vaccination Acts.	Expenses under the Acts for Registrat'n of Births Deaths, and Marriages.	Expenses under the Sanitary Acts.	Expenses under the Superannuation Acts.	Number of Persons who received Poor Relief during the year ended Sept. 29th, 1877.		
	In Maintenance and Clothing.	Out-Door Relief.	Salaries and Rations of Officers.	Total Poor Relief Expenditure.					In Workhouses.	Out-Door.	Total.
	£	£	£	£	£	£	£	£			
Ulster - -	73,059	13,983	30,787	153,157	39,366	4,050	12,455	2,027	47,000	7,500	54,635
Munster -	148,979	31,614	41,326	276,638	39,727	3,274	13,304	4,080	61,000	28,300	89,580
Leinster -	145,756	46,897	40,680	281,940	43,403	3,201	14,639	3,591	70,500	29,000	99,700
Connaught -	43,445	8,845	17,143	84,598	18,661	1,702	5,078	1,369	16,500	7,200	23,820
Total Ireland 1877	411,239	101,339	129,936	796,333	141,157	12,227	45,476	11,067	195,000	72,000	267,735
Total Ireland 1876	399,097	97,403	128,723	763,155	141,463	12,475	39,676	10,884	183,321	66,116	250,095
Increase -	12,142	3,936	1,213	33,178	—	—	5,800	183	11,679	5,884	17,640
Decrease -	—	—	—	—	306	248	—	—	—	—	—

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February* 2*nd*, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, Feb. 2, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered*.	Total Deaths *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from: Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	33	307	197	29	44	...	7	...	1	7	7	1	3	5	52
Belfast . .	20,687	182,082	33	140	114	24	27	...	2	2	...	1	9	2	2	...	26
Cork . .	13,816	91,965	38	49	67	10	8	...	9	..	..	1	1	2	1	1	15
Limerick .	8,509	44,209	26	26	22	3	6	...	...	...	...	..	...	...	...	...	9
Londonderry	21,865	30.884	29	24	47	6	3	...	...	...	...	...	...	...	...	...	7
Waterford .	17,209	30,626	58	30	34	4	5	...	10	...	...	2	...	...	1	3	12
Galway .	21,358	19,692	21	8	8	1	5	...	...	..	...	...	...	...	...	...	1
Sligo . .	30,835	17,285	24	5	8	1	6	...	...	..	...	...	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 20, 1878.

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 128.)

HEREDITARY SYPHILIS.

The question we have first to consider is: Was this child the subject of hereditary syphilis or not? We have only direct proof of this from the history of the case. Suffice it to say that the mother had several miscarriages, that all the children, and this one in particular, were extremely delicate, and if we had no further evidence than the pathology, it would be quite enough to set our minds at rest. It will, I am sure, occur to some that if these lumps in the brain, and the changes in the cerebral vessels, were really due to syphilis, why should there have been a large amyloid liver, and a similar condition of the kidneys, when gumma might have existed. Again, how much more likely is it for scrofulous masses in the brain to be associated with amyloid viscera than gummatous growths.

But universal gummatous degenerations are rather the exception than the rule in advanced syphilis, and especially in broken-down constitutions. This does not substantiate the doctrine of want of symmetry which Mr. Hutchinson wished to establish as a sign to indicate that syphilitic manifestations in the tertiary period were not due to a blood disease, neither do I in any way wish it to do so; for as long as there is anything in blood or tissue, let it be syphilis or its sequelæ, so long have we a general constitutional condition to deal with, and not a purely local manifestation. A weak point, however, may exist, or what in other words may be understood as the susceptibility of an organ from hereditary or constitutional predisposition, and on which syphilis, like any other blood poison, exerts a determining and specific action. Hence we find the brain to be the seat of syphilitic change in some; the lungs, the heart, the liver, the spleen, and kidneys in others; and I can only repeat the statement expressed elsewhere that the poison of syphilis, when found to have germinated in the nerves or nervous centres, is not, as a rule, associated by a reciprocity of kindred action in the thoracic and abdominal viscera. The reverse of this is the case in nodular periosteal and cario-osteal syphilitic manifestations, and we might say that amyloid fibroid or gummatous visceral changes are always more or less associated with them.

The next example of hereditary syphilis is one which claims for itself an especial consideration. At the beginning of last year, I was consulted by a lady concerning her child, a little boy of 15 months old; he had been under medical care, and had taken steel wine, cod-liver oil, chemical food, raw meat, and such like. He was one of seven children, the rest of whom were healthy, but the teeth of all were irregular, and not notched. At birth, this child did not snuffle, but two months after it was covered with some eruption. Beyond this, it grew proportionate to its age, until it was nine months old. At this time teething commenced, and with it a series of epileptic seizures. The child now lost flesh, its power of assimilating nourishment almost completely failed, and general functional derangement of necessity ensued. When he first came under my care, the most noteworthy feature was the excessive cranial development, with want of closure of the anterior fontanelle. Some five or six teeth had just made their escape through the gums. The hair was scant and fine, the eyes clear, and there was no sign whatever of ocular structural defect, except some haziness around the margins of the optic discs. There was a marked want of co-ordinating power in the ocular muscles, but the features were not so stunted as one often finds them to be, the gums were not spongy, the voice was weak and croaking, and there was that constant movement of the lips upon each other, with dribbling of saliva, which is somewhat indicative of micro-cephalic disease. Automatic co-ordinate movements of the upper limbs were performed, but not of the lower,

there was no power to stand or even to sit up in bed, Electro-muscular contractibility was normal. There was no spinal or thoracic distortion. The respirations were regular, but the deepness of certain inspirations equivalent to a yawn were noticeable. The spleen was considerably enlarged, but not so the liver. The bowels acted very irregularly, sometimes relaxed at others constipated. The evacuations were acid; unhealthy, and of a pale colour. From the examination, it was evident that the child had hydrocephalus, but it was not quite clear as to its origin. Yet the following evidence, and the result of treatment, will, I hope, supply any missing link.

I have stated that the child was the last of seven, the others being quite healthy and free from any of the usual signs of syphilitic taint. Some months previous to the birth of this last child, the parents met with serious pecuniary reverses, and were reduced from a position of affluence to one of almost poverty; and great mental depression on the part of the mother was the result. The father contracted syphilis when he was a young man. At the time of my first seeing this child the mother was complaining of not having been well for a long while. She often suffered from sore throat and nocturnal headache. One thing, however, was quite conclusive to my mind of the existence of syphilitic taint, and that was the well marked bi-lateral psoriasis of the tongue. Upon this evidence I commenced to treat both mother and child energetically and thoroughly for syphilis. For the former I prescribed 1-12th gr. of bichloride of mercury with half-a-grain of sulphate of iron, and one grain of extract of nux vomica in the form of a pill, to be taken three times a day. These were continued for three months, when her health was completely restored. For the child I ordered the mercurial ointment to be rubbed into the axillary, submaxillary, and Scarpa's spaces every night, and a hot bath of iodide of potassium and common salt to be used every other morning, and in which the child was to be completely immersed. Cod-liver oil was given. I had used a similar treatment to this in several cases with success where I had suspected syphilis, but in the case here quoted, its specific action was so progressively marked, that any suspicion I might have entertained as to the etiology of the hydrocephalus was completely set aside. In three weeks the spleen was reduced to its normal size, the bowels acted regularly, the evacuations were natural in colour and consistence, the child retained its food (which, by the way, was ordered to be of the most simple character), the convulsive fits with the startings at night had ceased, and the child, much to the mother's delight, was in a fair way for recovery.

The treatment was continued for three months most persistently, and at the end of that time the more important features of the disease had subsided; the head had not increased in size, but the body had in proportion to the child's age, the outline of the optic discs was clear. Automatic and voluntary acts were performed co-ordinately in both arms and legs, several fresh teeth appeared which were normal in type and regularity, the child could walk unaided, and the vocal resonance was normal. I saw this child very recently, it was then over two years old, and there was no return of the brain symptoms. The faculty of speech was backward, but becoming gradually developed, and he bids, as far as I can judge, to be a well conditioned and intelligent being.

With regard to this case, I feel confident that no form of treatment but that adopted, could have saved the child from becoming a helpless hydrocephalic monstrosity, and what I have especially to urge is: That we are quite unable in many cases to gain the slightest clue either from signs, symptoms, or history that our little patients are the subjects of syphilis; and in this case I maintain that it is our positive duty, no matter how far emaciation has advanced, not to neglect the thorough and complete use of anti-syphilitic remedies. I have yet one case more to add, namely, that of a little boy, aged seven years, who came under my care. His father had been a soldier, but died, it was said, of phthisis. His mother was a fair, strong, healthy-looking woman, who stoutly denied having any syphilitic taint. However, she complained of failing sight; sometimes objects would look double, at others she could scarcely see at all. Upon ophthalmoscopic examination, there were the remains of syphilitic retino-choroiditis, with black pigmentary patches to be seen. She also consulted Mr. Liebrich and Mr. Hogg, both of whom prescribed anti-syphilitic remedies; and the question of course came into my mind how far her child's diseased condition arose from syphilis. To be very brief, his state was as follows: He was a delicate child from his birth. Was not known to have snuffled. He was late in teething, walking, and talking. At four years old he was covered with an eruption upon the skin, and soon after this there was a discharge from both ears, associated with epileptic convulsions. When I first saw him there was angular curvature of the spine in the dorsal region with multiple sinuses, and discharge from both ears, an interstitial keratitis of both eyes, very irregular, ill-developed teeth, without notching, enlarged submaxillary glands, and great emaciation. The liver and spleen were large and amyloid. The head was well formed, and the facial expression not indicative of either syphilis or scrofula. Yet we have a clear enough proof of syphilis, and under ordinary circumstances, we should have designated the boy's condition as scrofulous. He certainly improved most under anti-syphilitic treatment; and my opinion is that it was the result of syphilis; but I am sorry to say that of this I have no further proof, as the child died rather suddenly of erysipelas, and no *post-mortem* examination was made.

It is interesting to find that within the last few years our knowledge of diseased states by pathological investigation—I mean more particularly in reference to their intrinsic nature—has become more widely extended and established upon a more solid basis than ever before existed; and if we compare the noteworthy discussions which have been held on the pathology of tubercle, cancer, and syphilis, I think no one can contemplate the vast collection of facts which were brought forward without feeling that the rapid strides which have been made concerning the nature and results of syphilis, far outbalance, and are of much greater practical importance, than those of either cancer or tubercle.

It is to the future, however, that we have to look for the development of those investigations which are by comparison mere embryonic germs; and I am sure that even the greatest sceptic must feel proud of the grand position which pathology is beginning to hold in this country, and wish every success to those who devote themselves to unravelling its mysteries.

Hornsey Lane, W.

(To be continued.)

THE TREATMENT OF "AFTER-PAINS."

By BERNARD KELLY, M.D.,
Medical Officer of the Fifth District of St. Olave's Union, Southwark, &c.

I HAVE always, since I have known anything of practical midwifery, deemed the hasty interference with after-pains as highly injudicious. What labour-pains are directly to the fœtus and placenta, the after-pains are to the mother. Let either be incautiously tampered with, and danger will almost inevitably ensue. Now, let us ask ourselves the question, What purposes do the after-pains fulfil? That they expel clots remaining in the cavity of the womb, and reduce the organ to something like its ante-gravid state, and prevent, if not check, uterine hæmorrhage, there can scarcely be a rational doubt. They also seem to be a continuation of the natural labour-pains, and, as such, tend towards gradually expending the nervous energy centred in the uterus, but more especially in the hypogastric plexus of the great sympathetic; and ought, therefore, not to be lightly interfered with, or suddenly suppressed.

The wombs of primiparæ, as a rule, being endowed

with greater tone and muscular contractility than those of multiparæ, resume more quickly their natural dimensions and position in the pelvis; indeed, they may be said to do so almost directly after the labour is ended. Hence the general absence of after-pains in the case of the former, and their very great frequency in that of the latter class.

If after-pains are due to the presence of clots in the cavity of the uterus (which, however, I very decidedly doubt), then Nature provides a remedy in uterine action which removes them far more effectually, and with much less risk and danger to the mother than can the hand of the accoucheur; which, to say the least of it, is a very cumbrous and repulsive expedient.

And now as to the treatment. If after-pains are a continuation and supplement, as I believe them to be, of the normal parturient process, then the less we meddle with them the better. This expectant method I have found in the great majority of cases to be both safe and strictly correct. It is only when they continue unusually long, and are very severe, that remedial measures are called for. Here I have found small doses of opium frequently repeated, when no uræmic complication co-existed, combined with an alkali or acid, as either was indicated, to answer an excellent purpose. This plan I consider much safer than giving the drug in a single large dose, which has a tendency to suddenly paralyse nervous action, and to subsequently lead to passive enlargement and congestion of the uterus. This objection derives additional force from the occasional presence (often unsuspected by the young accoucheur) of albumen in the urine, and the consequent danger of uræmic convulsions; when, if a large dose of the narcotic be blindly administered, fatal effects will almost inevitably follow. Here there is no remedy to compare in safety and value with the old-fashioned tincture of iron, which may be given, properly diluted, in large doses and *ad libitum*. When pains, unattended by uterine action, follow labour (which, in my experience, is very rare, unless as the prodromata of puerperal peritonitis), why then ergot may be advantageously prescribed. But, to exhibit it in cases where the viscus is already, so to speak, madly in action, would be simply applying spurs to the willing horse. In dealing with this affection, we should ever be guided by coolness and common sense; and bear in mind the apothegm of a great authority on the subject, "Meddlesome midwifery is bad."

SOME PRACTICAL REMARKS ON AURAL AFFECTIONS.

By H. Macnaughton Jones, M.D., M.Ch., F.R.C.S.I. and Edin.,
Surgeon to the Cork Ophthalmic and Aural Hospital, with Special Throat Department.

(*Continued from page 29?, last vol.*)

CRETACEOUS DEPOSITS ON THE MEMBRANE.

These deposits occur occasionally and are easily recognised. They appear as white layers of chalky substance on the membrane, which is generally also altered in shape, perhaps adherent to the tympanum. They may exist without much disturbance of hearing, and often are to be found in one ear only. A lad of 18, whose hearing in the left ear was normal, consulted me for obstinate deafness in the right ear. The two pockets were covered with irregular shaped white masses of a chalky substance. The tuning fork was heard less loud in this ear, and inflation of the membrane gave a dry sound. A drawing of this case, and others of the same nature, I have included amongst those I have selected for an Aural Atlas now in course of publication. An officer recently came to me, complaining of constant tinnitus in the right ear. The deafness had lasted for ten years; was rather worse of late; he had been twelve years in India; the tinnitus commenced after his return home, and the deafness grew worse. There never had been pain; there was no family history of deafness. The watch was not heard on contact. The membrane had a cretaceous mass in the superior pocket, and on inflation there was a dry and grating sound. The tuning fork was heard only in the left ear, whether placed on the head or the teeth. He suffered from giddiness at times, and had then a tendency to fall. When the secretions were irregular, or that he was "bilious," the tinnitus, he said, became much worse. Nothing relieved him. Hydrobromic acid and bromide of potassium cured the giddiness, but the tinnitus did not yield to any treatment. Hinton, in his remarks on the climate of India, notices the susceptibility of residents of that country to the influence of quinine. In these persons, he says, "loss of hearing without visible affection of the tympanum is very frequent." So also he notices the tinitus, which becomes worse on return to England, and remarks that children born in India, "who have lived there during their first years, seem subject to become deaf with no visible cause as they approach the age of puberty." I have been consulted by several officers who have returned from India with incurable deafness and tinnitus. In nearly all the cases there were evidences of old catarrh in the tympanum, and consequent changes in the membrane and ossicles.

EUSTACHIAN OBSTRUCTION AND CLOSURE.

If we were to study all the various diseases of the ear, which follow any of the abnormal conditions of the Eustachian tube, we would find that this passage, its healthy or unhealthy state offers to us a clue to the causes of by far the largest proportion of aural complaints.

I must therefore be satisfied here with dealing briefly, but practically, with a few of the abnormal conditions of the Eustachian tube. The original causes of Eustachian closure may be simply cold "caught" in any way; exposure to draughts, damp, rheumatism, sea-bathing, exanthemata, severe mental shocks, &c., are some of the most frequently assigned. During a cold, every one is familiar with the sense of stuffing in the ears, and perhaps muffling of sounds or tinnitus which accompanies it. On examining the throat, we may find the mucous membrane swollen or turgid; perhaps the uvula is enlarged, or the tonsils are hypertrophied. The faucial orifice of the Eustachian tube is likewise swollen; and in consequence there is temporary closure of the passage, and mucus is imprisoned in it. It is when this condition persists for a little time, that we see the characteristic membrane of Eustachian closure. Little air enters the tube, and a partial vacuum is formed in the tympanum, which results in an increased concavity of the membrane. Hinton says this form of membrane is characteristic of Eustachian deafness. "The malleus appears foreshortened, and the membrane has a tense stretched look, like a drawn curtain, often falling into similar folds. The colour varies, is generally white and dull, but sometimes, especially in the earlier stages, the congested mucous membrane of the tympanum shines through it." When inflation is resorted to, we hear the sound with the otoscope either not at all, or with great difficulty. Now this simple swelling of the Eustachian tube, which at first may be periodical and remittent, may finally become chronic and permanent, beginning with a slight deafness, and perhaps a little earache; it may or may not be a considerable time, dependent to a certain extent, whether the mischief appertains to one or both ears, before troublesome deafness, accompanied with tinnitus, occurs. Nothing in the whole range of medical practice, is more astonishing than the extent to which persons permit aural mischief to proceed before they seek relief. This is the more remarkable if only one ear be affected; often it is the incessant noise in the ears which forces them to apply, and not the deafness. If the closure and obstruction lead to other results, say acute inflammation (catarrh) of the tympanum, and perforation of the membrane, as it frequently does, then they apply for relief of the pain and other symptoms which accompany it. If it does pass into this chronically contracted or permanently closed state the most serious results follow.

The slight catarrhal inflammation, which is the consequence of the primary affection, leads to an accumulation of mucus. This mucus increases in quantity and is imprisoned. It may become hardened and form hard masses both in the tube and the cavity of the tympanum, about the chain of ossicles, and on the membrane. A collapsed and closed Eustachian tube, leading to imprisonment of mucus, abnormal concavity of the membrana tympani, followed later on by alteration in the shape and appearance of the latter, adhesions, anchylosis of the ossicles and hardening of the mucus, are the usual effects which ensue on a common cause, viz., a catarrhal state of the naso-pharyngeal mucous tract.

In the treatment of all conditions supervening on a closed or obstinate state of the Eustachian tube, the first object is to secure its patency. The method of doing this I have already dwelt on. Catheterisation, assisted if necessary by ordinary or laminaria bougies (very fine) about half a line in diameter for the narrowest part of Eustachian (Hinton). If a laminaria bougie is used in addition to the catheter it must not be left in longer than 20 minutes. The bougie is passed through the catheter, which is put in first, and the catheter is withdrawn before the bougie. I seldom now use any bougies. Various sizes of the latter may be introduced through the catheter, which then can be withdrawn with the bougie, and so we may prevent its being broken in the passage. I have never had a case of a foreign body (except snuff) blocking up the tube. I rely mainly in most cases of Eustachian closure on warm iodide of potassium injection, and frequent Politzerisation. The nasal douche of salt water, previously alluded to, is often of great benefit. But constantly we meet patients who cannot use the syphon douche. Then the simple sniffing up of a warm solution of salt is a capital substitute. I generally direct about an egg-spoonful to two wine-glasses of tepid water, used once daily. If acute perforation occurs from closure of the Eustachian tube, we must be satisfied with gentle washing out of the tympanum daily with a warm solution of chloride of ammonium, while we attend to the inflammatory condition of the membrane by warm fomentation, gentle syringing with anodyne and alkaline washes, leeches or vesication. I exhibited recently, at the meeting of the British Medical Association, a collection of water-colour drawings of the different diseased conditions of the membrana tympani, accurately taken from nature at the Ophthalmic and Aural Hospital. Amongst these was one typical of a class of membrane frequently found as the result of closure of the Eustachian tube and accompanying this condition. The membrane had that characteristically thin appearance seen in complete collapse. On inflation, the lower portion of the membrane was blown bladder-like out. The upper part and malleus were bound by adhesion down to the inner wall of the tympanum. Hinton graphically describes this state under the head of "Collapse and Rigidity of the Membrane," and he notices the fact, illustrated in the above-mentioned case, that the hearing power is often good. He advises, when the membrane lies in contact with the tympanic wall, the application of the artificial membrane. Suction of the meatus, as recommended by him, I have frequently found of service in these collapsed conditions of the Eustachian tube. This is best effected with the pneumatic speculum, through which we can at the same time see the adhesion and the extent to which the membrane and malleus are adherent. But it is a good plan to give a patient a piece of tubing with a quill inserted in one end to fit the meatus, and instruct him to apply suction with the mouth through the other. This plan of suction and inflation practised by the patient himself may be followed up by incision of the membrane, or in rare instances (Hinton), an attempt may be made to restore the malleus to a normal position, and by so doing, we free the stapes. This, however, is a step not to be lightly undertaken, as it requires the most delicate manipulation to cut round the adherent malleus or stapes, and raise them by the gentlest of pressure into a better position. Politzer's plan of "air-tight closure" of the malleus when the membrane has been well inflated, may be found useful in these cases of collapsed membrane. A piece of cotton wool is rolled into a ball with some cord or softened wax, and after a powerful inflation of the membrane, the meatus is plugged with the ball. This the patient can do himself, wearing the ball at night and periodically omitting it.

THE MASTOID CELLS.

In various catarrhal states of the meatus and tympanum, the inflammation may spread to the mastoid cells and to the brain. The cerebrum and cerebellum may be attacked, more frequently the latter if the case be that of an adult. There are many cases which give rise to inflammation and abscess of the mastoid process. The exanthemata, injury, abscesses in the meatus, catarrh in the tympanum, polypi, scrofulous inflammation, all may, both in children and adults, lead to abscess in the mastoid or mastoid periostitis. The periostitis which accompanies these catarrhal states of the meatus, and which at times occurs independently of them, is marked by characteristic symptoms. There are frequently severe constitutional accompaniments, such as rigor, rapid coating of the tongue, quick pulse, increase of temperature, with severe pain. The post-auricular and supra-auricular regions become red and swollen. The rapidity with which the swelling occurs is often alarming. In a case I had of severe furunculous inflammation in the meatus, the entire side of the face and neck became swollen in forty-eight hours. The swelling has then an erysipelatous look. I have never yet seen a case of mastoid periostitis or abscess where the meatus and tympanum have not been involved. The sterno-mastoid has only been implicated in one case. Turnbull notices that this implication of the sterno-mastoid is not probable when the inflammation is intense. Here we are more likely to have caries and post-aural opening. If the inflammation runs its course, it may cause suppuration, and the pus will find its way out either by the external meatus or through the mastoid process. Bearing in mind the anatomy of the bony parts, it must be a matter for surprise that the mastoid cells escape as frequently as they do, when the tympanum is affected. Still there can be little doubt that this spreading of the inflammation does frequently occur, and often is not suspected. Purulent or hyperplastic formation may take place in the mastoid cells, especially in children, and no external evidence exists of this occurrence. It is surprising how often in children, especially of the poorer classes, extensive bone changes may go on in the mastoid, leading to softening, necrosis, and caries, with but little indication of the danger, and consequently a degree of excusable neglect on the part of the parents. In a short paper on "Hyperostosis of the Mastoid Process," by Dr. Orme Green, of Boston, and published in the "Proceedings" of the Otological Society (1877) of New York, the author divides the results of periostitis in the interior of the mastoid cells thus:—1. *Formation of pus and resulting abscess.* 2. *Extension of the inflammation by the minute vessels in the osseous foramina to the external surface of the mastoid.* 3rd. *Ostitis,* this latter being purulent or hyperplastic—purulent, leading to perforation with consequent absorption of the entire osseous structure or of the calcareous particles alone, or, it may be, to complete necrosis or caries; hyper-plastic, causing new periosteal bony formation, and resulting hyperostosis, and perhaps finally obliteration of the entire mastoid cavities by new bone. He illustratas the advantage in these cases of perforating the mastoid process, when accompanying brain symptoms prove the extension of the inflammation to the brain. Mr. Hinton, in referring to this subject, says "the most scrupulous care should be given to detect any symptoms of the presence of matter pent up under the periosteum. This is generally found in one of two lines—either over the mastoid process, externally, or

within the meatus at the posterior and upper wall. Any redness or swelling with tenderness of these parts should prompt immediate action." He points out that free incision of the posterior and upper wall of the meatus will often give great relief. In using the trephine Mr. Hinton says, "the best point to select is a spot level with the upper border of the meatus, and about half-an-inch beyond it; the perforator may be allowed to penetrate three-quarters of an inch." "It is, he says," of the utmost importance not to delay too long, and since the ether spray will generally suffice to deaden the pain, incision of the mastoid may be had recourse to promptly in every such doubtful case. I may repeat that I have never regretted making the incision, and scarcely ever decided against making it without regretting that I did not." I thus prominently draw attention to this opinion, as I am aware that this is a step which is regarded with fear and a good deal of prejudice by those who are not familiar with the harmlessness of the operation, and the good results which frequently follow. On a few occasions I have in vain urged the propriety of making an experimental perforation of the mastoid process by the trephine when urgent brain complications were present, but the fear of the operation and its direct results prevented this step being taken. In both instances I can only regret that it was not done, as death from brain trouble ensued, and the refusal of an autopsy prevented my ascertaining the cause of the fatal termination of the case. In a few instances in adults free incision over the mastoid when there were signs of periostitis has been followed by the happiest results—complete subsidence of the pain and inflammation. In children incision down to and through the bone is the thing indicated when there are evidences of extensive periostitis or purulent formations.

To illustrate how Nature demonstrates the course of action indicated in these cases, I may cite the following instance of escape of bone through the external meatus, with relief of brain symptoms.

In 1875, a child, aged 4 years, was brought to me with the following history: He had been quite healthy up to a few months since, when pain in the ear and discharge began. Subsequently an abscess formed over the mastoid process. The child had two or three attacks of convulsions. On examining the ear I found the post-auricular surface soft and swollen, the meatus full of purulent and foul-smelling discharge. I cleaned this well out, and was surprised to find the meatus filled with a piece of loose and dead bone. This I removed, incised freely the mastoid process, kept the incision plugged with iodised wool. This I cleansed with carbolic lotion daily, washing out the meatus with the same. The child made a good recovery, but with loss of hearing.

In April last a young lady consulted me. The right mastoid process was completely absent, a large hollow existing. This had occurred when she was a child, and was the result of mastoid abscess, yet she had fair hearing power in the right ear.

Last year a child, aged eighteen months, was brought to this hospital with large perforation of both mastoid processes. I freely incised the bone at either side, and almost the entire of the mastoid process came away at the time, being removed easily with the forceps. Some time afterwards she came in my absence from home, and the other mastoid process had softened, and now came away. The child became quite healthy. Here I syringed freely through the external meatus a disinfectant solution, such as chloride of zinc, Condy's or carbolic acid, the fluid running out through the aperture in the mastoid. The parts have all now completely healed, and the child was recently brought by the mother to consult me about the hearing, which is lost.

Early this year a pale, anæmic-looking child, aged twelve months, was brought to the hospital with ptosis of the right eyelid, dilated pupil of the same eye, and the vision apparently lost. There was a considerable swelling of the entire left aural region. The mastoid was very much inflamed, soft, red, and swollen; the auricle was projecting. Altogether the child had a most peculiar appearance. There issued from the meatus a foul and long-neglected discharge. The skin behind the auricle was perforated in two or three places, and the bone was evidently dead underneath. I determined to make a free incision into the mastoid, which I did, and though, at the time, there was very formidable hæmorrhage, this was readily controlled with a plug and compress. The ear was daily daily washed out with chloride of zinc injection, and the mastoid dressed with carbolised wool saturated with chloride of zinc solution. Under this treatment the child did well, but the ptosis and strabismus remained. With the ophthalmoscope there was but little evidence of any abnormality, the only thing apparent being a hyperæmic state of the papilla. Lately this child came to the hospital when I was absent on my holiday trip, and a large piece of the mastoid came away, the wound being treated as before.

ECCENTRIC, IRRITATIVE, OR REFLEX ALBUMINURIA.

By Dr. G. de GORREQUER GRIFFITH,
Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

In the Medical Press of January 23, 1878, under the heading, "Albuminuria of Nervous Origin," appears the following:—

"M. Tessier, of Lyons, thinks that albuminuria is more often of nervous origin than is generally supposed. There are, indeed, many facts to show that nervous phenomena frequently precede the albuminuria, and that they may be considered to have have some casual connection with the disease, receives some confirmation from the experiments of Claude Bernard respecting the production of albuminuria by lesions of the fourth ventricle."

In the January number of the *Practitioner* I published a short paper on "Eccentric, Irritative, or Reflex Albuminuria," and at the 1877 meeting of the British Medical Association a paper by me was read on the same subject, in which the following words occurred, and, as I have had no reason to change my opinion, I will here transcribe the part of the paper to which I refer:—

"In a most suggestive paper on 'Albuminuria,' read before the Medical Society in March, 1877, Dr. Lauder Brunton described the true and false forms, as he termed them."

In the discussion which followed, I then briefly alluded to the case, subsequently published in the *Practitioner*.

Some years ago I was called in consultation to the wife of a now eminent barrister; she was in labour with her first child; the os was rigid and unyielding; the pains had been teazing and sharp, yet apparently productive of not much good as regards forwarding the birth; the patient, though of hopeful, sanguine temperament, was now fretted, irritable, and restless, yet not at all alarmed about her state.

The first attack of convulsions had passed off previous to my being summoned, and consciousness had returned when I saw her. As it could not be satisfactorily determined whether she had passed water, I introduced the male catheter, and drew it off, there being only a little in the bladder. After her next convulsive seizure she remained insensible, and continued so, between the times the convulsions would come on, nor would at all wake to consciousness. We examined the urine, and found it loaded with albumen; this was looked upon as a fatal symptom; delivery was impossible owing to the state of the os, but I encouraged the medical attendants to continue watching by her bedside, and to deliver her (if necessary) with instruments at the very earliest opportunity, rather than allow the labour to be protracted, for I believed the albuminuria to be coincident with the fits, but not the cause of them, and that its appearance

arose from the enormous disturbance of the entire system from the local irritation going on (the process of labour I meant), and from the consequent local renal congestion, which I had no doubt supervened, and which would account for the small quantity of urine.

There was no history of any manifestation of renal mischief prior to the lady's falling in labour.

I was hurriedly called up next morning, the os had dilated, the child was being born, the obstetric instruments I brought with me were not even needed, as the birth was soon accomplished, though during the exacerbation of a paroxysm of convulsions. I removed the afterbirth at once, so as to get rid of all sources of irritation as speedily as possible. The mother, however, still lay unconscious.

I now advised painting the back of the neck with the acid nitrate of mercury, and after agreeing in consultation, I proceeded to act on the advice.

This began to give pain little by little, till it produced the acme of pain and counter-irritation, when the patient awoke. All traces of albumen in the urine were gone when we next examined, and now the lady is a good specimen of a British woman, and is the happy mother of five children.

From this I learned much, and regarding it as a case truly of reflex, eccentric, or irritative albuminuria, purely intermittent, I dealt with it as such, and my hopeful prognosis was not unavailing. I am confident, many cases will be met of this form of albuminuria, and that, if recognised, we may save our patient; if overlooked, we may let her slip from life to death.

I think that puerperal albuminuria, coupled with convulsions, arises rather from the great nervous disturbance, especially the local; and from the *consequent* renal congestion and condition of the entire renal system, than from that condition of the blood which obtains in, and is we may say natural to, the puerperal state. Were these latter the sole factors of the convulsions and albuminuria, albuminurial puerperal convulsions would arise more frequently. I consider these cases of puerperal albuminurial convulsions to be eccentric, irritative, or reflex, the local or uterine disturbance being the originating agent.

Clinical Records.

ST. MARY'S HOSPITAL.

Urethral Fistula.

Under the care of Mr. HAYNES WALTON,

Surgeon to the Hospital.

A MAN, aged 30, was admitted in this state. Half-an-inch to the right side of his anus was the mouth of a sinus, through which a probe could be passed and carried superficially inwards to the back of his scrotum. A slight leakage of urine through the sinus attended each natural evacuation of the bladder.

His history told that twelve months before his admission a small abscess burst in the perinæum, and soon after urine escaped, and has continued to run out. He denied that he had had any evidence of stricture, or that he had been subject to any cause which could produce such.

Mr. Walton ordered the patient to be taken to the operating theatre, explored the urethra with a metallic catheter, and pronounced the existence of stricture in its membranous portion, but yet not a severe one, as he passed a No. 7 instrument into the bladder. He spoke, too, of the case being favourable for treatment, because there seemed, as yet, no bladder irritation. He slit open the perinæal sinus, and tried in vain to find the course by which it communicated with the urethra. A soft catheter was introduced, tied in, and a narcotic administered per anum. But rigors and other symptoms of constitutional irritation set in furiously on the second day, and the catheter was taken out, but the urine was drawn off three times in twenty-four hours.

At the end of sixteen days the superficial perinæal sinus had healed, and but a short fistula remained, which was cauterised with nitrate of silver. The stricture was so relieved that a No. 10 metallic catheter could be easily passed, and if the patient only pressed on his fistula when he micturated naturally he effectually prevented the escape of urine. However, the treatment was only partially successful, as the fistula was still there. Mr. Walton determined to lay open the urethra freely through the perinæum. It was evident that the fistula entered the canal laterally, but its passage could not be traced with probe or fine wire. A grooved staff was introduced into the bladder. Mr. Walton cut through the urethra in the middle line, a little posterior to the fistula, to the extent of an inch. A metallic catheter was kept in the bladder for a day, and then introduced for a few minutes every second day. In a fortnight the perinæal wound had healed, and with it the fistula. The patient left the hospital quite well.

The whole *rationale* of the treatment consisted in preventing, for a time, the escape of urine through the fistula, whereby the false passage was afforded rest from an irritant, by which only it could heal. For this purpose dilatation of the stricture was necessary, and, as it proved, division, also, of the urethra.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the last meeting of this Society Dr. VIVIAN POORE read a long and exhaustive paper on "Writer's Cramp and Impaired Writing Power," of which the following is a brief extract. The paper was founded on an analysis of 75 cases, which the author divided into six groups—1, paralytic (6 cases); 2, spasmodic (5 cases); 3, degenerative (9 cases); 4, neuralgic, or neuristic, (19 cases); 5 writer's cramp (32 cases); 6, anomalous (4 cases). It was remarked that as the ulnar nerve supplies 13½ out of the 18 intrinsic muscles of the hand, its integrity is necessary for all delicate manipulations —especially writing. The spasms which affect the hand in paralysis are sometimes owing to faulty antagonisation among the muscles of the paralysed limb. In these cases we should look to the peripheral aspects of the question, as well as to centric causes. There will be no spasm when the nervous impulse, issuing from the brain, is distributed to equally irritable muscles, but if the equilibrium of antagonisation is disturbed by secondary lesion the production of spasm is easily conceivable. Loss of writing power is often the first and most prominent symptom of degenerative change occurring in the spinal cord or brain. The neuralgic group may be induced solely by overwork, or by strains and other injuries, combined with exposure to cold and bad health. It is often difficult to distinguish this group from true writer's cramp, but the neuralgic variety involves a wider area; it is sometimes induced without excessive exercise of any function, and the neuralgia is a prominent symptom. In the group of true writer's cramp considerable care is necessary to detect peripheral evidence of mischief, but the author states that in every case of impaired writing power which he has seen *there has been evidence more or less marked of derangement of one or more of the muscles used for writing.* This evidence consisted of—first, obvious failure to use certain muscles efficiently, either for writing or for some other less complicated act; secondly, the occurrence of consentaneous movement or tremor when certain muscles were put in action; thirdly, depressed or exalted electric irritability; and, fourthly, the occurrence of sensory derangement, or nerve tenderness. The muscles which are most frequently involved are those of pen-prehension and pen-movement. Reviewing the cases as a whole, attention is directed—first to the inferences which may be drawn from an inspection of the hand-writing; secondly, to the fact that joints were found to be implicated no less than twenty-one times, the joint affection being rheumatic, neuropathic, gouty, or due to strained position; thirdly, to the fact that a difficulty in writing is not very infrequently hereditary, or

developed very early in life; and that, fourthly, any evidence of involvement of the nerve-centres is decidedly rare. Writer's cramp has been spoken of as a disease of "faulty co-ordination," and such, no doubt, is the case. Although we are not justified in assuming that there is a special co-ordinating centre for the act of writing. The existence of such a centre is improbable because, (1) in most instances of writer's cramp, there is evidence of peripheral change only; (2) if there be such a centre it must be created as it were by education; and the fact that it is scarcely more difficult to write with the toes than with the fingers is much against the probability of the existence of a writing centre. Then (3) this affection is never suddenly established as aphasic sometimes is; and (4) a purely peripheral lesion is sufficient to account for the symptoms. The author is still induced to call this affection a "fatigue disease." This fatigue may be the expression of hyperæmia or mild inflammation of a motor nerve, which may be caused by overwork, cold, rheumatism, injury, &c. Or it may occur from prolonged strain, especially as prolonged strain of certain muscles is inseparable from the act of writing. Lastly, Dr. Poore would class this disease among the neuralgias, a disease the phenomena of which are purely local, but which are due not only to conditions affecting the sensory area involved, but also to molecular change affecting any part of the sensory fibre, before or after its junction with the nerve centre.—Dr. BUZZARD, after complimenting Dr. Poore on the great value of his paper, remarked that the facts advanced by Dr. Poore coincided with his own observations. He did not think that writer's cramp could be regarded as a disease *sui generis*; and he noticed that the author of the paper had not alluded to lead poisoning as a cause of this affection. Dr. Buzzard had also seen cases associated with gout, and which were probably due to the existence of a gouty neuritis. Nor did he think that the peripheral theory of the disease had been thoroughly made out, for there was much to be said in favour of a centric cause. The fact that the affection commenced in the smaller muscles and gradually spread to other and larger muscles, and the fact that in a few cases if the right hand is no longer used, the left hand called into play would become affected, were arguments in favour of a central, rather than a peripheral, lesion. Dr. Buzzard's view of the causation of writer's cramp, was as follows: The frequent undue use (or even the ordinary use in persons of unstable nervous equilibrium) of certain muscles in performing a special act must cause a continued state of congestion of the centre controlling the movements of those muscles. Such a congestion might eventually lead to atrophy or want of nutrition in that particular portion of the nervous centre; and hence would ensue a certain amount of paresis and consequent alteration in the muscles over which that centre presides. This again would react upon the centres themselves; for, in proportion to the difficulty of muscular action, the greater would be the amount of nervous energy directed to the limb, and this continued overflow of nervous energy would cause more and more groups of muscles to be involved.—On the other hand, Dr. BROADBENT thought that Dr. Poore's paper afforded a solid basis for the view that writer's cramp was really a peripheral disease; and he had long thought that the periphery of the nervous system had been much neglected. He also perfectly agreed in the author's rejections of a special co-ordinating centre for the act of writing.—Dr. POORE then replied to some of the observations that had been made on his views of the disease, after which the Society adjourned.

SURGICAL SOCIETY OF IRELAND.

THE Fifth Meeting of the Session was held on Friday, February 1, 1878, Dr. ROBERT M'DONNELL, President, in the Chair.

The minutes of the previous meeting having been read by Mr. B. WILLS RICHARDSON, Hon. Sec., and confirmed,

Mr. H. TYRRELL made a communication to the Society on the subject of

EXCISION OF THE KNEE-JOINT.

In making the communication he did not desire that the question of the propriety of the operation of excision of the knee-joint—when it should be done, or in what cases it should be done—should be discussed, but he simply wished to deal with the mode of treatment after the operation had been performed. For some years his colleagues in the Mater Misericordiæ Hospital and himself had had considerable experience of the operation, and so far back as 1874 he published some cases of excision of the knee-joint which he had performed after Mr. Watson's method, and put up by means of the plaster-splint, and in which that treatment succeeded remarkably well. Since that time he thought they had been improving on the operation, rendering it more easy, and perhaps also more satisfactory in its results. The two casts which he exhibited were merely examples of what might be done by the operation as it occurred in one of the cases, and perhaps he might be allowed just to remark very cursorily upon them. One was a cast of a leg before the operation, in which was shown that remarkable deformity described as elongation of the condyle, and which rendered it perfectly impossible to straighten the leg by any manipulative procedure. The knee-joint was excised, and the patient recovered satisfactorily with the limb in the position shown by the other cast. Now, as he had already intimated, what he particularly wished to draw attention to was the putting up of the limb after the operation had been performed, and in doing so he would illustrate what he wished to bring under the notice of the Society by the aid of some of the splints and other appliances which had been lately used in the hospital. In his first cases—and he must say that he thought he had never had better success than in his first cases—he used Mr. Watson's scored splint. The success was all that could be desired; but afterwards they found some little difficulty in preserving the limb from excoriation, but perhaps it was rather tedious in being applied. The splints he now exhibited were of various sizes corresponding to the various limbs that had been excised, and they had all been in actual use with many others, which he did not think it necessary to exhibit to the Society. The success of the operation, if it was to be performed at all, depended upon the perfect immobility of the limb after the operation; and any variety of splint, or in fact, any splint that did not cause the limb to be perfectly immovable was, to his mind, very defective, and perhaps some of the mortality which sometimes succeeded the operation was due to that fact. Anyhow, this much was quite certain, that to the surgeon who performed the operation was caused a great deal of trouble in the after-treatment if he adopted the long splint, which he believed was brought into practice by Mr. Butcher, and many of the other appliances which were found in the text-books of surgery. In order to perform the operation according to the method which Mr. Watson brought into practice, and which was sufficiently explained in his pamphlet published so far back as 1867 (in which he gives a number of cases in which he performed the operation of excision of the knee-joint) it is necessary to put the limb up in a plaster apparatus. In 1874 he (Mr. Tyrrell) performed the operation three times and adopted Mr. Watson's procedure. Since that time, in the Mater Misericordiæ Hospital, they had given up Mr. Watson's plan. The merit of the splint which he now begged to lay before the Society was not his. It belonged to his colleague Mr. Hayes, and it consisted of two distinct portions—a thigh portion and a leg portion, which were united by means of an iron crank or splice. The members would observe that the two portions of this splint were not on the same plane, the leg portion of the plane being higher than the thigh portion, for the simple reason that they had found that the great difficulty to contend against was the protrusion of the femur. As the femur was difficult to keep down, if they brought up the tibia to the same height as the femur, there was no necessity to exercise pressure on the femur. The operation was really a very simple operation so far as the doing of it went. There could be no doubt, no matter what had been written by some, that the simplest way was the simple straight incision rather below the patella, and he wished to direct attention to that point. By making the simple transverse incision sufficiently wide to allow free drainage, and having removed the parts and divided the soft parts by means of the saw which he now exhibited (and which was nothing but an ordinary saw with a movable back) with the greatest possible ease any section that was necessary could be made, and he would quote Mr. Watson's pamphlet to show that that saw was preferable to any of the analogous contrivances which had been adopted from time to time. In fact, he (Mr. Tyrrell) did not believe that any peculiar variety of saw of very difficult construction was required. For all operations in the Mater Misericordiæ Hospital that saw (of which the specimen he exhibited was a small variety) was used, and any person

could, he thought, understand that once the saw entered and became fixed in the bone it was quite impossible to make anything but a straight section. As soon as the saw became perfectly fixed in the bone the strengthening part of it from the handle was detached, and then it ran through the bone with the greatest possible facility. As soon as the parts were removed then the limb was brought down, and when it became straight then the surgeon proceeded with the dressing. Now, in the case which was illustrated by the plaster-casts to which he had previously referred, a remarkable circumstance occurred which was very instructive. The patient, a young man, was permanently incapacitated from walking; he could not put his foot to the ground, and had been for many years in that predicament. When the operation had been performed, and when, as they thought, a sufficient section of the bone had been removed, they could by no means force the bones into position. They took off two slices of the femur, and then also found that it was impossible to place the bones in position. Having divided a number of ligaments and tendons, in fact, everything that was opposing reduction, as soon as these were divided the bone slipped into its place, but they found that an unfortunate accident had occurred. In making traction on the femur above the periosteum they found that the periosteum had become detached from the femur to the extent of about an inch. If they had removed that much from the femur the result would have been that they would have brought a very narrow portion of the femur in contact with a broad tibia, and there would not have been union. Having observed that the periosteum was not necessary for the life of the bone, they therefore took no notice of its having been pulled up, and proceeded with the dressing of the wound. The case went on satisfactorily, and a perfect cure resulted, as the casts now before the Society showed. After the joint was excised, the surgeon, all the while keeping the limb straight, of course, took a flannel bandage and rolled it round the limb from the toes upwards to the knee. Not only did he put one layer of flannel, but he put a second one, commencing to reverse the bandage for the second layer as soon as he came to the knee, about an inch below the wound. Having put that on, the surgeon left the bandage, as it were, loose, and proceeded to apply another double layer of the same flannel bandage from the groin downwards. By that means he had two layers on each portion of the limb, leaving about two inches of the knee exposed. Formerly, they were in the habit of using ordinary muslin and of rubbing into it a quantity of starch or plaster, but latterly he thought they had improved upon that. They had found that muslin was not sufficiently strong to make the traction necessary, and that it broke. For that reason they had discontinued its use. They now simply dusted a quantity of plaster into the flannel, which was exceedingly strong and would not break, even under very great traction. As soon as the parts were brought into perfect apposition, one of the splints he had already described, was applied, one portion of it along the thigh, and the other along the lower extremity; the quantity of padding applied to the lower extremity varying. However, a sufficient amount of padding must be placed along the lower extremity of the splint so that there would be no tendency for one portion of the limb to protrude beyond the other. They would observe that the quantity of padding they had to put into the tibial splint was very great indeed. The splint extended from about half the thigh, and embraced about three-quarters of the leg, more or less, as the case might be; but he did not pay much attention to that fact. The patient must now be thoroughly under the influence of ether, thoroughly relaxed, and if that was necessary at any part of the operation at all it was at that particular time. As soon as the patient was put into that condition one of the flannel rollers, properly plastered, was applied, commencing at the toes, as he had before stated, and taking care that the foot was at right angles to the leg, otherwise they might have some difficulty in geting the heel to the ground. The next point was, that they should put on the flannel bandages with the greatest possible force. One might think congestion of the limb might be produced by that; but such was not the case, for the plaster, when it dried, contracted outwards; if he might use the expression, it became loose. If they did not put it on with excessive force they would not have perfect immobility. The surgeon next got a piece of drainage-tube and laid it across inside the wound. Perhaps the most modern idea would be a piece of horse-hair. They had not tried it, because recently they had had no case. However, the drainage-tube answered remarkably well. The limb then lay in its support, and a piece of gutta-percha was applied across the knee; the plaster splint was strengthened either by an additional flannel roller, or some plaster was rubbed on by the hand. In reality, the operation was now over. In their first case they left the knee exposed, having put in a few sutures and a bit of tenax over it, but for the first week they found there was considerable swelling of the knee, and that in order to obviate this a simple device was resorted to; after the limb was got into position a piece of tenax and muslin was laid over the wound, and then a good lump of oakum, and one of the bandages on the leg was thrown round this, the drainage-tube coming out at the sides, so that it was perfectly free. That dressing was not removed for three, four, five, or six days, as the case might be. By means of the tube perfect drainage was allowed, and after three or four days it could be drawn out without giving the patient any pain, and on taking off the oakum it was generally found that the wound was healed; in fact, the whole difficulty of the case was over. He did not exaggerate in the least when he said that in several of the cases which had been done in the hospital the primary dressing was not removed until the patient was walking about. That was a literal fact, and perhaps some of the members had seen the cases to which he referred. The surgeon had no trouble in such cases, and in some instances that splint was positively the only dressing made at all, for it remained on for six weeks or two months, and when it became heavy to the patient it was taken off and some lighter material used. If there was a tendency to protrusion of the femur, in order to obviate that tendency, as slight as it might be, they had adopted latterly the plan of getting a piece of poro-plastic splint softened, and that was placed a little above the knee, and that entirely defended the femur from protrusion. Of the cases that had been treated by that means at the Mater Misericordiæ Hospital this much might be said: the surgeons had no trouble after the operation (which was in itself something), and none of the patients died from the operation. There were two or three cases in which amputation had to be resorted to, but they would be brought before the profession by-and-bye. The object of this communication was to deal with the method they had adopted in the after-treatment, which he believed to be very simple, very efficient, and in their hands had proved very successful. The only cutting instruments they used were the small scalpel, an ordinary blunt-scissors, and the saw with the movable back. He proposed to take another opportunity of dealing fully with the results of their experiments. They were not willing to rush into print prematurely after having had a few successful cases; they believed thoroughly in the efficiency of the operation, but it was only when a great number of cases under various circumstances had arisen that a person was in reality warranted in laying before the profession the results of his experiments and of his practice. He had omitted to mention how the limb was slung. All the members knew Salter's sling, but he and his colleagues found that that was not so good as the ordinary cradle. He now exhibited an ordinary cradle, and by means of a couple of rolls of bandage they were able to support the limb on three or four bands suspended from the top of the cradle. They did not use Salter's splints in the Mater Misericordiæ Hospital; in fact, they were not fond of complicated instruments or apparatus. They found that the limb slung in the manner described in an ordinary cradle, was far more efficient, and the limb could be lowered or elevated according to the necessities of the case. Sometimes the patients preferred being without it at all, and of course they might be gratified. To-day the limb had to be elevated, and to-morrow lowered. They could not tell why, but such was the case; and now the patient would have the limb at one angle, and now at another. The patient could, however, have the limb in any position he liked.

The PRESIDENT said he had seen Mr. Tyrrell's cases, and he saw the advantages of the mode of treating them that had been described. On the last two occasions, upon which he (the President) performed the operation he had adopted very nearly the plan that Mr. Tyrrell had detailed, and which he had with a slight modification recommended before. The point in Mr. Tyrrell's communication that night had struck him, and he would suppose from the way he mentioned that the periosteum was drawn up from the bone, that he thought it was rather an advantage, at all events, that it would do no harm. He (the President) did not think they could conclude that at all from the case he had mentioned. Of course, the

periosteum was laid down again at once with the bone, and thus the most important thing which injured the periosteum would not have occurr d. The thing which injured the periosteum most, was the separating it from the soft parts. If the periosteum retained its connection with the soft parts, and was laid down again with tolerable promptitude on the bone, then the chances were that no bad consequences would follow, as he presumed, was the result in the case Mr. Tyrrell had mentioned.

Mr. O'GRADY said there was one circumstance, under which the plaster of paris bandage might prove a source of embarrassment. In the case of the last knee he excised, he used Esmarch's bandage, and as happened to him in two or three cases he had reactionary hæmorrhage, he did not mean secondary hæmorrhage. In the last knee he ex ised, he had serious reactionary hæmorrhage. He followed Mr. Tyrrell's plan as faithfully as he could, and he (Mr. O'Grady), certainly, experienced a good deal of difficulty in opening the plaster of paris bandage, and taking down the knee, as it became necessary to do three or four hours after the operation. The hæmorrhage was not due to any vessel escaping the ligature. The tibia had been extensively diseased, and a large hole had to be gouged out of the head of the tibia. He put the limb up, as he thought, in a satisfactory way. However, hæmorrhage came on, and in arresting it, a great deal of trouble occurred in opening the plaster of paris bandage, for he had put it up very firmly with the view of securing the perfect steadiness of the limb which Mr. Tyrrell had called attention to. In treating for the hæmorrhage afterwards, he found that the application put into the hollow of the bone had failed to arrest the bleeding, so he put pledgets of carbolised catgut into every part of the cavity to the fullest extent, and compressed the two bones rigidly together, and that had the effect of arresting the hæmorrhage. The case was subsequently treated in the long Butcher's splint, and made a capital recovery in about two months or ten weeks, the girl being able to walk about on the foot. If we used Esmarch's bandage in the case of secondary hæmorrhage, it might be a matter of great embarrasment to open the plaster of paris bandage.

Mr. TYRRELL said there was but little to which he had to to reply. All of his operations were not done with Esmarch's bandage, because some of them were done before they knew anything about that bandage, but since that mode of operation had come into use, he had used it in every case. In none of them did he experience the difficulty that Mr. O'Grady complained of. Of course it was quite possible that such a thing might occur, but still he did not think there ought to have been very much difficulty. The patient should simply be put under the influence of ether, and by the aid of a proper pair of cutting pliers, the bandage could be taken off with great facility. The way in a great measure to prevent hæmorrhage, was not to be in a hurry, the apparatus should not be put on until the hæmorrhage was stopped. With regard to what the President had said, it certainly was not a pleasing thing to see a dragging up of the periosteum, leaving the bone bare for nearly an inch. They could not remove any more of it, because if they did, they would have too small a surface. That mishap was looked upon as a very unfavourable circumstance. In their case, they immediately drew it back with gentleness, and did the best they could. Happily the case turned out very well.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
AND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER X AND LAST—HISTORICAL AND BIBLIOGRAPHICAL.

The Geographical Distribution of Rabies.

IN an address, delivered at the Munich meeting of the German Association of Naturalists and Physicians, 1877, Virchow (1) said: "That medical men were the patriarchs of science, inasmuch as we have the dogmatic current at its longest, and medicine was the only science which has a continuous history of nearly 3,000 years."

(1) "On the Freedom of Science in the Modern State."

The evidence on rabies, illustrates both the antiquity o medicine, and the antiquity of our knowledge as to its existence, for it is veritably lost in the mists of time. We have the assertion of Plutarch that it was known in the days of the Asclepiadæ, we have the mythological legend, of the fate of Actæon, (2) and we have dimly floating traditions that it was known at a more remote period to the Egyptians.

We may divide, for bibliographical purposes, its history into different epochs, commencing with—

The Evidence and Writers before Christ.

Whether Homer was acquainted with the disease is a subject upon which commentators disagree. Various dates are assigned to his poems, as from 962 to 915 B.C., whilst Wolf has fixed their collection and arrangement by Peisistratus at 550 B.C.

The Greek term for rabies we have mentioned—Lyssa. Homer (3), in his "Iliad," compares Hector to a mad dog, a term applied by Teucer; whilst Ulysses, speaking of him to Achilles, says (4)—

"So with a furious *Lyssa* was he stung."

The word occurs in other places.

Moseley (5) does not believe that Homer referred to this disease, and observes that the epithets given to Hector, which have puzzled and misled conjecturers, mean nothing more than that his violence resembled insanity, and his fury rendered him like an enraged dog.

Hippocrates (6) is supposed, by some, to refer to the disease from the following passage—

"Phrenitici parum bibunt, ex levibus strepitibus facile irritantur, tremuli sunt aut convulsionibus tentantur." He does not mention it by name, so that it is a matter of inference from his general knowledge, and from the fact that it was known about his time, that he must have been acquainted with it. He is supposed to have been a contemporary with Socrates, and Zenophon, (7) another contemporary, has left us some lines in which the word lyssa has been introduced, it occurs in a speech addressed to his soldiers. Hippocrates' (8) birth is fixed, on the authority of Soranus, in the year 460 B.C.

Aristotle (9) (B. 384 B.C. D. 322 B.C.), has left a description, clearly proving that canine madness was known in his time, for he says: "Dogs are subject to three diseases—rabies, angina, and podagra; rabies causes madness in dogs, and all animals they bite have the rabies, excepting man."

The ancient Jewish oral, or unwritten law, is compiled in the Talmud, a work reputed to have been carried on from 536 B.C. to 220 B.C., and it is said that rabies was known at that period, as it is mentioned in the records we possess of these writings.

Democritus who lived about 400 B.C., and some of whose works have come down to us, has also the credit of having recognised the disease, whether his writings are apocryphal or not, we are told (10) that he attributed the seat of the disease to the nervous system.

Virgil (B.C. 70, D. 19 B.C.), though not a physician, according to Moseley, in his descriptions, comes nearer the mark than any physician who had written expressly on the subject.

He classes canine madness among the distempers of sheep and cattle, and as brought on by a pestilential state of the atmosphere.

(2) "Inscius Actæon vidit sine vesto Dianam
Præda fuit canibus nec minus ille suis."
—OVID Tristia.

(3) Homer, Iliad viii., 299. Iliad ix., 239. Iliad xiii., 53. Iliad xiii., 542. In reference to Homer and the word Lyssa, see Liddel and Scott's admirable Lexicon, in which, under the word λυσσα will be found a set of references, which bear on the question. The passage which they mention from Pliny tending strongly to confirm the view of Homer's acquaintance with canine madness.

(4) Mason Good, "Study of Medicine." Vol. 4, p. 381.

(5) Moseley "On Hydrophobia, its Prevention and Cure." Page 4.

(6) Hippocrates. Præ lict, lib. i., 16.

(7) Holland and Shinkwin's Lectures, MED. PRESS, 1865. Zenophon, Anab. lib. v.

(8) The Works of Hippocrates. Syd. Soc. Page 9.

(9) "Hist. Animal," lib. viii., c. 22.

(10) Holland and Shinkwin's Lectures.

In the 3rd book of the Georgics, line 496, he says—

"Hinc canibus blandis rabies venit."

As an instance of recovery, reported to have been cured by bathing, we may mention the case of Euripides, one of the Greek tragic poets, the received date of whose birth is fixed in the year 480 B.C., and whose death is assigned to the year 406 B.C. Many other references may be found in other writers, but we have selected only a few; they afford ample and satisfactory proof of the early period at which rabies was recognised both in man and animals.

The Evidence of Writers from the Second to the Tenth Century.

As a connecting link between the two periods, we commence with Celsus, the so-called Roman Hippocrates, who flourished under the Augustan era which began 27 B.C., and ended 14 A.D. The writings of Celsus have furnished inexhaustible materials for subsequent writers, and his works on medicine are familiar to nearly every modern student and physician. His evidence is very valuable, for he tells us the origin of the name which has come down to us through so many centuries.

"The Greeks," he says (11) "call it *ὑδροφοβια*, a most wretched disease, in which the sick person is tormented at the same time with thirst and the fear of water, and in which there is but little hope," This sagacious and celebrated physician fully recognised both the disease and its dangers, and though many of his views are irrational, there is a substratum of truth in them. He was of opinion that the bites of all animals were dangerous from the presence of some venom: "Autem omnis morsus habet fere quoddam virus." In his precautions, he has forestalled many of the remedies of after ages, for he recommends suction, and refers as a proof of the innocency of the operation to the family of Psylli, who with the Marii enjoyed the special privilege of extracting the poison by suction with the mouth. In sucking the wound it appears to have been recognised that it was most essential for the safety of the operator that no sores or abrasions should be on his lips or in his mouth. (12) In the following description we have an enumeration of his other remedial measures. He tells us, "if the wound be violent the cupping instrument is to be applied, and if very slight a plaster is to be immediately put on, and particularly that of Diogenes . . . Afterwards, if the part is neither nervy nor muscular, the wound is to be cauterised; if it cannot be burnt it is not unfit for blood-letting. Then those applications suitable for other wounds are to be put over the burnt wound; but if not burnt, then those medicines which violently corrode; after which the ulcer will be healed in the usual way." (13)

We have mentioned in another chapter his views on the efficacy of bathing.

From the Greek name of this disease there can be no doubt, the Roman physicians derived most of their knowledge from their Greek brethren, and amongst the writers of the first century we must estimate Pedanius Dioscorides, the author of a celebrated work on materia medica.

Dioscorides (14) mentions that a man named Themison had the disease, and recovered. His treatment was somewhat similar to that of Celsus, but he advised extirpation by the knife, scarification of the parts above the wound, and the use of a drain to prevent the virus passing into the system. He also ordered cupping, and in desperate cases burning, believing fire before all other things to be the most efficacious in destroying the virus.

Gratius Faliscus, a poet and contemporary of Ovid, mentions rabies as a disease of dogs in his work entitled the "Cynegeticon," and Ovid, (15) (18 A.D.), has alluded to rabies and its fatality, along with gout, in the following lines:—

"Tollere nodosum nescit medecina podagram nec *formidatis auxiliatur aquis.*"

Pliny (16) (B. A.D. 22, D. 79 A.D.), the indefatigable observer and collector of facts, no matter of what nature or importance, has left us some amusing descriptions of the various remedies for the disease in his voluminous work on natural history, and the curious will find in the thirty-seven books of his "Historia Mundi" many interesting references to the malady—a veritable *mélange* of accurate observation mingled with superstition and absurdities.

(11) Celsus, lib. v. c. 27.
(12) De Medicina, book v. c. 27.
(13) Celsus, lib. v. c. 21.
(14) Dioscorides, lib. ii. c. 12.
(15) Ovidii, ep. ex ponto, lib. i.

We may also mention the names of Columella (17), who informs us of a superstition which has been practised even in our own day. He tells us it was believed amongst the shepherds that if on the fourtieth day after the birth of a pup, the last bone of the tail is bitten off, the tail will not grow, and the dog will be secured from rabies.

Scribonius Largus, (18) a Roman physician in the time of Claudius (41 A.D. to 54 A.D.) briefly notices the disease in man, and asserts that no person was ever cured of it.

Cælius Aurelianus has been considered one of the best of the ancient authorities on this disease; the period when he flourished is uncertain.

Some writers place him as early as the first century of the Christian era, whilst others assert that he was at least a century later. (19) He has evidently borrowed from older writers, as Eudemius, Soranus, and others. He has left us a very accurate description, to which we have previously alluded. He refers to the possibility of hydrophobia arising as a symptom in other diseases, for he says:—

"Est præterea possibile, sine manifesta causa, hanc passionem corporibus inasci cum talis fuerit strictios, ponte generata qualis a veneno." (20)

Aurelianus adopts a more hopeful tone than many of our modern physicians, for he tells us that sometimes patients suffering from this disease are cured:

"Quomodo curandi sunt hydrophobi."

He has detailed the measures adopted by his predecessors, and in many respects they favourably compare with the practice of the year 1800.

Galen, (21) (B. 130, D. 200 A.D.), the author of so many medical treatises, has left us a number of antidotes collected from the recipes of the Greek physicians, from which it would appear that rabies was well known, and a prevalent disease amongst them. His antidotes are of the most varied nature, and are principally interesting as illustrating the practice of his time. We also thus learn the names of a number of the physicians of his time, as Æschrion, Zopyrus, Cratippus, Hiras, Belchionius, Zeno Laodicei, Menippus, and Menelaus.

Galen exercised a considerable influence on succeeding writers, for his opinions were received by the ancient physicians as sacred oracles, and it would have been deemed a crime not inferior to heresy or treason for his successors to have opposed such authority. Lipscomb, in alluding to the influence of Galen, remarks:—

That the respect and veneration which were attached to the name and rank of Galen, shut the doors of improvement on many succeeding generations, who accordingly, never ventured to examine, still less to contradict any of his opinions.

In the third century we have evidence of the existence of rabies furnished by Claudius Ælianus of Præneste, Claudius Galenus of Pergamus, and Olympius Nemesianus, a Carthagenian poet; whilst in the fourth century, Oribasius, of Pergamus, physician to Julian the Apostate, has described it, and alludes to its being generally fatal.

"Ex is vero qui a cane rabioso morso fuissent, servatum esse neminem." This opinion he derived from Apollonius (23) of Pergamus, who also said that persons having this malady from other causes are sometimes cured.

Aëtius probably lived in the fifth century, though historians are not agreed about the exact date. (24) He was a native of Amida, and studied at the famous school of Alexandria. He has often been confounded with Aëtius, so-called the atheist, who lived at the time of Julian the Apostate. His description of the disease in dogs, is considered the most accurate of any of the ancient writers.

Case CLII.—Jane Filmer, domestic servant, æt. 36, residing with a family on the Marine Parade, Dover, bitten by a strange dog whilst on her way to church.

Result and Time of Attack.—Nine months after. Fatal, second day.

Remarks.—She mistook the dog for her master's. She

(16) Plin., Nat. His. passim.
(17) Colum., de re rustica.
(18) De comp Med. c. 45. Nemo adhuc correptum hoc malo, expeditus est.
(19) Smith's Classical Dictionary of Biography.
(20) De acutis morbis, lib. iii. c. 9.
(21) De remediis, lib. iii. c. 10., de antidotis, &c.
(22) Synopsis, lib. viii. c. 18.
(23) *Loc. cit.* et supra.
(24) Smith's Biographical Dictionary.

called and stroked it with the object of relieving it of a bramble which had clung to its back, when it turned and bit her between the thumb and forefinger. After her return from church the wound was cauterised, but the symptoms of hydrophobia manifested themselves on Sunday, Dec. 30th, 1877, and, notwithstanding that everything was done which the highest medical skill could suggest, she died after the most horrible sufferings at half-past ten o'clock on Monday night. A verdict of "Accidental death" was returned.

CASE CLIII.—W. Hulme, æt. 5.

Result and Time of Attack.—Eight weeks after. Fatal, third day.

Remarks.—The child was going to school when a small spaniel dog ran at him, knocked him down, and bit him on the lower lip; and also bit a little girl named Albiston on the hand. The wound was cauterised, and the boy went to school as usual. On Saturday night, 29th Dec., 1877, when about to be washed, he vomited, and seemed exceedingly terrified at the sight of the water. During the night he sprang up in bed wildly. He, however, went to school on Sunday morning. Great efforts were made to induce him to partake of water and eatables; he appeared anxious to do so but was frightened. The characteristic symptoms of the disease increased in severity, and he died on Wednesday, January 2nd, 1878. A verdict of "Died from hydrophobia" was returned.

Reference.—Newspaper reports.

(To be continued.)

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 20, 1878.

HEART DISEASE IN THE ARMY.

THERE are few who will not be interested in anything that concerns the health of those soldiers upon whose good physique, discipline, and bravery, we chiefly depend for the defence of our country and the protection of "British interests." Unfortunately, however, the health of our troops, whether engaged in active service or not, has been long interfered with by various practices and habits, and by various Regulations of the Service that have continued in operation in spite of all representations as to their injurious consequences.

Mr. Myers has recently drawn attention to the causes, which, in his opinion, are at work in the production of heart disease in the army. He points out the much greater prevalence of heart disease among soldiers than among civilians, and after making due allowance for the operation of the ordinary causes of this class of disease, he comes to the conclusion that some other cause must be at work to account for the fact above mentioned, and that that cause consists in the mechanical obstruction to the circulation which is occasioned by the tightly-fitting clothing and accoutrements of the men. Surgeon F. Arthur Davy, M.D., in an able paper contributed to the *Army Medical Report* for 1876, endorses the opinion of Mr. Myers, and says that it is much to be regretted that the soldiers' dress does not allow that complete freedom from constriction which, when work is expected of him, he ought to enjoy. But Dr. Davy points out another powerful influence in the causation of heart disease in the army, namely, the manner in which the early training of the recruit is conducted.

In order to improve the physique of the recruit, he is made to stand bolt-upright, his head well back, and his chest dilated to the fullest inspiration, is kept as much distorted as possible. Under these circumstances there is great elevation of the ribs, great depression of the diaphragm, and the sternum is thrown forward. The stethoscope reveals an abnormal character of the heart's impulse, and shows that the distended condition of the lungs has not given place to a properly performed expiration, that in fact the expiratory act is to a great extent in abeyance. Accordingly, the interdependent functions of the heart and lungs are seriously interfered with; and not only, observes Dr. Davy, will the elastic recoil of the lungs and of the chest wall be, by repetition of this training, gradually diminished in power, but the blood, as the man stands, undergoes a deficient aëration. For, owing to this imperfection of the expiratory act, the air in the lungs, charged with carbonic acid, is not expelled to the usual extent, to be replaced by new air from without. In virtue of certain well-known physiological facts, the due performance of expiration is of the last importance when active exercise is taken. The drill of the soldier is not active exercise, and that is the only reason why the position is tolerable at all. In the artificial condition, moreover, under which the recruit is placed, the abdominal muscles are not only weakened by the over-stretching to which they are subjected, but their action is antagonised by the diaphragm being kept depressed. The alterations therefore, of the physiological conditions under which the expiratory act is performed in health are greatly altered, and this alteration cannot take place with impunity, as pathological states commence when physiological conditions are departed from. Independently of heart disease, Dr. Davy is convinced that vesicular emphysema, to some extent, occurs in nearly all the men, during the period of training, from the continued and excessive distension of the air vesicles. The drill sergeant may soon increase the measurement of the recruit's chest, but this is done at the expense of its mobility, at the expense of its vital capacity, so that the recruit is thereby more or less unfitted for active service. The truth of this remark is obvious, and is further corroborated by the observation of Mr. Hutchinson with the

spirometer, for he found the vital capacity of the lungs was not so much in proportion to the size of the chest as to the mobility of the walls of the chest. Hence with regard to the soldier, the erroneous opinion prevails that the man with the dilated chest is a fine, able fellow, when, as Dr. Davy remarks, he might not be able to blow out a candle at a distance of two and a-half feet.

On examining men who have suffered from the effects of this drill, it is found that in the distended chest the cardiac impulse is lower down and nearer to the middle line than it ought to be; its area appears to be increased; it can even be seen to be abrupt and jerky, and in many instances there is marked epigastric pulsation. On palpation, the cardiac systole is found to be more powerful than natural, although the man is only standing. The condition of the walls and floor of the chest remain as above described. The heart contracts about 110 times in the minute, the rhythms being irregular both in time and force, and the respirations are shallow and frequent, being often 40 in the minute. Consequently, although tight clothing, &c., is a cause of obstructed circulation from without. the conditions now under consideration are a more powerful cause of obstruction from within, for inasmuch as the expiratory movement assists the heart in propelling the blood in the arteries; it follows that any obstruction to this movement must disturb the balance which exists in health between the pulmonary and the systemic circulation. Dyspnœa is sometimes great, especially if the recruit is required to double, and the right ventricle is much embarrassed. Dilatation or hypertrophy, or both, is often observed; and the dyspnœa frequently complained of is perhaps one reason which induced Mr. Myers to remark upon the "severity" of the drill, and the "exhaustion" he has seen produced by it.

Space will not allow us to enter more deeply into the subject, but we think Dr. Davy has shown that the mode of dealing with the recruit's chest is artificial and injurious; that the causes of the visible embarrassment of his heart, under training, have not, in his interest, been sufficiently considered; that it has not been suspected that this embarrassment—continued as it is for many months for three or four hours daily—may, and does, induce organic disease; in a word, that the recruit is the victim of the drill sergeant's ignorance, and of the prejudices and conservatism of the army authorities. No sanatarian would deny that during the period of drilling the action of the chest and lungs should be perfectly automatic. The chest movements should vary in extent in accordance with the amount of blood sent into the lungs, which amount is mostly regulated by that of the muscular action, and the effect which this action has upon the circulation through the veins; but these movements should not be impeded by attention being in any way directed to them.

We certainly hope that the very instructive observations of Mr. Myers and Dr. Davy will induce the authorities in the army to make some alteration, both in the more objectionable methods of clothing the men, and in the present system of drilling. Many months ago, in an article on the Physical Education of the Army, we drew attention to the comparative neglect into which this subject had been allowed to fall. There is nothing in the present system of drilling to improve either the strength, or agility, or power of endurance, of the soldier. It was not in this way that the old Roman soldier was taught how to endure all the hardships of war, and the Roman legions to obtain the mastery of the world. There was no standing "bolt-upright," keeping their chests in an artificial state of distension, and assuming an appearance of strength and a physique which they did not possess. "Military exercises," observes Gibbon, "were the important and unremitted object of their discipline. The recruits and soldiers were constantly trained both in the morning and in the evening, and care was taken that the arms destined for this imitation of war should be of double the weight which was required in real action. Their exercises comprehended whatever could add strength to the body, activity to the limbs, or grace to the motions. They were diligently instructed to march, to run, to leap, to swim, to carry heavy burdens, &c." We might certainly take a lesson from them, and replace some of that formal, artificial "red tape," and, as we have seen, unhealthy drill of the present day, by some of those practices which brought the Roman soldiery to such a state of physical perfection. We might then have less heart disease among our troops, and more capability on their part of making, without being exhausted, long and difficult marches; and of maintaining in good health under whatever circumstances they may be placed.

THE LEGAL INCORPORATION OF DENTAL SURGERY AS A DISTINCT SPECIALITY.

THE Bill of Sir John Lubbock, which is now before the House of Commons, is deserving of careful consideration, not alone from its immediate relation to surgery and surgeons, but from the principle which it involves. We have the measure before us, but it will suffice for the information of our readers that we briefly note its provisions. Its principal clauses, all important phrases of which we quote verbatim, are as follow:—

1. A person shall not, under a penalty of £20, be entitled to take or use the name or title of "dentist" (either alone or in combination with the word "surgeon" or with any other word or words), "dental surgeon," or "dental practitioner," or any name, title, addition, or description implying that he is registered under this Act, or that he is a person specially qualified to practise dentistry, unless he is regestered under this Act."

2. He shall not be entitled to recover fees unless registered.

3. Any person who—

(*a*) Is a licentiate in dental surgery or dentistry of any college of surgeons in the Kingdom, or of the Faculty of Glasgow; or,

(*b*) Is at the passing of this Act *bona fide* engaged in the practice of dentistry, either separately or in conjunction with the practice of medicine or surgery,

Shall be entitled to be registered under this Act. No further restriction whatever is imposed.

4. A fee of £2 is payable as registration of existing dentists, £5 for those registering after January 1st, 1879.

5. It shall be lawful for the R.C.S.Ed., and the F.P.S.G., and the R.C.S.I., to hold examinations for the purpose of testing the fitness of persons to practise as dentists who may be desirous of being so examined, and to grant certificates of such fitness; and any person who obtains such a certificate from any of those colleges shall be a licentiate in dental surgery or dentistry of such college, and his name shall be entered on a list of such licentiates to be kept by such college or body.

Each of the said colleges or bodies shall admit to these examinations any person desirous of being examined who has attained the age of twenty-one years, and has complied with the regulations in force (if any) as to education of such college or body.

6. The colleges shall appoint examining boards to consist of at least six members, one half of whom at least shall be persons registered under this Act, and such registration shall be deemed the only qualification necessary for the membership of such board.

7. Examination fees to be fixed by each body.

8. These examinations and licenses shall be subject to the approval of the Privy Council, exactly as medical qualifications now are.

The other provisions of the Bill are mere details exactly similar to those contained in the Medical Act of 1858.

Taking this Bill as a whole, and looking back upon an experience of the working of the Medical Act, a more unsatisfactory, strife-begetting, dangerous measure, it would be difficult to frame.

In the first place, it perpetuates in the worst form that diploma-selling competition amongst Colleges which has proved the opprobrium and bane of the medical profession. While it confers upon three Colleges the right to make dental licentiates, it not only makes no attempt whatever to ensure that uniformity which medico-educationalists are now striving to obtain, but it offers to each licensing body a direct temptation to undersell the other in the money and education value of their dental diplomas. The Colleges are bound to admit to the profession of dentist, every one who has achieved 21 years of age, and "has complied with the regulations in force (if any) as to the education," and when they have admitted him, they may examine him as they please, charge him what they please, and license him as they please, and are subject to no restriction whatever, saving the chimerical supervision of the Privy Council and the financial necessities of the diploma traffic. One college may insist on its dental licentiate being also a surgeon, the next may accept the druggist in the next street if it pleases; and if we may judge by experience, a competition for the patronage of the counter-prescribing chemists is to be expected with certainty if ever the Bill becomes law.

The worst part of the Bill is undoubtedly the clause (5) which defines what a legally-qualified dentist is to be. We know what the dental surgeons (by examination) of the future may be, but we have not yet learned who are to constitute the legally-recognised dentists of our own day. Under the fifth section every one who "is at the passing of this Act *bona fide* engaged in the practice of dentistry either separately or in conjunction with the practice of medicine or surgery, is *ipso facto* entitled to registration. Do our readers appreciate the meaning of this proviso? Do they realise the fact that every advertising trader in false teeth, every proprietor of a door-post case of clock-work jaws, every mechanist who has learned to work in vulcanised India-rubber, is to be authorised to practice as a dental surgeon, or dentist, and assume whatever title of the same significance seems to him best? His sole and total qualification is to be a declaration *made by himself, concerning himself,* and to the effect, simply, that he is in practice at the date of passing of the Act; and on the authority of this patent of nobility, he is to be enrolled in a register, kept and published by the General Medical Council, and to be entitled to appear in Court, sue for fees, prosecute what he is pleased to call an unqualified practitioner, and in all respects enjoy the privileges of medical men, saving the use of strictly medical titles. We trust that the profession will not fail to take energetic action towards the defeat of Sir John Lubbock's most objectionable measure.

Notes on Current Topics.

Treatment of Infantile Convulsions by Hypodermic Injection of Ether.

We must not be surprised at anything we hear respecting the use of hypodermic injection, considering the rage there is just now for administering medicine in this fashion. In a recent number of *La Presse Médicale*, Dr. Gellé cites a case in which the above treatment was successful, and in which the method adopted was called for by the urgency of the symptom, and the impossibility of administering any remedies by the natural channel. Besides, the exact quantity of the medicine used could be estimated, which cannot be done when inhalation of chloroform or ether are employed. The infant was only seven months old, and, owing to improper feeding and the irritation of dentition, was suffering from continual vomiting and purging pain in the bowels, fever and fits of general convulsion alternating with a comatose condition. The chief indications were to arrest the vomiting and convulsions, then to bring on a crisis by sweatings, and lastly, to watch for the approach of a threatened attack of pneumonia. Ten drops of sulphuric ether were injected hypodermically into each leg of the child. The insertion of the instrument did not arouse the little patient. The convulsions ceased and did not return after the injection of the ether, the vomiting also ceased, and a period of repose was succeeded by a natural sleep.

The subcutaneous introduction of volatile anæsthetics is now frequently resorted to in France, and the object of Dr. Gellé in publishing the above case is to give his experience of this method of treating some forms of infantile convulsions.

Iodide of Potassium in the Treatment of Asthma.

At a recent sitting of the Academy of Medicine, Paris, M. G. Sée read a paper on the results he obtained by this method in 24 cases, including 4 children, 16 adults, and 4 old persons. "These results," he says, "have been very remarkable, both in respect of the cure of the patients, and of the rapid disappearance of the accidents which characterise this affection." M. Germain Sée, who has had chiefly under his observation those cases of asthma which are contracted in the course of whooping-cough, or of bronchitis, has been able, by the means he employed, to ward off the attacks even when they were

on the point of manifesting themselves. The iodide of potassium should be combined with a certain quantity of opium (5 or 6 centigrammes) or of chloral, to prevent the occurrence of iodism. The two formulæ employed by M. G. Sée are as follows — 1. Iodide of potassium 1 gr. 50 centigrammes, and extract of thebaia, 05 centigrammes. 2. Iodide of potassium as above, and chloral 1 gr. The dose of the iodide may be gradually increased. In asthma not complicated with emphysema, the respiration should become free two hours after the administration of the medicine, the natural respiratory murmur is again heard, and the dry and sibilant *râles* become mucoid or moist. M. Sée attributes this result to the effect of the iodide upon the nervous system. Another remedy, the *iodide of ethyl*, is more prompt and efficacious than the iodide of potassium. This volatile and very absorbable substance combines the action of iodine and ethyl.

Analysis of Water.

In the appendix to the Army Medical Report for 1876 Dr. F. de Chaumont has some interesting remarks on the analysis of water as conducted in the Army and at Netley with regard to the determination of organic impurities; they adhere at Netley to the ammonia process of Wanklyn and Chapman. In the new edition of Wanklyn's book the use of the sodium solution in distilling for the free ammonia is practically discarded. At Netley they always combine a determination of the oxidisable matter by the permanganate with the ammonia processes, and by that means get information of more value than from either process alone. With respect to the mineral constituents Mohr's new process for the determination of carbonates is a very elegant one. It is founded on the fact that the presence of carbonate imparts a certain alkalinity to the water which is readily detected by the use of cochineal. The introduction of this substance instead of litmus is a great advantage. It is much more sensitive, and gives much sharper indications. Its natural colour is a carmine red, which is at once changed by acids to a yellow or reddish-yellow. The change is sharp and sudden, with no return of colour, as is the case with litmus. The solution is prepared by bruising a little of the commercial cochineal in water which has been gently heated, adding a little alcohol, and filtering. For the process a standard solution of sulphuric acid is prepared by dissolving 4·9 grammes (by weight) of pure H_2SO_4 and diluting to 1 litre; 2 ccs. of this are equal to 10 milligrammes of carbonate of lime. If 700 ccs. of water be operated on, 2 ccs. of standard solution used will represent 1 grain of carbonate of lime per gallon. The process is simple: 700 ccs. of the water are taken, and a few drops of cochineal solution added (*N.B.* the colour should not be too deep), the solution of acid is dropped in until the carmine red is changed yellow; read off the ccs. used and divide by 2, the result is grains of carbonate of lime per gallon. With regard to search for poisonous metals, the qualitative test is really all that is necessary for hygienic purposes. Lead and copper can be recognised in very small quantities by means of a solution of ammonium sulphide, which will produce a dark coloration of sulphide of the metal: if the water be then acidulated with hydrochloric acid without the dark colour disappearing we may be certain that lead or copper is present. Should the acid clear up the water, the sulphide has been iron only.

The late Dr. Handsel Griffiths.

A committee has been formed for the purpose of collecting a fund for the family of the late Dr. Handsel Griffiths, librarian of the Royal College of Surgeons. Everyone who has been in the habit of using the library of the College of Surgeons knows how anxious Dr. Griffiths always was to oblige those who entered the rooms; and now that he is gone we feel assured that his unfailing courtesy and cheerful readiness to meet the wishes of every Fellow, Licentiate, and Student, who wished to consult the books under his charge, will not be forgotten. His civility and modesty had endeared him to all, and his talents and wonderful industry seemed likely very soon to place him in a position of independence, but overwork had thoroughly prostrated him when he was attacked with fever, and his untimely death has left his family in great need of aid. The Council of the College of Surgeons have voted £100 to his widow, and the object of the committee is to raise a sum which, added to that, will enable her to furnish a house and make a struggle for the maintenance of herself and her little ones.

By the kind permission of Dr. Robert M'Donnell, President of the College of Surgeons, an account for the "Griffiths' Fund" has been opened in the Ulster Bank, Lower Baggot Street, in the joint names of himself and Dr. James Little. Subscriptions may be lodged to the credit of this account, or sent to Dr. Little, 24 Lower Baggot Street, by whom they will be formally acknowledged.

Mortality at Paris.

During the week ending Jan. 24, 1878, there were 1,051 deaths from the following causes:—Typhoid fever 16, measles 22, small-pox 2, croup 24, diphtheria 31, bronchitis 60, pneumonia 90, choleraic diarrhœa of infants 5, puerperal complaints 4, erysipelas 6, other acute affections 260, chronic disease 457 (of which 164 were pulmonary phthisis), surgical complaints 49, and accidental causes 25.

A Unique Plant.

A plant with a strange history is figured in the last issue of Hooker's "Icones Plantarum." It is the *Lampra volcanica* (Benth.). Of this curious plant, says Bentham, only a single specimen is known, which was gathered by Hartwig in the crater of the Volcan de Agua, in Central America, at an elevation of 14,000 feet, in August, 1840.

Operations under the Red Cross.

Dr. Manoury has furnished *Le Progrès Medical* with an account of the movements of No. 5 Ambulance of the Red Cross Society during the present war in the East, and as it has peculiar interest at the present time, we give our readers a translation of the following table of major operations from Oct. 20 to Nov. 8, 1877:—

Name.	Nature of Wound.	Dates before Admission.	Operation.	Date	Name of Surgeon.	Observations.
Mehemet Ali ...	Fracture of right humerus by ball	—	Circular amputation of arm	Oct. 20	Macpherson	Death from secondary hæmorrhage
Mehemet Osman	Wound from ball of left coxo-femoral articulation	6 weeks	Abstraction of ball and resection of head of femur	,, 21	Rudduck	Pneumonia, death
Alil Beskiste ...	Comminuted fracture of left leg	2 months	Amputation of leg at upper third	,, 21	Manoury	Under treatment
Mehemet Ahmet	Wound of left elbow by splinter of shell	2 months	Resection	,, 21	Mackellar	Under treatment
Ahmet Ibrahim...	Fracture of right humerus by ball	6 weeks	Amputation of arm	,, 21	Mackellar	Under treatment, cicatrisation almost complete
Alil Mustapha ...	Comminuted fracture of femur by ball	2 months	Amputation of thigh at upper third	,, 22	Rudduck	Pyæmia, death
Ahmet Ibrahim...	Fracture of left leg by ball	—	Circular amputation of leg	,, 22	Mackellar	Gangrene of stump, amputation of thigh by Macpherson, Nov. 5, death
Ahmet Ali ...	Wound of left elbow by splinter of a shell	—	Resection	,, 22	Mackellar	Under treatment
Ismael Ali ...	Wound of right foot by splinter of a shell	6 weeks	Amputation of leg at lower third	,, 22	Pinckerton	Under treatment
Ismael Ahmet ...	Comminuted fracture of left tibia by shell	—	Flap amputation of leg	,, 29	Rudduck	Death
Selim Mehemet Ali	Comminuted fracture of bones of right leg by shell	—	Flap amputation	,, 23	Kirkpatrick	Dysentery, death
Shaban Satonimus	Fracture of the radius, with necrosis of the humerus	6 weeks	Amputation of the arm	,, 23	Vachell	Under treatment
Hassan Ali ...	Penetrating wound of the right knee, with ball in one of the condyles of the femur	—	Resection	,, 25	Rudduck	Pyæmia, death
Marzur Ali ...	Mangling of the right hand by shell	1 month	Amputation of the forearm	,, 26	Rudduck	Cicatrisation almost complete
Hassan Ismail ...	Fracture of the bones of left leg by shell	—	Amputation of leg at lower third	,, 26	Rudduck	Death
Hassan Ali ...	Complicated fracture of bones of forearm by shell	—	Amputation of arm	,, 27	Rudduck	Death
Kerim Mehemet	Complicated fracture of right leg	2 months	Amputation of thigh at lower third	Nov. 1	Kirkpatrick	Under treatment
Mehemet Ali ...	Fracture of femur	—	Amputation of thigh	,, 2	Macpherson	Death
Annis Mahmed...	Fracture of the right leg	4 months	Amputation of thigh	,, 3	Kirkpatrick	Under treatment

We regret we have not space at present to transcribe Dr. Manoury's report *in extenso*, but we must quote one sentence. Dr. Manoury observes: "From what I have said, it will be seen under what deplorable conditions the operations have been performed; almost all ought to have been performed earlier; many refused to have any operative procedure at first, and when some days after they contained, their condition was unfavourable." Hence, we need not wonder at 10 deaths out of 19 operations.

Conviction of a Quack Doctor.

The defendant in this case was the notorious Dr. Hamilton, formerly keeper of a so-called anatomical museum in Oxford Street. The present action took place in the Common Pleas Division of the High Court of Justice, before Mr. Justice Lindley, without a jury, the Medical Alliance Association being the appellants. Defendant was charged under the Apothecaries' Act, 1815, for illegally using the title of M.D., and carrying on the practice of an apothecary in contravention of the statute. The defendant proved that he was a registered chemist, and after the first witness had been examined he admitted prescribing and selling medicines to him and to others. No visiting was alleged to have been made. The judge took time to consider the law upon the question, and on the 29th ult. gave a verdict against the defendant for £20 and costs. Mr. Morgan Howard, Q.C., and Mr. Pollock were for the Association, and Mr. Prentice, Q.C., and another counsel defended. The jury was dispensed with, as Hamilton relied upon the question of law.

Students Holiday Reports.

The *Students' Journal* tells us that the parents and guardians of the pupils of the London Dental Hospital will, in future, at the close of each Session have a report sent to them of the number of lectures, &c., attended by their sons.

A series of articles is now appearing in *Nature* on "The Density of Liquid Oxygen," by Professor J. Emerson Reynolds, of the University of Dublin, in connection with the magnificent experiments by MM. Cailletet and Pictet.

Opening of the Medico-Legal Conferences at the Morgue.

THE majority of medical men have necessarily to acquire a knowledge of medical jurisprudence theoretically from books or lectures. The utilisation of the *Morgue* for practical instruction, marks a very important era in French medical jurisprudence, and the Faculty have filled up a void in teaching, which cannot but be productive of good, not only to society but to young practitioners.

Dr. Brouardel has been entrusted with the course, and his appointment has given satisfaction to the French press. The course of lectures is open to students under certain conditions, and as the objects are science, truth, justice—the motto for the student is, *Aude, vide, tace.*

Dr. Brouardel, in his introductory lecture, after thanking the eminent experts, as Tardieu, &c, for their encouragement, impressed upon his hearers the necessity of discretion in observing as secrets what passed at these conferences, as otherwise justice might be defeated, and painful family revelations transpire. His programme is practical. The students will assist the medico-legal experts, prepare notes, and draw up medical-legal reports which will be corrected and discussed. The attention of the authorities in the London, Dublin, and Edinburgh schools of medicine might usefully be directed to the example set by our neighbours. We have not a *morgue*, but we might possibly utilise the materials we have at our disposal, and which are daily furnished in the beforementioned centres.

Imaginative Vision in Hysteria.

AT one of his late conferences at the Salpetrière, Prof. Charcot directed the attention of his hearers to some derangements of vision habitually observed in hysteria, of which there is an interesting account in *Le Progrès Médical*, Jan. 19th. He examined and exhibited several patients of whom the following are examples.

1. M——, often sees grey or black rats running on her left, over the floor, or the drapery of the bed. Hemianæsthesia with dyschromatopsy of the left eye.

2. W——, is often troubled by a vision of lions, on recovering from an attack, they always appear on the left side. Complete anæsthesia and achromatopsy of left eye.

3. V—— sees, in the interval of her attacks, a black cat, sometimes a white phantom. Complete anæsthesia and dyschromatopsy of left eye.

4. B——, even when in a state of calm is often terrified by the sudden and unexpected appearance of a large, grey cat on her right, which seems ready to jump on her, and of which she can almost feel the contact. Hemianæsthesia.

5. Angela —— had almost completely lost her sight in childhood: when threatened with an attack, she imagines she sees *red men* (very much more natural objects for an hysterical person to see than cats or rats).

Sheridan le Fanu has very terrribly and vividly painted the effects of a diseased imagination in conjuring up before the vision forms, as that of a monkey, &c., and though "In a Glass, Darkly," is only a novel, yet—as we see by the experiences of Charcot—it has a scientific basis, and the terrible tales are not so improbable as many readers would imagine.

French Tribute to the late Dr. Stokes.

THE leading organ of the profession in France, *Le Progrès Medical*, has gracefully and justly recorded the loss which the profession of Great Britain has sustained by the death of the eminent Professor of Medicine of the University of Dublin.

Dr. Stokes, in his lifetime, did not receive the rewards due to his talents and European reputation; it is, therefore, gratifying to find that his merits were appreciated by our neighbours. Our contemporary thus concludes an eloquent obituary:—

"Son enseignement hospitalier était très suivi à Dublin et beaucoup des plus connus en Angleterre dans la profession medicale, lui doivent une partie de leur savoir Stokes était arrivé à acquérir la richesse par sa clientele étendue et les honneurs universitaires par son savoir. *Il se souciait peu du reste des titres de parade qu'il ne recherchait pas, et qu'on n'était guère disposé a lui offrir, car il était resté Patriote Irlandais, fidèle aux traditions de sa famille, préférant son independance et l'estime de ses confrères, aux distinctions honorifiques auxquelles son savoir lui donnait tous les droits.*"

Telegraphic and Telephonic Examination of Patients.

OUR contemporary, the *Students' Journal*, remarks that a recent discovery in telegraphy is likely to cause a revolution in medical practice. Hitherto it has been necessary for country patients who wished to consult a London physician, either to come to town, or to send for the physician to visit them at their country homes. But it is not improbable that, before long, physicians will be able to remain in their consulting rooms, and be kept advised by telegraph as to the exact state of their patients without regard to distance. It is reported that a Yankee physician, Dr. Upham, of Salem, Massachusetts, recently demonstrated to an audience, to whom he was lecturing, the variations of the pulse in certain diseases, by causing the lecture room to be placed in telegraphic communication with the City Hospital, at Boston, 15 miles distant; and then, by means of a special apparatus, and a vibrating ray of magnesium light, the pulse-beats were exhibited upon the wall. By a judicious combination of Dr. Upham's apparatus and the telephone, a patient may possibly be subjected to a physical examination sufficient to diagnose heart and lung disease, without going near the physician.

THE mortality from small-pox in London was greater last week than in any corresponding period since June last, 55 deaths having resulted from this disease alone.

ST. PETERSBURGH is still in the unenviable position of being the most unhealthy city in Christendom. Its death-rate is now at 53 per 1,000 of the population, more than double that of London, and exceeding by 10 and 12 per 1,000 even Calcutta and Bombay.

Oxyuris Vermicularis in the Skin.

THE (*Berl. Klin. Wochensc.*), narrates the case of an apparently healthy boy, thirteen years old, who was brought to Professor Michelson suffering from an eruption that resembled an eczematous intertrigo of the genito-crural fold, and encroaching upon the scrotum and thigh. The cause of the eruption was at first not apparent; but, upon microscopical examination of the crusts and scales, he found eggs and embryos of the oxyuris vermicularis in various stages of development. Further examination of the patient, showed that the parasite had been conveyed from the rectum to the seat of the eruption through the medium of a soiled shirt-tail. Warm baths and a dusting powder consisting of one part salicylic acid and one part starch relieved the cutaneous difficulty in a few days.

Symptoms of Intestinal Obstruction.

IT is erroneous, observes Hensgen (*Deutsche Medizin. Wochen*, December, 1877), to assume that obstruction is always accompanied by fæcal vomiting. This is impossible in occlusion of the upper portions of the small intestine, nor has it been confirmed in all cases of closure of the large bowel. In illustration of the latter fact, Hensgen cites a remarkable case of ileus, the most striking feature of which was the long duration of complete closure of the descending colon, namely, forty-four days, during which time nothing passed from the bowel, and also an entire absence of any escape of the intestinal contents upwards, either fæcal, or gas having a fæcal odour. The absence of fæcal vomiting must be regarded as due to the action of the ilio-cæcal valve, which also sufficiently accounts for the non-distension of the small intestine observed in this case.

Phosphide of Zinc in Hysteria.

GROS, in *La France Médicale*, extols this article, and advises its use in nervous affections, and especially in hysteria; giving at the same time a long list of neuroses in which it has been successfully used by physicians in America and England. He says that, though hysteria is an affection strange in its termination, so many cures have been reported that we should prefer this remedy to others because of its promptness of action, its facility of administration, and its innocuousness. It is stated that, contrary to expectation, it is innocuous, because if a toxic dose is given vomiting invariably occurs, which prevents the poisonous action of the drug. The best form for administration is the granule.

THE alarming rapidity, says *Nature*, with which short-sightedness is increasing among German students formed the subject of a recent debate in the Prussian parliament. From extended observations made in the gymnasia, it appears that the number of the shortsighted increases from 23 per cent. in the first year to 75 per cent. in the ninth or last year. The too-frequent custom in Germany of forcing lads to study during the evenings with insufficient light, in ill-ventilated rooms, is undoubtedly a main cause of this widespread evil.

A REPORT has been going the round of the papers that the authorities at the Cape are at their wits' end for army surgeons. Our inquiries do not confirm this intelligence. The field hospitals have scarcely been called into requisition, and as the active force is mainly composed of colonists, having civil surgeons amongst them, the difficulty, if any exists, is very slight.

THE death-rate last week in the four principal cities of the United Kingdom was at the rate of 26 per 1,000 of the population in London, 28 in Edinburgh, 30 in Glasgow, and 33 in Dublin. Of the large towns in the second category, Liverpool 30, Salford 31, Manchester 31, Plymouth 33, and Norwich 41, showed the highest rate of mortality, whilst Hull gave the most favourable returns, 18 per 1,000.

CÆSAREAN section was successfully performed last week, at Guy's Hospital, by Dr. Braxton Hicks, upon a woman whose vagina was occupied by a scirrhous mass affecting both the rectum and recto-vaginal septum. The child was removed alive, but slight hæmorrhage occurring, and the uterus contracted firmly after removal of the placenta.

Mr. R. BROCKLEBANK, President of the Seamen's Orphanage, Liverpool, has offered to bear the entire cost of the erection of a sanatorium or hospital in connection with that institution. The estimated amount is about £3,500.

THE sum of £7,500 has recently been bequeathed by a colonial lady to the London School of Medicine for Women.

Correspondence.

HARVEY'S DISCOVERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of Dec. 12th, you have given Dr. Robert McDonnell's Address to the Surgical Society of Ireland. The uncomplimentary remarks then uttered we do not wish to notice; but, we courteously challenge him (in the accompanying letter), to make good his assertion that Harvey's Discovery was made by experiment on living animals.

I am, Sir,
Your obedient servant,
GEORGE R. JESSE,
Hon. Sec., Treas. and Member of Council
of the Soc. for Total Abolition of Vivisection.

FROM MR. JESSE TO DR. R. MCDONNELL.

SIR,—Will you permit us to direct your earnest attention to the accompanying pamphlet on some of the discoveries attributed to vivisection.

We believe that the assertion in your address (delivered before the Surgical Society of Ireland, on the 23rd Nov. last), in regard to Harvey and the circulation of the blood, was not founded on a mature consideration of the subject. We believe that no able surgeon can, after mature reflection, be of opinion that the discovery of the circulation was made, or could be made, by the dissection of living animals.

Allow us to courteously invite you to carefully peruse, and,

if possible, refute, the facts, argument, and testimony contained in our pamphlet.

I am, Sir,
Your obedient servant,
GEORGE R. JESSE,
Hon. Sec., Treas. and Member of Council.

To Robert McDonnell, Esq,, M D., F.R.S.,
Pres. of the Roy. Coll. of Surg. in Irel.,
14 Lower Pembroke St., Dublin.

P.S.—We beg leave to say in regard to an accusation made in your address, the advertisement (which appeared repeatedly in the *Morning Post* and the *Times*, in April and May, 1877), will prove the Society disavowed the revolting illustrated placards exhibited in the streets of the metropolis, and inserted in the *Police News*.

FROM DR. MCDONNELL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Before you were good enough to forward to me the accompanying letter from Mr. George R. Jesse, I had already received from him a copy of the pamphlet, entitled "Violationism," and a letter identical with that which you enclose, "courteously inviting me to carefully peruse, and, if possible, refute, the facts, argument, and testimony in this pamphlet."

My address delivered before the Surgical Society of Ireland, and already published in your columns (and also in a separate pamphlet form, by Messrs. Fannin and Co., 41 Grafton Street, Dublin), is intended to be a refutation of Mr. Jesse's facts, argument, and testimony.

I believe that thoughtful persons who are capable of dispassionately weighing evidence on such subjects, will find, in the pages of this address, a tolerably satisfactory reply to Mr. Jesse. I am not vain enough to venture to hope to change Mr. Jesse's views. Those who are sufficiently interested in the subject to do so must read his pamphlet and my address, and after reflection, determine where the truth lies.

Mr. Jesse does not believe that Harvey discovered the circulation of the blood by experiment on living animals: on the other hand, we have undoubted evidence that Harvey himself believed that he had done so. Now, on this question I conceive that most persons will agree that Harvey was the best judge.

Mr. Jesse believes that no able surgeon can, after mature reflection, be of opinion that the discovery of the circulation was made, or could be made, by the dissection of living animals; at page 21 of his pamphlet, he says, "the circulation cannot be *demonstrated* by vivisection." Yet, every one who has seen the circulation going on under the microscope knows that it is thus, by experiment on a living animal, demonstrated as clearly as persons walking at noonday in the streets of London.

I consider it, therefore, useless to prolong any correspondence on this subject, as it appears to me that Mr. Jesse's mind is not open to that kind of evidence which is convincing to most people.

I am glad that Mr. Jesse is able to disavow the "revolting placards" exhibited in the streets. It would, after his disavowal, be unjust to suppose that he belongs to that group of fanatics "who placarded our walls with sensational diagrams;" he seems to fall merely within the next category to which I allude—viz., those who advertised in our newspapers, offering bribes for secret information.

I must here beg leave to close a correspondence which I feel will prove of little benefit to either of the contending parties.

I have the honour, &c.,
ROBERT MCDONNELL, M.D.

14 Lower Pembroke St., Dublin,
February 11th, 1878.

SIR M. H. BEACH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think many of your readers wish that you had not departed from the very wise rule which excludes politics from the pages of your journal. I for one strongly object to have a column and a half filled with adulation of Sir M. H. Beach. Eulogy, too, of the man and the *regimé* that have done so much to make the position of the Poor-law medical officers of this country well nigh intolerably irksome, and our sanitary legislation and administration a broad farce!

Allow me to record a few instances of the "firm principle" possessed by our late president of the Local Government Board for Ireland. He dismissed a Poor-law medical officer for mildly drawing public attention to the inconsistencies of the board over which he was president; and then alarmed at the act, withdraws the hasty order of dismissal. He told a dispensary committee that they were illegally constituted, and warned them that they must not do a certain act; they disregard his admonition, and he approves their action. He told the dispensary doctors that red tickets issued under certain circumstances were illegal, but if they do not choose to attend them he will dismiss them. He acknowledges certain duties are put on Poor-law medical officers which they could not have undertaken to discharge when they were appointed, as the duties did not then exist; yet if they murmur they must resign or be dismissed. Hardly an issue of the MEDICAL PRESS AND CIRCULAR but contains evidence of his ignorance, or his inconsistency, or his petty tyranny in dealing with the medical gentlemen subject to his board. Of his Chief Secretaryship, I shall say nothing, except that it appears to me to have been just as far as it could from the Millennium which you describe. It would not be difficult to substantiate this opinion, but that I hold the rule of "no politics" is too inviolable to be in abeyance for even one more issue of the MEDICAL PRESS.

Yours faithfully,
A PROTEST-ANT.

[We have no concern whether a minister is the officer of one political party or the other; but we have an interest in the departure of a member of the executive who had shown himself willing to hear and give effect to the representations on behalf of the profession. The "Protest-ant" who writes to us knows quite well—if he knows anything of the subject—that Sir Michael Beach had about as much to say to the acts of the Local Government Board as the Queen has to a local tramway bill. He was nominally answerable for the deeds of the board, but actually totally ignorant of them, and we anticipate that few of our readers will hold him responsible for omission to interfere in the internal management of a department with which he is only theoretically connected.—ED. M. P. & C.]

MEDICAL WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Sentiment and reverence for old ideas have received such powerful denunciation that one would have thought those feelings had received a *coup de grâce*. Their vitality is however proved by the attitude, both of some medical men and of part of the medical press, who are so prejudiced as to regard women as only fitted for child-bearing and domestic work, and who consider the commingling of the sexes demoralising. It is time we looked at this question apart altogether from artificial distinctions and associations. The difference between man and woman is a *pure accident*, and we should only look at the subject from the brain side, and also from the politico-economic side. I think we are all agreed on some points. A large number of women have not as much brain capacity as man; but a very large number have equal capacity, and a certain proportion have a higher capacity than the average of men. I need not enumerate all the eminent women who have lived, but as instances of brain capacity I may cite the authoress of "Daniel Deronda," and "Middlemarsh." I presume few will deny that Mrs. Garret-Anderson has brain power certainly equal, if not superior, to that of the average medical man, and therefore the special fitness of some women for the acquisition of medical knowledge is proved. As regards delicacy, I have not the slightest doubt women are better judges on this point than we are; and it seems, to use a mild phrase, "unscientific" to talk about prudence, decorum, unwomanly women, &c. We are not the guardians of virtue, or of rules of propriety. Do the lecturers and press look after the morality of the male students? Are medical students distinguished for their very high sense of some of those graces called chastity, continence, temperance, sobriety, &c.? Does Smith, who objects to associating in a lecture-room with a highly educated lady, equally object to his receiving his matutinal glass of beer and smiles from the maidens at the *restaurant* patronised by the hospital?

A woman behind a bar is tolerated and often idolised by the same young fellow who is ready to insult Miss S. in the lecture-room. Strange perversion of the male intellect,

caused by custom and habit! Women have to work in the world, and to contend with men in the struggle for existence in businesses, requiring energy, tact, financial skill, and other essentials for success; and they compete and hold their own, so that if we have the necessary primary brain power, they will also hold their own in the medical arena.

2ndly. It will become a question of supply and demand. If medical women are wanted, they will be forthcoming. If they are not supported by the public the movement must die a natural death. There was once an objection to employing female nurses for men. They are now almost universal; custom has consecrated them, the so-called immorality being forgotten. Sisters of Charity, and sisterhoods in general, were also opposed. Few will deny that they have given a higher tone to nursing, and also exercised a beneficial influence on the students.

The *morale* of the medical student is not perfect, to say the least of it; and if there is danger of his mind becoming contaminated, or losing its virgin purity, by sitting alongside a female student—

"Some sweet girl-graduate with golden hair—"

he must have altered very much from the student of my time. I might even hope, that as the presence of ladies has a controlling influence over men in ordinary life, in checking lewd and indecent conversation, &c., lady students might exercise a beneficial and much needed influence in some of the schools of medicine. It is a simple matter to a range for special lectures on special diseases.

Women have a right, and only ask for

FAIR PLAY.

London, Feb. 12, 1878.

THE LATE DRS. STOKES AND FLEETWOOD CHURCHILL, OF DUBLIN.

AT the meeting of the Dublin Medical Society, held on Wednesday, the 6th inst., Dr. Fitzpatrick, Vice-president, occupying the chair.

Dr. Duffey (hon. sec.), reported that since the last meeting of the Society, it had lost two of its most distinguished members, one of its Vice-president, Dr. Wm. Stokes, and another very well-known member, Dr. Fleetwood Churchill.

Dr. Henry Kennedy said it had fallen to his lot to move a vote of condolence to the families of Dr. Stokes, and Dr. Churchill. He need not speak in reference to the character of Dr. Stokes. He was universally known, and was respected by all. His death was probably the greatest loss the college had sustained in the last quarter of a century at least. He was a Vice-president of the Society for years, and as long as he was able, he was always a steady attender at the meetings, a very important point in these times, and one that ought not to be forgotten.

Dr. Churchill always occupied a high place, although not mixing among the members of the Society, so much as Dr. Stokes, owing to the nature of his practice. Still he was very often present at their meetings, and always took an active interest in all their proceedings. He was sure the meeting would pass the following resolution by acclamation. "That at this, the first meeting of the Medical Society of the College of Physicians, held since the lamented deaths of Dr. Stokes, one of the Vice-presidents of the Society, and of Dr. Churchill, the Society desire to express their sense of the irreparable loss sustained by the removal of two such distinguished members, one the leader of Irish medicine, and the other amongst the foremost of the cultivators of obstetric science, and that the secretary be requested to convey a message of condolence to the relatives of the deceased."

Dr. M'Swiney seconded the motion. He concurred in the propriety, as he was sure also the meeting did, of this Association passing such resolutions. The name of Dr. Stokes would ever be associated with the Irish School of Medicine as its great ornament of this century, as long as the English language was spoken. He could not speak of Dr. Churchill from a personal knowledge extending over a quarter of a century, and he could say that a more kindly good natured friend and medical colleague, it would be impossible for anyone to meet, than the late Dr. Churchill was. All those who were his pupils, and subsequently such of them as became his colleagues, or were associated with him in this city, where he practised, were well aware, for it was notorious, that he was ever ready to offer his services in the kindliest and most unselfish way to the junior members of the profession, on all occasions of trouble or difficulty, or on any occasion when his assistance might be valuable. His nature was kind, his intellect accomplished, and in every department of life, public, professional, and private, Dr. Churchill was everything that could be desired.

Dr. Fitzpatrick said it seemed an appropriate accident that he should occupy the chair that evening, as he was certainly the oldest pupil of Stoke's present in that meeting, and probably, if the members present were doubled, he should still not be deprived of that privilege. It was now 45 years since he entered the Meath Hospital, under Stokes and Graves, and that year was he should say most remarkable in this respect, that in consequence of the difficulty of dissections in England, they had a most numerous class of English students at the Meath, probably there had never been so large a class since, and the result of that was the Irishmen, were stimulated to such an amount of energy, and to the performance of such an amount of work, that poor Dr. Stokes had told him that he had never witnessed at that hospital the like of it at any subsequent period. He would not add one word to what had been already said, which simply re-echoed what had been said by the periodicals of these and foreign countries in relation to the character of Dr. Stokes. As Dr. M'Swiney had very properly observed, his name would be remembered as long as the English language was spoken in Ireland, and he, perhaps, was without exception the most energetic man in forwarding the interests of the Irish School of Physic. With regard to his (Speaker's) friend Dr. Churchill, who was perhaps more a contemporary than Dr. Stokes, he could only say that in all his experience of him, he never met a more kindly good-natured practitioner than he was.

The motion was passed unanimously.

Obituary.

CLAUDE BERNARD.

ONE of the most illustrious of physiologists has just passed away. *L'Union Medicale* says, that he died at 65 years of age, from an insidious disease, the gravity of which, and in fact, even its existence had scarcely been detected.

Claude Bernard was incontestably the chief of physiologists of all nations. His discoveries upon the function of the pancreas and liver; his experience upon the production of diabetes by puncture of the fourth ventricle; his researches upon poisons, and notably upon curare, have immortalised his name, whilst an infinite number of other studies and publications would have sufficed to render him celebrated.

Claude Bernard was the pupil of Rayer, and the *protegé* of Magendie, who made him his curator in the College of France.

As soon as he obtained the degree of doctor of medicine, and doctor of science, he devoted himself incessantly to his favourite study, and three times obtained the grand prize of the Academy of Science, in physiology.

At the death of Roux, he was nominated to the Academy in the section of medicine and surgery.

Claude Bernard belonged doubly to the Institute, by the Académie des Sciences, and by the Académie Francaises. He was a member of the Académie de Medicine, section of Anatomy and Physiology. Perpetual President of the Societé de Biologie, and member of all the important foreign learned societies. He was decorated by the Emperor with the order of the Legion of Honour. He published numerous works, most of which were a re-

production of his lectures, but which as regards their influence upon the science of physiology, have not been surpassed by any other writer. Claude Bernard devoted himself to study, and avoided politics.

Simple, modest, an attractive teacher, and encouraging the young to learn, he leaves a memoire, illustrious, beloved, and honoured. His life by scientific research, was devoted to the welfare of his fellow creatures; his death is a public, a universal regret.

THE COLLEGES OF SURGEONS AND THE DENTAL BILL.

In a justly condemnatory article respecting this Bill, published in its last issue, the *Lancet* says: "The worst feature of this extraordinary business is the false position in which the Colleges of Surgeons, we regret to find without exception, have placed themselves with regard to their Fellows, Members, and Licentiates. The prospect of an increase in the number of practitioners seeking their special diplomas would seem to have over-borne every consideration of test and honour." It is a serious accusation to make that the Colleges have sacrificed their "honour," and the interest of their "Fellows, Members, and Licentiates," to the greed of gain; and we can speak, we believe, with certainty, when we state that *quoad* the Irish College of Surgeons at least such a statement is calumnious. The Council of that College has not had the complete Bill before it, and has not expressed any official opinion thereon. Representations which conveyed to the Council a totally inaccurate impression as to the nature of the measure, were made to the College some months ago; and, under this misapprehension, the Council, we believe, inferred, rather than gave, a sort of consent under the strictest reserve as to its future action in reference to the Bill. We shall be much surprised if the Council, being now informed of the nature of the measure, does not at once take steps to annul the semi-approval which it was induced to give.

A SERIOUS WANT IN THE ARMY.

It has been known in well-informed medical circles that for the past few years there has been a serious dearth of candidates for the Army Medical Service, notwithstanding the latest bid of the Government to give a bonus of £1,000 on retirement after ten years' service. Were war to break out at the present time the patriotism of the profession would doubtless rise to the emergency as it has before, and ungrudgingly place its full quota at the service of the Government. But it is unwise in so vital a question to trust to the game of chances, and the Secretary for War, fully recognising the gravity of the situation, deplored, in the House on Monday night, the fact that for forty appointments only nineteen candidates had presented themselves, promising at the same time to inquire into the subject. We hope that when the Right Hon. gentleman fulfils his promise the evils of the existing system which have been so often pointed out in our columns, will be honestly brought under his notice, the remedying of which can alone remove those objections to join a service which was once so popular with young men in the profession.

NOTICES TO CORRESPONDENTS.

Association of Dental Surgeons.—This evening, at 8½ p.m., Mr. Lyons will read a paper, "Observations on the Treatment of Compound Fractures of the Lower Jaw."

Harveian Society.—Thursday, Feb. 21, at 8 p.m., Dr. G. de G. Griffith, "A Case of Hydramnios," and Mr. K. Thornton, "On Unsuccessful Ovariotomy."

An Intending Candidate.—The next examination for the M.R.C.S.E. will commence on Friday, March 29. Certificates must be forwarded to the Secretary at the College on or before the 22nd March. There will also be another examination on April 23, certificates for which must be forwarded not later than the 12th April.

Ladies' Lockjaw.—Our contemporary, the *Students' Journal* of Feb. 16, is responsible for the following:—"Abernethy being called one day to attend a lady who had severely cut her hand, was much annoyed by her protestations that she knew she should die with lockjaw. 'Die with lockjaw, madam,' said he, encouragingly; 'I never yet knew a *woman* to die of *lockjaw*.'"

CAUSE OF DEATH DURING TRACHEOTOMY.

To the Editor of the Medical Press and Circular.

Sir,—The freedom with which, under artificial respiration, air passes the canula, is, of course, the practical test of the occurrence of such an accident as that described by Dr. Brandies in your issue of Feb. 13, or of that in which the layer of diphtheritic exudation yielding and becoming detached before the point of the knife, is not divided or is pushed downwards forming a plug.

Yours faithfully,
London Hospital Medical College, February 15th. Norman Chevers, M.D.

Dr. T. F. W.—Sorry we cannot oblige you.

A Bartholomew's Student.—The work from which the quotation is taken is of German origin, subsequently translated and published by an American house. You would probably get a copy at one of the foreign booksellers in London.

A Retired Army Surgeon.—We can recommend no particular agent. You had better satisfy yourself by independent inquiries before purchasing a practice.

A special Evening Meeting of the Pharmaceutical Society of Great Britain will be held on this Wednesday evening at 8 o'clock. Prof. Redwood will deliver a lecture on "Spectrum Analysis," illustrated with the Electric Light.

County Dublin Light Infantry.—Dr. Alexander Phayre, 76 Harcourt street, has taken over medical charge of the permanent staff of this regiment.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Medical Etiquette. By a Licentiate of the Royal College of Physicians. London: Baillière, Tindall, & Cox.

A Case of Medical Ethics. By Jukes Styrap, L.K.Q.C.P. London: J. & A. Churchill.

Bernard's Operative Surgery. Part VIII. London: Baillière.

Godlee's Atlas of Human Anatomy. Part III. London: Churchill.

Ziemssen's Cyclopædia. Vol. XIV. London: Sampson, Low & Co.

The Treatment of Wounds. By Sampson Gamgee, F.R.S.E. London: Churchill.

Army Medical Department Report for 1876.

The Home Hospitals Fund Report.

The Treatment of Chronic Eczema. By Balmanno Squire, M.D.

Is the Human Eye Changing its Form under the Influence of Modern Education? By E. C. Loring, M.D.

The Mechanism and Treatment of Pulmonary Complications of Acute Cardiac Disease. By Beverley Robinson, M.D.

The Veterinary Journal. Practitioner. Journal d'Occulistique. La France Medicale. L'Année Medicale. British Journal of Dental Science. Nature. Le Paris Medical. La Presse Medicale Belge. New York Medical Journal. Revista Medica. Clinic. El Anfiteatro Anatomico Espanol, &c., &c.

VACANCIES.

Balrothery Union, Lusk Dispensary.—Medical Officer. Salary, £123. Election, March 2.

Cork District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £110, with apartments and allowances. Election, March 1.

Downpatrick Union, Strangford Dispensary.—Medical Officer. Salary, £100. Election, Feb. 21.

Gort Union, Ardrahan Dispensary.—Medical Officer. Salary, £140. Election, March 14.

Killala Union, Killala Dispensary.—Medical Officer. Salary, £60. Election, March 2.

Milford Union, Ramelton Dispensary.—Medical Officer. Salary, £115. Election, Feb. 25.

Portumna Union, Eyrecourt Dispensary.—Medical Officer. Salary, £120. Election, March 1.

South Charitable Infirmary, Cork.—House Surgeon and Apothecary. Election, March 8. (See Advt.)

Marriages.

Kennefick—Hamerton.—Feb. 9, at Orchardstown, Clonmel, John S. Kennefick, M.D., Clonmel, to Malvina, youngest daughter of the late General John Millett Hamerton, C.B., Colonel of the 55th Regt.

Wilkinson—Battiscombe.—Feb. 14, at St. James's, Kidbrooke, Kent, J. Cooper Wilkinson, M.R.C.S., of Ashford, to Frances, daughter of the late Rev. Hy. Battiscombe, M.A., of Blackheath.

Williams—Turner.—Feb. 14, at St. James's, Bermondsey, S.E., Alfred D. Williams, M.B., of Demerara, to Annette, daughter of W. H. Turner, M.R.C.S.

Deaths.

Bleeck.—On Feb. 4, at Warminster, Charles Bleeck, Surgeon, aged 72.

Graham.—On Feb. 7, at Belfast, Charles Graham, late House Surgeon Convalescent Hospital.

McCarthy.—On Feb. 7, at Clonmel, Anastatia Teresa, the beloved wife of Charles William McCarthy, M.D.

Norris-Cane.—On Feb. 8, at Carlow, of diphtheria, Mary Joseph Anne (Nandy), eldest daughter of Dr. J. B. Norris-Cane, of Mullinavatt, aged 7 years. (Job. i., 21).

Porter.—On Feb. 3, at Peterborough, William George Porter, Surgeon, aged 57.

Thwaites.—On Feb. 4, at Bishop-Auckland, Thomas Bowe Thwaites, M.R.C.S.E., aged 58.

Wickham.—On Feb. 5, at Clapton, Edgar Wickham, M.R.C.S.E.

IRISH POOR-LAW INTELLIGENCE.

THE ENFRANCHISEMENT OF PAUPERS IN IRELAND.

Our attention has been directed to one clause of a very innocent-looking Bill (section 11, of the Parliamentary Franchise Bill introduced by Mr. Meldon and Mr. Mitchell Henry) now before the House, which clause is of very serious import to the Poor-law Medical Officers of Ireland. The section in question simply repeals the provision of an Act (Parliamentary Voters' Act, 13 and 14 Vict. cap. 69, sec. 111) which refuses the franchise to persons in receipt of poor relief. Upon consideration of this the Council of the *Irish Medical Association* has addressed the following letter to the Attorney-General for Ireland:—

TO THE RIGHT HON. THE ATTORNEY-GENERAL FOR IRELAND.

Sir,—I am directed by the Council of the Irish Medical Association to request your attention to the 11th section of the Parliamentary Franchise (Ireland) Bill (now before the House, and standing for a second reading on the 13th inst.), which section provides for the repeal of the 111th section of the 13th and 14th Victoria, cap. 69. This section, which it is proposed to repeal, enacts "That no person shall be entitled to be registered in any year as a voter in the election of a member or members to serve in Parliament . . . who shall within twelve calendar months next previous to the . . . 20th day of July of the current year, have received relief under the Acts for the more effectual relief of the Destitute Poor in Ireland."

The effect of the passing of the 11th section of the Bill now before Parliament would be that persons would be still entitled to all the privileges of the franchise notwithstanding that they were recognised as poor persons by the Medical Charities Acts for Ireland. I beg to remind you that by the 9th section of the 14th and 15th Vict., cap. 68, the medical officer of a dispensary district is obliged "to afford medicine and advice" to any "poor person" resident within the district who shall present him with a ticket, and the vagueness of the word "poor," as describing the recipient of gratuitous medical relief, has been availed of very usually by persons who are not in any just sense entitled to gratuitous relief, and who thus obtain unremunerated attendance at the expense of the medical officer, and gratuitous medicine and medical appliances at the expense of the ratepayer. The only restriction which the law has hitherto imposed upon this abuse of the medical charities system is the disfranchisement which follows upon poor relief, and that restriction has hitherto been effectual in preventing the better class of farmers from seeking gratuitous medical attendance and medicine. The Bill to which I refer, if permitted to become law, will remove this restriction, and inasmuch as experience proves that in many districts medical relief tickets are readily obtained by persons in comfortable circumstances, the benefits of gratuitous advice and medicine will be freely opened to such people, I am therefore desired to express the earnest hope of the Council of the Medical Association that the influence of the Government will be exerted to prevent a measure so unjust both to the ratepayers and the Poor-law medical officers from becoming law.

I am, Sir, yours faithfully,

A. H. Jacob.

We call attention to the subject in order that each Poor-law Medical Officer may aid the Association by communicating directly with the representatives of his own constituency. It would indeed be intolerable if every farmer in the county were permitted the gratuitous services of medical officers whose duty is confined to the "poor," and were nevertheless privileged to vote for M.P.s and guardians of the Union.

THE IRISH MEDICAL ASSOCIATION AND THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE DAILY EXPRESS.

Sir,—In your able article of the 31st ult. upon the newly-formed Dublin Branch of the British Medical Association, certain passages occur which are considered by many members of the Irish Medical Association and of the public to convey erroneous impressions as to the aims, objects, and mode of action of the Irish Medical Association. Referring to the Irish Association, you write: "That society has a special sphere of action, in which it works with great diligence and efficiency. It is an Irish Medical Defence Society, &c." Again, drawing a comparison between the British and Irish Associations, you write: "The British Medical Association, however, has objects which not only are imperial, but have a higher scope and aim than the material welfare of its members." Now, these two statements read together are considered by many to mean (although I feel certain you did not mean in any way indirectly to depreciate the Irish Association) that the Irish Association is merely a "defence association," and has no "higher scope and aim." It is with a view of removing such an impression that I now write, having the full concurrence and by the expressed wish of the Committee of Council of the Irish Medical Association. Admitting that the Irish Association is a defence association, just as its British compeer is, yet I deny most emphatically that it has "no higher scope and aim."

The difference between the two Associations consists mainly in this, that while the British Medical Association and a great proportion of its branches are scientific societies (where papers connected with medical science are read), as well as medical protection and medico-political

societies, the Irish Association embraces only the two latter objects. Medical politics—or state medicine, as it is now more correctly termed—affects the public interest much more than the "material welfare" of the members of the medical profession. It includes all those social questions in which the health and physical condition of the population are concerned, all medico-legal questions, and all the relations of the profession to the public. In all these matters the Irish has been quite as active as the British Medical Association. Not to go far back into the history of the work done by the Irish Medical Association, I may mention that within the last two years the Association has busied itself with the amendment of the law for the registration of births and deaths, the vaccination laws, and the laws affecting the public health, besides many other minor matters. In the case of the first two great questions the Association has, at its own cost, and by the industry of the members of its own committees, prepared bills to be submitted to Parliament. One of these—the Registration Bill—was introduced in the House of Lords, read a first time, and been since approved of by the Government. The other has been favourably received by the Government. In these two bills, while they confer some slight benefit upon the members of the profession, very large and important improvements are proposed in the law, from which the public will derive the whole benefit. In the case of the Public Health Bill, now again before Parliament, I have to state that of amendments to the 56th clause of the bill put forward by me on behalf of the association but six were of any direct benefit to the profession, the remainder being all for the public benefit. I may add that a very large number of these amendments were adopted by the Government, and now form part of the bill before Parliament.

There need not be any conflict between the British and Irish Associations. Their aim differs somewhat, and also their modes of operation; but the aims of the Irish are just as noble, though not so extensive, as those of the British.

I have the authority of Dr. Duffy (Secretary of the Dublin Branch of the British Medical Association) for stating that there is no antagonism between the associations, and that the British will be always willing and ready to co-operate with the Irish Association in all movements for the advancement of the public or professional benefit.

I remain, yours faithfully,

T. W. GRIMSHAW, M.A., M.D.,
Chairman of the Council of the Irish Medical Association.

12 Molesworth Street, Feb. 7th, 1878.

DUNGARVAN UNION.

MR. DEE reported that the dispensary doctor, Dr. Anthony, was confined last week to his bed, and he called on Dr. Hunt in a serious case of midwifery, (Dr. Hunt) had also to do three days' dispensary duty, for which he charged five guineas.

Mr. Terry—I think it is Dr. Anthony's duty to pay him.

Mr. Fitzgerald—Two guineas he is entitled to.

Capt. Curran—Dr. Anthony has done duty in this house for Dr. Hunt, and he did not charge.

Mr. Fitzgerald—I would give them two guineas.

Capt. Curran—I would not give him two farthings.

Mr. Fitzgerald thought he should be paid two guineas for the case of midwifery, and 10s. a day for the rest.

Lord Stuart—Do you think that £3 would be enough for him?

Mr. Curran thought not.

Mr. Terry said it was a bad precedent to pay doctors any more than their salaries.

The Clerk suggested that as Mr. Dee in his report had made out two distinct cases, it would be well in the order to say that as the midwifery case appeared to be part of the ordinary duties, they decline to pay any more than two guineas.

Mr. Wall thought this too much.

It was ordered that as the midwifery case was part of the dispensary duty, and as three guineas is the usual recognised salary during the illness of the dispensary doctor, they consider three guineas the outside sum that they can be requested to pay, and they order the payment of three guineas accordingly, subject to the opinion of the Local Government Board.

Mr. Curran said, in order to avoid occurrences of this kind for the future, if there was a resolution put on the books, refusing payment unless the doctor is authorised to act.

Lord Stuart said they should make an allowance in cases of urgency.

MOUNTMELLLICK UNION.

DR. WILKINSON'S SUPERANNUATION.

THE Local Government Board forwarded a list of queries to be answered by the Clerk touching the proposed superannuation allowance to Dr. Wilkinson, late medical officer of the Clonaslee dispensary district.

Mr. Phillips handed in a notice of motion that he would on the 16th of March next move that Dr. Wilkinson's superannuation be increased by the sum of £34 1s. 1d., to make up the sum of £86 1s. 1d. to which he was entitled.

Mr. W. H. Cobbe thought the Chairman could not receive that notice, or re-open the question after it has once been decided by the board,

Chairman—You cannot reduce, but I think you can increase.

Subsequently, Mr. W. Cobbe handed in a counter notice of motion to Mr. Phillips's to the effect that he would, on the day named, move that the board decline to give Dr. Wilkinson any pension, "as such pensions to officers of the union told heavily against the principle that had to guide the farmers and ratepayers in making provision for old age and infirmity."

THE DEATH OF DR. PELLY, OF EYRECOURT

AT a special meeting of the Eyrecourt Dispensary Committee, it was resolved, "That this committee do express their most profound regret at the death of their truly kind, attentive, and talented medical officer, Dr. Pelly. During the fifteen years that Dr. Pelly attended the dispensary districts of Eyrecourt and Killimore, he discharged his duties to the sick and suffering poor faithfully and well. We deplore his death the more, as his fatal disease was caught in the fearless discharge of his professional duty. We tender to his afflicted widow and her helpless charge, also to his relatives, our deepest sympathy in their irreparable loss.

DROGHEDA UNION.

SANITARY.

THE following letter was read:—

DEAR SIR,—In compliance with the request that I should furnish to the Board of Guardians, Drogheda Union, an explanation of a short note in the quarterly return ending 31st December, 1877, made by me to the Registrar General to the effect that I believed the Sanitary Act to be "good in theory but very faulty in practice," I beg to say my observations had no reference to the working of the Act in my district in particular—I refer to the Act generally.

As I have been called on to explain myself I shall do so as shortly and concisely as possible.

I believe any Act of Parliament having for its object the safety of the people, is good in theory; however it doesn't follow that the working of it may not be faultly in detail as I put in practice. There can be no doubt that the in-

tention of the legislature was to strive in this matter after perfection, and to attain as far as possible, and in this in my opinion there has been considerable failure.

I believe, in a town of the importance of Drogheda there should be a Medical Officer of Health, whose sole business would be to act as head of a Sanitary Department; that the gentleman shouid be debarred from private practice, and that he should be paid an adequate salary for this privation. It would be essentially necessary that he should be thoroughly acquainted with "state medicine;" in fact, should be a first class-sanitarian, such as you find in the large towns in England, where a consulting officer exists not in name only, but as a pleasant reality. Again, I believe the Act is faulty in practice in this way. A notice is sent by the sub-sanitary officer to the sanitary officer, calling him to make a report towards having a nuisance removed. This is done; the nuisance is abated, but only to be renewed, and another notice is required, and with the same result. Another fault is that appears to me to exist in the practice of the Act is, that if you condemn houses of the poor, especially in the country, they have no place to shelter themselves, and you have to do a most unpleasant duty—to be a sanitarian, not a humanitarian; and this difficulty is not lessened by the medical officer having to depend so much on his popularity with the poor people. I would have, as I already said, an officer in the town of Drogheda. I would hold him responsible for the working of the Act; otherwise in my humble opinion the Act cannot be satisfactorily exercised in detail. I hope I have made myself understood, and as stated in the commencement of this letter, my remarks to the Registrar-General had bearing only on the Act generally, and not on my district in particular, which, as I have written to the Registrar General, is fairly healthy.

I am yours, &c.,

JOHN L. KIELY.

P. Dowdall, Esq.

The board adjourned.

A WEALTHY PAUPER.

A SUDDEN death took place recently, at the Trim workhouse. An old man, named Malone, who has been for many years in charge of the little lodge at the entrance-gate of the workhouse, died suddenly. When his garments were searched, it is stated that £64 or £74 odd were found.

CARNEY DISPENSARY.

ELECTION OF A DOCTOR.

AT a meeting of the Committee Dr. Robert St. George Roe, the esteemed and efficient medical officer stationed at Cliffoney, was unanimously elected. No other candidate offered.

CASTLEBLAYNEY UNION.

THE committee of Castleblayney Union held a meeting to elect a successor to Dr. Morton, who had resigned.

The candidates were—Dr. Jackson, of Clones, Dr. Clarke, of Jervis street Hospital, Dublin, an dDr. Martin, medical officer, Ballyhay dispensary district. After a short discussion, Dr. Clarke was elected by a majority of two out of 17 votes.

TRILLICK PETTY SESSIONS.

THE SANITARY CASE AT DROMORE.

WM. L. CRAWFORD, sanitary sub-officer of the Omagh Board of Guardians, charged Jane Hutchinson, Rahoney, with neglecting to provide the necessary maintenance for her children, whereby their lives are endangered.

The defendant had appeared at last Petty Sessions to answer a charge of allowing her dwelling-house to remain in a dilapidated and dangerous condition. She was then ordered to have the house repaired within a certain time.

Mr. Crawford now stated that he had visited the house that morning, and could see no food in it. Dr. Duncan, Fintona, had also visited the house—Dr. Marshall, Dromore, being ill.

Dr. Thomas Duncan deposed that he saw the children in the house that morning. They were in a very bad state, and seemed to get little or no nourishment. Two of the children would eventually die of starvation if something were not done.

Chairman—Do you think so?

Dr. Duncan—I do.

Chairman—I saw them myself lately, and I think so too.

Mr. Anderson—Has anything been done about the former case?

Mr. Crawford—Nothing has been done as yet, and she has no intention of doing anything.

Chairman—She has got to the 17th of this month to fix the house.

Dr. Duncan said the house was in such a filthy condition it might create a fever.

Mr. Crawford said he was of opinion the woman would do nothing in the way of repairing or cleansing it.

The Chairman said he sent the defendant two masons to begin work at the house, and she refused to give them 3s. a day, got her back up against the wall, and would not let them commence work.

The defendant here intimated her willingness to get the repairs executed by men of her own choosing.

Dr. Duncan further stated that he saw the carcase of a calf lying in the house on that morning, and a portion of same in the garden.

Mr. Hugh Graham, guardian for the division, stated that the children, after being pressed on the subject, told him they only got a drop of Indian stirabout once a day.

A daughter of the defendant, about ten years of age, was brought forward and questioned, and she stated that she got enough food. This reply was anticipated by the prosecutors,

Dr. Duncan again stated that the two youngest children could not possibly exist long; they were mere skeletons from want of proper nourishment.

Mr. Anderson (to Dr. Duncan)—What do you think if we postpone the case.

Dr. Duncan—I don't think it would be advisable. I would not guarantee that the two children would be living this day month.

Their worships allowed the case to stand over.

At the conclusion of the other business, the case was again called, when it was found that the defendant had left the Court.

Their worships ordered that the information of the witnesses be taken, and the Law Adviser's opinion be asked, in reference to having a warrant issued for the woman's arrest.

MULLINGAR INFRMARY.

AT a meeting of the Board of Governors of the Westmeath County Infirmary, J. G. Cahill, Esq., M.D., was unanimously appointed hon. surgeon to the institution in the room of Dr. Vandeleur Kelly, resigned.

LIMERICK DISTRICT ASYLUM.

GOVERNMENT GRANTS FOR PAY PATIENTS.

AT the monthly meeting of the Governors, the Chairman said Dr. Courtenay had called his attention to the fact that while the Treasury contributed to the maintenance of paying patients in English asylums, it did not

grant a similar rate in aid to the asylums in Ireland. A resolution was passed requesting the Chairman to communicate with the Treasury on the subject.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 7, 1878.

Total registered deaths in Dublin and suburbs*	...	199
Ten years average of same week	...	198
Excess of mortality above average	...	1
10 weeks ratio of deaths Rathmines	20·0	per 1,000
„ „ „ „ Donnybrook†	28.6	„
„ „ „ „ Blackrock	17·3	„
„ „ „ „ Kingstown	18·3	„
„ „ Entire Dublin District	32·9	„
COMPARATIVE RATIOS—London ...	26·4	„
„ „ Glasgow ...	29·8	„
„ „ Edinburgh ...	28·1	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week is 26, being 2 less than in the preceding week, and 8 under the average for the sixth week of the last ten years. The deaths from these diseases include 2 from small-pox—2 children aged 4 and 5 years respectively; one was not vaccinated, and the other was stated to have been vaccinated when four months old. Among the remaining deaths from zymotic diseases are 4 from fever (all of the typhoid charrcter) 6 from measles, 4 from whooping-cough, 3 from dysentery, 2 each from croup, diarrhœa, &c.

Bronchitis caused 51 deaths, pneumonia 9, and lung disease unspecified 7. These 67 deaths are 14 over the number of deaths from diseases of the respiratory organs in the preceding week, and 19 over the average for the sixth week of the last ten years.

What is Broussaism?

WE have often been asked this question, and several correspondents have applied for information, probably owing to the appearance of a paper in a contemporary. Broussais's aphorisms or principles of medicine, fifty years ago, created a sensation not only in the French but in the English medical world; and though they were not free from error, they exercised a very considerable influence on medical thought. A very good translation of them may be found in the *Med. Chir. Review*, vol. vi, p. 314. In reference to tubercles, Broussais laid down the following propositions:—

167. The tubercles which succeed inflammation of the mucous membrane of the bronchi and their cells, are engendered in the same murmur, as enlargement of the mesenteric glands, in chronic enteritis.

168. I have never seen pulmonary tubercles, without previous inflammation, even those which are found in the lungs of children at birth, do not appear to be independent of this cause.

169. Tubercles form in all kinds of constitutions where chronic inflammation of the lungs or intestines has prevailed, but more readily in those who are of a scrofulous disposition, or in other words, who are predisposed to irritation of the lymphatic system.

170. Cartilaginous, osseous, and calcareous depositions, appear to be produced in the same manner as tubercles, and the same applies to melanosis, scirrhus, and various other morbid growths.

171. The term *phthisis pulmonalis* only expresses the disorganisation which is the *product* of parenchyma, and therefore is a bad term for the disease. *Chronic pneumonia* is a better word specifying the tissue in which the inflammation commenced.

We need hardly say that these opinions have been disputed. We must refer those interested in the doctrines of Broussais to the early numbers of the *Med. Chir. Review*, if they desire to obtain a superficial knowledge not only of his principles but of his other writings which are very numerous, for he promulgated his theories *vi et armis*. Deeper students must go to the fountain head and consult the original writings of the master.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February* 9, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, FEB. 9, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	33	203	194	23	60	2	6	...	...	4	4	2	3	2	78
BELFAST . .	20,687	182,082	35	141	122	13	18	...	4	2	...	...	17	4	3	...	34
CORK .	13,816	91,965	41	42	72	8	19	...	4	..	..	1	...	1	...	...	18
LIMERICK .	8,509	44,209	40	23	34	4	12	...	1	1	...	..	...	...	...	...	12
LONDONDERRY	21,865	30.884	25	19	15	2	2	...	...	...	...	...	...	...	...	...	2
WATERFORD .	17,209	30,626	37	14	22	2	2	...	4	...	...	2	1	...	1	1	3
GALWAY	21,358	19,692	50	10	19	3	8	...	...	..	...	...	...	...	...	...	6
SLIGO . .	30,835	17,285	48	8	16	...	6	...	...	..	...	...	2	...	...	..	11

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 27, 1878.

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Original Communications.

OBSERVATIONS ON SOME OF THE WAYS FEVER MAY COMMENCE; WITH A FEW CURSORY REMARKS ON ITS TREATMENT AT THE PRESENT DAY. (a)

BY HENRY KENNEDY, A.B., M.B.,

Physician to the Whitworth Hospital, and the Drumcondra and Simpson's Hospital, &c., &c.

ON a late occasion you, Mr. President, strongly enforced the importance of the study of physiology, for the sure advancing of surgery; in which medicine also might have been included. For I believe physiology to be the only basis on which our art can be raised to the rank of an exact science; and it seems to me that medical diseases demand a greater knowledge of physiology than does even surgery; for in the latter a vast deal can be brought under the senses of sight and touch, whilst in the former quite as much is entirely hidden from us. It is not, however, on this branch of scientific medicine I would now speak; but on one which has a most important practical bearing, on those diseases at least with which the physician has more particularly to deal—I mean the knowledge of the natural history of disease; the course, in fact, that any given case will run, when left entirely to itself. I believe that physicians are able, precisely in proportion to the amount of this kind of knowledge they possess; whilst, on the other hand, a want of it constantly leads to erroneous inferences and conclusions. Our medicines are credited with effects to which they are not entitled; for the case would have run the same course without them. How many medicines have been vaunted as a cure for fevers? And yet, except one or two, such as quinine or arsenic, we have really one on which absolute reliance can be placed.

Thoughts like these, and the subject could be largely extended, come into the mind when we speak more particularly of fever. Here the origin, course, and termination of the disease are really almost endless. I have heard fever described as the study of a life, and I believe he will be a fortunate man if, even then, he has grasped the entire subject. That its natural history, even on points of common occurrence, is at times liable to be misunderstood, I can scarcely doubt. I might instance hæmorrhages whether from the head, chest, or abdomen, which are apt to be misinterpreted; or that remarkable event, the crisis, the occurrence of which some even at the present day are inclined to question. On such points as these, and it is beyond question they present themselves as parts of the natural history of the disease, we cannot be too familiar; and did time permit there are many other points equally worthy of attention.

I have just glanced at the subject in this way because it enables me to introduce here the shortest sketch of some cases of fever recently under my care, and which began in a way I was not prepared for; and which I now proceed to do.

CASE I.—A gentleman, æt. 30, came to my house to consult me for neuralgia of the face, which for some nights previously had entirely deprived him of sleep. The pain was clearly of a very severe character, and wonderfully periodic in its attack; for it began each evening exactly at seven o'clock, and lasted till morning. I saw nothing which specially attracted my notice at this time, except that his tongue had something about it which betokened more than an ordinary attack of neuralgia; there was, however, no increase of temperature, nor was the pulse quickened. The bowels were confined. Two days subsequently I was sent for to see him, and found he was complaining much of general *malaise;* whilst the neuralgia, for which quinine had been ordered, though not given, had lessened in severity. It is enough to say of this case that it cropped, in the slowest possible way, into typhoid fever. I say slowest, for it was literally ten days before I could name the disease, and then only from the presence of spots, of which there were two distinct crops. This patient, when now about sixteen days ill, got a severe attack of diphtheria; and I may men-

(a) Read before the Surgical Society of Ireland, Feb. 1, 1878. The discussion will be found at page 172.

tion in passing that, in my experience, this has not been a fatal complication of fever.

Case II.—Mrs. D., an Englishwoman, æt. 39, was attacked with severe pain in the left ovary, to which she had been subject, off and on, for the last five years. I was sent for to see her whilst suffering from this pain, which seemed to be very severe, and had gone on now the greater part of two days. With it there was some fever, and her aspect at once caught my attention, being like that of a person under the influence of strong drink. She was still struggling to go about. It is enough to say this case ran into fever of a very severe, but anomalous kind. It was more typhus than anything else, the brain being deeply engaged, and there being mottling of the surface without any distinct rash. On the other hand, there was very severe diarrhœa, the motions, when the fever was at its height, being passed in bed. This case too got a bad attack of diphtheria, after being fourteen days ill. Had it not been that some external swelling showed itself, I should very probably have overlooked this occurrence; for I need scarcely say that fever of this type blunts the sensibilities of the frame in a very remarkable way; as regards not only the throat, but other parts of the body. It is owing to this, in fact, that chest complications are so apt to be overlooked, and so often prove fatal. It is to be noted of this case that stimulants did not agree with her at all; and I mention the fact because there seems to be a very general impression abroad that wine or other stimulant is a *sine qua non* in the treatment of fever. It is not so; and though I cannot say in what proportion the cases occur in which stimulants are not needed, I have not the slightest doubt of the fact. My note-book contains a very considerable number of cases of this kind.

Case III.—A man, near 50 years of age, employed in a business, sent for me, as he had got a severe attack of sciatica. He had been suffering for ten days, and attributed the attack to sitting on an outside car during heavy rain; a very ready way, it must be allowed, to get such a disease. I do not know that I ever saw suffering of greater intensity than this patient exhibited. He was evidently a man of the most resolute will, and bore his suffering with heroic courage. Yet in the attacks of pain he writhed in agony, and would then break out in cold perspiration. The suffering was referred to the back of the right hip, and a little down the back of the same thigh. Though his tongue was slightly furred there was not a trace of fever on him. He was reported to be a healthy man previous to this attack, and was certainly temperate. Mustard poultices had been applied so frequently to the hip that when I first saw him I found the cuticle had been entirely removed, leaving a large surface perfectly raw. The remedies used, and they included opium and morphia in every shape and mode of administration, seemed to be entirely useless. The suffering persisted as bad, if not worse, than at first, and as a last resource I thought well of trying some leeches to the painful part. This was done, and was the first measure which afforded any relief. The patient asked for them to be repeated the following day, and his wish was complied with, and was followed by still more relief. The third day from the application of the leeches, and the sixth from my first seeing him, I found the pain had lessened much. But his wife told me that morning, for the first time, he had refused his breakfast, as his stomach was sickish. I observed now that his pulse had risen a little, and his look was depressed. He spoke too despondingly of himself. All pain had disappeared. But if it had it was only to be followed by steadily advancing symptoms of fever of a very severe type. The stomach became very irritable, great tympanitis showed itself, and the mind became heavy, and finally coma set in; and in this way the patient sunk. When the fever was fully established Dr. Cruise saw the case.

For the result of this case I confess I was quite unprepared. That one of sciatica, no matter how severe, should end so was, to say the least of it, strange. On thinking over the entire case it seems to me possible that the fever owed its origin to the leech bites, which it will be recollected were on a very raw surface. That the patient had no fever on him when I saw him first is certain, and I have somewhere read of the bites of leeches being followed, in some peculiar constitutions, by very untoward results; just as has happened after the wound of venesection, or indeed any other wound. Looked at in this light there was no necessary connections in this case between the neuralgia and the fever; still I have thought the case worth relating, as showing under what an unusual combination of circumstances a fatal fever may develope itself.

The three cases given occurred, as I have already stated, within a very short period of each other, and beginning with a local neuralgia, could not fail to attract my notice. General pains are known to be very common. But cases like those described I take to be very rare, and the more worthy of being kept in remembrance. A second way in which fever, especially typhoid, may begin, is as bronchitis, and that this state may be considered the sole disease present I know to be a fact. I have made the mistake myself, and have been called in consultation, more than once, to treat what was described to me as a case of severe bronchitis, but which proved, in the sequel, to be typhoid fever: the patient really presenting nothing more, for several days, than the symptoms of acute bronchitis. Neither did the thermometer in these cases give any such help as would establish the diagnosis. I may state too in connection with this class that I have seen cases where the signs of bronchitis all disappeared, to be followed by all the symptoms of typhoid fever, including the spots and diarrhœa. Probably a case of this kind, given very briefly, may not here be out of place.

Case IV.—Mrs. K., æt. 26, her skin very fine, and of a high colour, was admitted to hospital, labouring under well-marked symptoms of bronchitis, spread over each lung. She complained only of her chest and cough, and the fever was slight. In the course of a week she was much better, and seemed to be nearly well. It was now observed, however, that the fever began to rise again; and in the course of two days the thermometer ranged at 102, and still later reached 105. With this change came all the signs of typhoid fever, through which the patient passed, and as she got well of this, the bronchitis again appeared. Now, in cases of this type, I take it that the chest affection is but a part of the more general typhoid state, even though it preceded by days the symptoms referable to the abdomen. No one who has studied typhoid fever can for a moment suppose that all its symptoms are due to what occurs in the abdomen. The morbid changes found here are quite too varying to allow of such an idea. It has even proved fatal where the amount of disease found has been of the very slightest, and cases again are by no means uncommon where far more disease has been found in the colon than the ilium. Bronchitis, we know, is a very frequent sequel of typhoid fever after the abdominal symptoms have continued some time; but what I wish to direct attention to is the fact that bronchitis may precede the abdominal symptoms.

The last way in which fever may be ushered in, so as to lead to an error in diagnosis, and of which I would speak here, is by the occurrence of acute rheumatism. Not, let it be observed, those general pains which usher in so many acute affections, but by regular swelled and very painful joints. Till recently, I thought this was an observation of my own; but in one of the volumes of Hospital Reports, just issued in London, I find the same fact has been witnessed, and is specially stated. This is a state of things which might very readily throw us off our guard, and is the more to be remembered. Speaking of acute rheumatism in connection with fever, I may observe in passing that I have seen it occur when typhus was at its very height, and also in some cases of scarlatina, whilst the rash was still fully developed.

Before concluding these observations, I would wish to say a few words on the subject of the treatment of fevers

generally, and which have, as it were, forced themselves on my notice by the publications of the present day. The first is the dictum that fevers, whether typhus or typhoid, of which alone I am now speaking, must run their course, and that all the physician can do is to watch, tend, and feed them. Now this teaching—I care not by what authority it is supported—I distinctly challenge. Such experience as I have had, and it has been tolerably extensive, is strictly opposed to it. Can it be, I ask myself, that the physician is not to treat the fever otherwise? He knows that a morbid process, of an inflammatory kind, is going on, let us suppose, in the lower portion of the ilium, and that the strong tendency of this process is to run into ulceration, and other serious consequences; and that when these ulcers once occur, recovery must, at the very best, be very slow, and, it may be, uncertain in the result. Possessed of this positive knowledge, I ask, Is this state to be met by poultices, turpentine stupes, and a mild diet? Is it likely to be conquered by such treatment? For my part, I must answer by a direct negative. When we have inflammation to treat in any other part of our frames, are we satisfied so to leave it? Yet this is what must be called the fashionable treatment of the day; and I could name a number of authors who recommend it, and who maintain that fever can only be treated on this plan. I am quite ready to grant that in many cases Nature can and does restore health, even with this feeble treatment. But I also know there are many where the disease progresses very much farther, and if it be not stopped, will surely lead to disastrous results; and for any physician to stand by, and only use such means as have already been stated, appears to me to be worse than foolish. For I maintain that every effort should be made to check the disease, but that this is not done by the plan I question. To tend, and feed, and stimulate, is one thing, but to treat disease is quite another; and it has always appeared to me that the way to consider this important subject is by saying that the physician treats and, with the assistance of Nature, cures disease. To enter farther into this question here would be quite foreign to my present purpose. But I have thought well of saying so much about it, as I firmly believe the general teaching of the day to be a grave mistake.

With only one other point shall I now trespass on the meeting, and it has reference to the mode of feeding fevers at present in use. That fevers are to be fed may be freely granted; but I believe that in many cases this is overdone, and to the injury of the patient. There is such a desire to keep up the strength, as the phrase is, that food is apt to be given beyond the powers of the system to digest, and nothing but bad consequences can ensue. Even with such an article as milk I have reason to believe mistakes are frequently made. I have known a patient, in typhoid fever, getting five quarts of milk in the twenty-four hours—the parties treating the patient thinking they could not give too much of it—and great was their surprise when it was recommended to lower it to three pints, and so give Nature some chance of setting matters to rights; and so of other cases. I may take this opportunity, too, of stating that there is very much less risk when stimulants happen to be overdone than there is when food, such as milk, is given too freely. The effects of the former are transient, in comparison with those of the latter. Most, however, look upon this point in a different light. Speaking again of milk as a suitable food for fever, I observe a late writer in the *Practitioner* recommends it as the only thing needed, though, he adds, that at times eggs may be added. Now I cannot but think there must be some mistake here; for it is beyond question that a good many individuals, and more particularly adults, do not bear milk at all, and other food must be used. How any one can make a statement, such as I have described, is hard to understand. In the last place, I would notice a paper, also in the *Practitioner*, and very recently published by an American physician, who recommends, and in perfect soberness too, that solid food is to be given in typhoid fever, and if the patient cannot take it, he is to be forced! If all experience, to say nothing of common sense, can be farther outraged, I am at a loss to understand how it is to be done.

These, I feel, are very desultory remarks; but believing that one and all have a practical bearing, I have ventured to bring them forward.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 123.)

DIAGNOSIS.

It must be admitted that we are powerless to combat disease successfully unless we have a thorough and complete insight into its mysterious and marvellous workings, and it must be apparent that want of success in treatment is in many instances really due to this lack of insight.

The faculty of observation is one thing, but the power of using this faculty aright, is another.

When we take into consideration the whole composite human individual, with his intellectual and physical attributes and peculiarities, the complex structure of his organism, and the laws and powers which regulate his being, we begin to experience a sense of conscious inferiority, relative especially to what has been—and is now being—done even by the most thoughtful scientific observers to unravel the relationship which exists between life and health, and to bring a more direct influence to bear upon the connecting links between disease and death.

It is then only we begin to see the huge task which lies in the path of the physician, and to comprehend the right and sure road by which he can arrive at a complete and thorough investigation of subjective, not less than objective, morbid processes.

If we do not, however, make ourselves acquainted with the true position of human science, which is the true philosophy of Nature herself, we shall never be able to grapple with the obscure signs and symptoms which are the evidences of the disruption and disorganisation of her normal processes.

We must bring the force of intellect to bear upon every point—not one single faculty or function must be unheeded; for want of knowledge in the least minutiæ has not unfrequently reversed the balance between life and death. Whilst, on the other hand, even a due appreciation and a sure judgment has sometimes failed, until the mind has been quickened to the consideration of what, under ordinary circumstances, might have been thought to be matters of little moment.

We sometimes find physicians of eminence who will not allow the claim of men devoted to natural science—mere physicists as they are called—to advance an opinion upon a subject which has a direct medical bearing.

To speculate upon an opinion is an act of the most egregious and unpardonable folly. To be dogmatic and self-assertive without due reason, is illogical and unjustifiable. Yet this tendency does exist even in the minds of the profoundest thinkers and philosophers, and sometimes proves the greatest obstacle to the spread of truth, and the most fruitful source of error.

For the correct diagnosis of diseases of the nervous system, and for the employment of rational remedies in their cure, we have at our command materials of potential value. As the stethoscope is to the chest, so is the ophthalmoscope to the brain, and the one is certainly of no more special value than the other. Disease of the chest can be elucidated without the stethoscope, and disease of the brain without the ophthalmoscope; yet they are aids to a perfect diagnosis, which a careful observer would not think of setting aside.

One cannot consider this branch of the field of medicine without feeling how very greatly indebted the profession is to the valuable and extensive labours of Hughlings-Jackson, Clifford, Allbutt, Hutchinson, and Gowers. As the eye is one of the most sensitive tests of pathological processes, the knowledge of its reaction in disease of the brain and nervous system will certainly be found of considerable value.

Neuro-retinitis is a common accompaniment of syphilis, and may perhaps be a characteristic feature.

Choroiditis is an almost undoubted indication of old standing syphilis.

Optic atrophy is the least important of all the ocular changes as a sign of syphilis, and should be relied upon merely as an aid to other diagnostic evidence.

In *La France Médical* of March 27th, 1875, M. Bouchat, who has given especial attention to medical ophthalmoscopy and cerebroscopy, lays down the following four laws in reference to the formation of intra-ocular lesions depending on diseases of the brain, spinal marrow, and meninges. "1. Whenever the circulation is obstructed, in the cranium or in the sinuses or meningeal veins, in consequence of compression through distension of ventricles distended by serosity, or any other cause, an arrest of the venous circulation occurs which produces swelling, hyperæmia, and œdema of the papilla, varicosity of the veins, and sometimes hæmorrhage into the eye. 2. When a tumour with encephalitis, or partial encephalitis, is present, a descending phlegmasia occurs which brings on sclerosis of the optic nerve, exudations which imprison the papilla, and eventually produce atrophy. 3. If it be the spinal marrow which is diseased by anterior or posterior sclerosis, since that organ, on account of its relation with the great sympathetic nerve, acts on the eye, papillary hyperæmia of the eye results, which in time brings on atrophy. This is what is seen in locomotor ataxy. 4. Finally, in all diathesis, and in poisonings when the whole organism suffers, the eye suffers like the rest of the body, and certain forms of neuritis or choroiditis result."

Again, as in percussing the chest we ascertain its resonant power, so in percussing the skull and finding out the initial vibratory radiation of sound by the tuning fork, we discover the existence of subjective morbid phenomena, which give outlines of no small importance to complete the clinical picture.

Then we have the faradaic and continuous currents, the dynamometer and the dynamograph, each of which has its own especial uses.

In dealing with many forms of disease of the brain and nervous system, the greatest care is often required to lead us to a true and successful issue; there is not one tithe part of the dissimulation of diseased state which we constantly hear so much talk about.

There are thousands and tens of thousands of the occupants of our globe suffering from absolute disease of the brain and nervous system, who are set down by the world at large as ill-conditioned, morose, disagreable creatures, hysterical, irritable, discontented; in fact, anything but what they ought to be. Their friends will say the most extravagant things—that they cannot be responsible, they cannot be in their right minds, and this last statement is in a measure justified.

What is the condition of the brain of the true dipsomaniac, who has less power than a child to resist the craving for drink? yet in all other respects the character and life of the individual may be unexceptionable.

Or the kleptomaniac, who cannot resist the propensity to steal; the hystero-maniac, who believes that her legs are powerless, that she is suffering from some grave disease which will cause her death; the melancholic, who has an idea that he is doomed to perdition? What is it that induces the loftiest-minded girl, whose life has been both by physical and mental training that of absolute purity, to suddenly become possessed with the idea that she has committed some dreadful deed which cannot be pardoned by God or man, and she either attempts at or commits suicide?

Then, again, we often find the creature of mere impulse who suddenly performs the most extravagant acts without rhyme or reason, and who is quite unable to explain the motive for so acting. This condition is invariably associated with epilepsy, and the subject is as much an epileptic as any who have confirmed epileptic seizures.

The time has passed (thanks to the recent researches of scientific investigation) for us to look upon these conditions as partaking of a morbid spiritualistic or psychical origin. We now know full well that there is a material cause at work which gives rise to the arrest of function, either secretive or excretive, partial or complete, and undermining it may be many of our special mental attributes, and so disturbs the harmony which normally exists between the higher and most complex functions, of which volition, intellect, and reason are the human manifestations. The brain and nervous system being the material congeners of these perturbed states, it scarcely requires reflection to assure ourselves of the truth of these remarks. For instance, a poisoned blood will produce them, having its origin from within the body due to an arrest of the secretory normal action of the liver, the kidneys, or the skin; or from without, by the introduction of septic or poisonous matter. A vaso-motor paresis of the vessels of the kidney will produce acute madness in the twinkling of an eye, lasting, it may be, for ten minutes or twenty-four hours. The same condition of the vessels of the brain will produce a paralysis more or less profound, or it may affect only the depressing or stimulating nerves which govern the rythmical action of the heart, lungs, stomach, intestines, or involuntary muscles generally or locally, causing an irregular pulse and cardiac depression, paroxysms of difficult breathing and asthma, indigestion, biliousness, constipation, or diarrhœa; and when nutrition becomes seriously impaired, then commences those organic changes with which pathology has made us so familiar.

Now, of all inhabiting poisons, there is not one which plays so important a part in upsetting those primary laws which govern the stability of the nervous system as syphilis. Paracelsus was familiar with this when he stated that syphilis takes in every man the character of that disease to which he is inclined by hereditary or other predisposition. There can be no doubt that gout plays a very important part as the *fons et origo* of these morbid phenomena just enumerated, but compared with syphilis it is as nothing. The universality of syphilis and the constitutional changes which it gives rise to, both in the acquired and the hereditary form, as well in derangement of mind as in defects of body, are, I am fully convinced, only just beginning to receive anything like their due share of attention.

It is only within a very few years that syphilis has been considered a "disease proper" for the physician; and, what is more anomalous still is this, that until recent investigations, physicians have sometimes discarded even with indifference, signs and symptoms which we now know to be essentially syphilitic. We have only just commenced to tread firmly upon this forbidden ground, which yet awaits exploration. I would remark, however, that a heavy responsibility rests upon the shoulders of any medical man who neglects to enforce upon his patients the absolute necessity of a mercurial course in the primary stage of syphilis, for an incomplete hesitating treatment of external syphilis specially predisposes to subsequent affections of the nervous system.

We have noted in writing of the pathology of syphilis (see page 168, last vol.) that it can affect the brain, the spinal cord, the nerves and their membranes in several ways:—

1st. By pressure from gummatous outgrowths of the cranial bones, or from inflammation of the endosteal lining through which the nerves pass in making their exit from the skull.

2nd. By pressure from growths in the membranes, most

frequently of the dura mater, rarely of the pia mater, and still more rarely of the arachnoid membrane.

3rd. Quite exceptionally by growths commencing in the brain substance in the tunica adventitia of the vessels.

4th. By vascular changes commencing in the inner wall of the vessels leading to mal-nutrition, exudations, hæmorrhages, softening, atrophy, and thrombosis.

5th. By changes in the sympathetic nerve ganglia most frequently associated with protoplasmic and albumenoid visceral changes. It is at the commencement of these that we find functional nerve troubles to arise.

6th. By changes in the vaso-motor and intrinsic ganglia and trophic nerve plexuses of the heart, spleen, and uterus (associated with both acquired and hereditary syphilis, but more particularly with the latter).

We shall see as we proceed how these varying abnormalities are to be recognised.

There are two prime factors which tend to induce syphilis to expend itself upon the brain and nervous system. The first of these, and, perhaps, the most important, is an unstable condition of these parts from hereditary predisposition.

The second is due to an instability which is the result of previous inflammatory change, in its origin, either idiopathic or traumatic (see Case I., p. 254, vol. i.), or from molecular derangement followed by want of due selective nutritive capacity in the nerve or connective tissue-cells, by which their tonicity is impaired. Such a condition as this arises from exhaustive and debilitating diseases, the exanthema for example, but more particularly in shattered constitutions from the effects of drink and exposure, and, in fact, from excesses of all kind. I have clearly traced a cerebral syphilis where the exciting cause has been venereal excesses, over-study, mental anxiety, worry, and even fright.

Lancereaux states that more cases of cerebral syphilis occur among the learned professions than among the lower classes, which may be due to the demand made upon them for great brain exertion ; and, again, we must not forget that special relapses of constitutional syphilis, under some conditions, favours the outbreak of nerve syphilis.

I have heard it stated that it is impossible to distinguish a hemiplegia, the result of a syphilitic lesion, from a hemiplegia, the result of any other tumour of the brain. But if two disconnected paralyses give evidence of two cerebral growths, then syphilis may be expected ; and such a condition of brain as a cause of paralysis could scarcely be doubted if the skull was carious, and nodes were to be found upon its surface, or upon the extensor surfaces of the long bones. I think there are few medical men who doubt these facts. But in dealing with syphilis in any of its forms, no matter whether of nerve, muscle, or of bone, experience has taught me, as it has taught many others, that definition, symmetry, and uniformity, are by no means ts especial attributes in any of its stages ; in fact, its manifestations may be symmetrical, or they may not.

Mr. Hutchinson, with all his experience, speaks of syphilis as a "wizard" ; but, as Dryden says, "the wily wizard must be caught" ; and doubtless, in time, he will be secure enough, if hunted down by men of Mr. Hutchinson's sagacity. At present, however—and we must deal with facts as they stand—it is the magician-like practices of syphilis which give to its study an especial charm, and which undoubtedly helps us materially to realise its existence.

If vagueness, evanescence, and vagrancy, are the characteristics of syphilis when contrasted with other diseases, it behoves us to deal with it in such a manner, and under such circumstances as would appear out of place when applied to other diseased states. Then let it be clearly understood that among the protean signs of syphilis of the nervous system, are its instability of character, its tendency to spontaneous resolution, and its disposition to necrobiotic change, when subjected to the action of mercury.

There is no other tumour of the brain or its membranes, or of the spinal cord or its membranes, of which the same conditions may be affirmed in anything like the same degree ; and there are only three factors of paralysis—if we exclude reflex and hysterical paralysis—namely, Embolism, Thrombosis, and Hæmorrhage, with which syphilis can be confounded with other processes ; but the onset of these is usually sudden and complete, whereas syphilis in its working is slow, alternately progressive and retrogressive.

It must not be forgotten that apoplexies do occur in association with gumma, and with arterial changes ; but there are always prodromata which the practised senses can detect long before this event arrives. And if we have not positive evidence of syphilis about our patients we are not to conclude from this that their disease has no connection with syphilis, neither can we in all cases be guided by their own statements in this respect, and the reason for this is obvious enough.

The differences above referred to can now be more fully considered, and I hope that some essential points may receive elucidation.

Pressure on the Brain and Cord from Endosteal Gumma.

The following two cases will show in a manner at once definite and comprehensive, the signs and symptoms by which these forms of invasion may be diagnosed.

Case XIV.—*Endosteal Gumma of Internal and Exterior Table of the Skull in the Right Posterior part of Supero-Antero-Parietal Area exercising pressure upon the Convolutions bounding the upper extremity of the Fissure of Rolando.—Ferrier's Centres for Complex Movements of the Arms and Legs.—Recovery.*

T. M., an officer, æt. 60, came under my care in the month of April, 1877. When young, he fell heavily whilst riding in India, and besides fracturing the right collar-bone, he struck the right side of his head. He was for a while unconscious, but eventually recovered, and enjoyed excellent health. At the age of 43 he contracted syphilis in a very severe form, which so depressed his spirits and unfitted him for his duties, that he was compelled to resign his commission. After a considerable time he improved greatly, and all went well enough with him for many years. At the age of 59, in the middle of a hot summer's day, he became faint and partially unconscious. From this time he complained of great pain in the head, coming on at a certain time every night, and continuing until a certain hour in the morning ; it was more or less circumscribed and confined to the parietal eminence, which was the focus of intensity, and from which the pain radiated. When pressure was exercised upon this central spot the pain was increased. It was of a dull, aching, and (at times) throbbing character. It would continue for a few days or even weeks, and then leave him for a time, only to return with increased severity.

When I first saw him he was pale, weak, and, in fact, as he said, thoroughly worn out with pain and sleepless nights. His appetite was bad and his digestion faulty. The ophthalmoscope did not show any retinal change.

During the paroxysm of pain the intellect was obscure, the memory weak, and the frame of mind variable. There was a very slight pseudo-paresis of the left side of the face, arm, and leg.

His attention was first drawn to the failure of power in the arm, when he was in the act of raising a glass to his mouth ; his grasp became relaxed, and the glass fell.

Sensation was less affected than motion, there were no formications, and only slight subjective sense of heaviness.

The paralysis was evanescent, and at times the leg would feel weaker than the arm, at other times the arm would feel weaker than the leg.

Upon examining the head I found a semi-elastic circumscribed swelling over the parietal eminence, and concluded that in addition there was caries of the skull, and an endosteal swelling similar to that visible on the outer surface, but from the manner in which this patient improved under the mercurial treatment, with enforced nutritious diet, I am led to the belief that an internal as

well as an external gumma existed, and that there was merely an inflammatory hyperplasia of the bone structure.

In casting our eye over the signs and symptoms here very briefly enumerated, we find a ground for diagnosis of the utmost practical value. There is the dual history of injury to the head (a weak spot in the man's physical being), and of syphilitic infection. It must be observed that beyond fainting there were no fits, no inco-ordinate convulsive movements, or sudden jerking of the extremities; no neuralgic pains affecting the fifth-spinal accessory, or cervico-brachial nerves; that the headache was of a wearing dull character, unaccompanied by any great increase of nocturnal temperature; that it was not diffuse, but radiated from a given centre, and that this centre was of higher temperature than its surroundings; that the paralyses were confined to mere weakness, and a sense of heaviness about the limbs, and that it was evanescent.

Judging from signs and symptoms, and from pathological experience, I conclude that the dura mater proper, the other membranes, or the surface of the brain, did not participate in this syphilitic inflammation; but that pressure only to a slight extent, and evenly exerted, produced the paretic state.

CASE XV.—*Intermittent Paralysis of the Lower Limbs of motion only, presumably from growth of a gummatous nature proceeding from the* 11*th or* 12*th Dorsal Vertebra, and involving the Anterior Columns of the Spinal Cord, the Membranes, and Nerves, producing severe Reflex and Automatic Movements* (Spinal Epilepsy)—*Recovery.*

M. A., æt. 43, was admitted under my care in January, 1875. There was undeniable evidence of syphilis contracted when she was 37 years of age, but no nerve symptoms were noticed until she was nearly 40. There was no neurotic history, and her general health was usually good.

About six months previous to disordered nerve-manifestations, she suffered from an attack of small-pox, and after this she was weak, and never regained her strength completely. She complained of dull aching pain in the spine, but especially about the 12th dorsal vertebra. For a time it was fixed to this spot, but became always worse at night, extending up the back between the shoulders. In a little while she was seized with cramp in the muscles of the thighs, associated with tonic spasms of the lower limbs sometimes brought on by sudden movement. There was marked absence of the signs of a local myelitis of the anterior horns of grey matter, such as formications, tingling, intrinsic muscular movements, cramps, and subjective sensations of burning, coldness, &c. The sphincters were never affected. The urine was of acid reaction and of normal gravity. At times there was a feeling as of a cord tied round the belly, but this was very variable. The electro-cutaneous and muscular response was either normal or exalted. Stohrer's induced current gave the following results:—

Cutaneous Sensibility.

Feet - - -	20 cells
Flexor surface of legs -	12 ,,
,, ,, thigh -	10 ,,

Over Spinal Cord.

Region.	Time of Response.	No. of Cells.
2nd Dorsal Spine	- 4 sec. -	12
4th ,,	- 6 ,, -	,,
6th ,,	- 1½ ,, -	,,
10th ,,	- 3 ,, -	,,
2nd Lumbar Spine	- 3 ,, -	,,

There was no muscular response to anything under 20 cells.

Now, concerning the actual paralysis; it came on in the following manner:—

She was wakened out of her sleep during the night by the violent startings of the lower limbs, and on the following morning found that she was unable to stand without support, or to move the lower limbs freely while lying upon her back.

During the day, as the extremities became warm, her condition improved, and she could shuffle along from one part of the room to the other. But sometimes she would fall down suddenly as if shot, and said that her legs completely gave way under her.

It must be remembered that none of the signs of postero or even unilateral pressure were observable. At one time motor power was almost completely lost, but sensation and sensibility remained normal.

Taking these signs to guide me I came to the conclusion that my patient was suffering from pressure upon the cord, the membranes, and the efferent nerves, which must have been caused by one of three conditions.

1st. By an abscess due to necrosis of the bodies of the vertebræ. (there was no spinal distortion)

2nd. By some low chronic form of inflammation of the membranes involving the anterior columns.

3rd. By some growth.

The two former supposed causes I decided were inadmissible from the objective and subjective signs and symptoms, both direct and indirect. In fact, I felt sure that the third condition was the most probable—that some tumour was exercising pressure. Cancer, tubercle, and possibly osteo sarcoma, were at once set aside, and it was considered that a gumma was in fact the nature of the growth in question. The treatment bore out the diagnosis. Twelve leeches were applied, and then the painful spot, as well as the whole spine, was treated by the application of a strong hot solution of chloral.

Morphia injections were used night and morning, and the ordinary blue pill, with iodide of potassium, was given freely. No perceptible change in the paralysis was observable for three weeks, but at the end of this time all her troubles seemed to be relieved as if by magic, and at the end of a month nothing but weakness remained as testamentary evidence of a very grave and serious malady. Galvanism and cold douches helped to perfect the cure, and she left the building in the month of March apparently well.

She then went to service, and kept in good health for two months, when she again came under my care with precisely similar symptoms. She said her back became painful, and then the spasms and paralysis returned in the same way as before. A precisely similar treatment was adopted, and her recovery was, of the two, more rapid. She followed my advice, and continued to take the iodide of potassium for many months. I saw her last November, and she told me she has had no return of the paralysis whatever.

I do not think that it requires either much skill or great care to diagnose satisfactorily the nature of the disease we here meet with. Its precise local manifestation, as well as the local functional disturbance of the spinal cord, its somewhat rapid advent and hasty departure, with a well-marked syphilitic history, are proofs conclusive.

These are two cases which I have taken from my note-book especially to illustrate a by no means uncommon form of paralysis by pressure of a gummatous growth; and these growths may arise and make considerable advance before their presence is detected, when quite suddenly we have apparently very serious nerve lesions produced, and not unfrequently has hæmorrhage or thrombosis been diagnosed as their cause when these conditions have not existed.

Under these circumstances local blood-letting and mercurialism are the appropriate remedies, no matter what is the apparent constitutional state of the patient, as long as he is carefully fed and well-nourished. Arterial tension and vaso-motor influences can be treated by strychnine, ergot, and digitalis, upon strictly physiological principles, when the disease has become so chronic that iodide of potassium and mercury are no longer able to prove their potency, and the patient's withered limbs stands forth as spectres of clinical reclamation.

Clinical Records.

RIGHT LOBAR PNEUMONIA IN A CHILD. WITH REMARKS.

Under the care of H. CRIPPS LAWRENCE, L.R.C.P. Lond. &c.,
Hon. Phys. North-West London Dispensary for Sick Children.

M. A. R., æt. 7 years, was first seen on December 28, 1877, and found to be ill with catarrh and disordered digestive functions, accompanied by the excretion of light-coloured offensive fæces, which were scybalous, mixed with slimy mucus, and streaked with blood. The little girl had been ailing a few days before my visit. Her temperature and respiration was normal, but the pulse somewhat accelerated, and the tongue coated with a creamy white fur. A mixture containing small doses of castor-oil and opium speedily relieved her, and on January 3rd, 1878, she was practically convalescent, and able to be up on the next day. On January 5th, however, she was dressed, without advice, at an early hour, and allowed to be up and about for several hours. During this liberty, she partook freely of food, including thickly-buttered bread. At night she became feverish, and coughed, and complained of severe pain in the right hypochondrium. On January 6, she was seen, during my absence, by my friend Dr. Dawson Nesbitt, who detected "a creak," probably a pleural friction sound at the base of the right lung.

On January 7, 1878, I found her in bed, with flushed face, pungent heat of skin, extreme tenderness over the right hypochondrium, short hacking cough, temp. 104; pulse, 120-140; resp. 48-52. Tongue very coated with a thick white fur. Bowels confined. There was evidence of a slight pleuritic effusion, and commencing congestion at the lower third of the right lung. She was ordered to take every four hours a saline mixture, with chlorate of potass and small doses of ipecacuanhâ wine; also ℥j ol. ricini statim, which latter produced five copious semi-solid white evacuations. Her diet was to consist of a teacupful of milk-food, alternating with some animal broth every three hours, and she was to be sponged with tepid vinegar and water every six hours; a light lin seed cataplasm being renewed every four hours around the whole of the right side of the chest.

Her temperature on the 8th and 9th of January, varied between 104°F. to 102°F., with correspondingly accelerated pulse and respiration; but on the afternoon of January 8th, the temp. was 104·2°F., with resp. 52; pulse 140, and there were present great restlessness, with increase of cough, scattered dulness over various parts of the right side of the chest anteriorly, with bronchial respiration, while posteriorly the level of dulness had extended slightly upwards, and tubular respiration, with increased vocal vibration and resonance, were evident by comparison of the left side. There was no displacement of the apex of the heart. The left side was clear. I now ordered half grain doses of quinine, with ℥v. of dilute hydrochloric acid every four hours. In other respects, the previous details in the treatment continued. On January 10th, I found the little patient had passed a better night. Temp. 101°; resp. 48; pulse 88; in the morning, there was no extension of the pneumonia. At 4.30 p.m. of the same day, I had the advantage of a consultation with Dr. Andrew Clark, who confirmed the diagnosis, and approved the treatment. There was, however, now diminished movement on the left side, and a scattered hyperæmia affected the surface of the left lung.

We concluded that resolution was imminent, and that the temperature would continue to fall. On the 11th, the morning temperature was 100° F., and in the evening 99° F., and on the 12th 98·4°F. Resolution occurred, therefore, on the fifth day, practically earlier.

Dr. A. Clark advocated, should the cough become very irritating, as the sputa were evidently highly tenacious, that the quinine should be given in effervescence, which suggestion I followed with advantage a few days after his visit.

Previous History.—M. A. R., was vaccinated in infancy, when three years old; had a laryngeal cough with fever, which her mother was informed was croup; when four years old, she was ill for about six weeks with a severe gastro-intestinal attack, accompanied by obstruction in the cæcum, at which time she was first seen by Dr. Andrew Clark.

Remarks.—Lobar pneumonia is generally considered to run a cyclycal course, but practically it may be said that clinical varieties of pneumonia exist, the variation evidencing itself both in the etiology as well in the progress and course of the disease. I have ventured to record the above case, because it appears to represent a clinical variety of lobar pneumonia. Two well-known factors were present as predisposing causes, a subacute gastro-intestinal attack preceding the pneumonia by a few days; and secondly, the patient was one of four members of the family all occupying one room, ill-kept, and badly ventilated. During the same time, both the mother and a little brother, aged four years, were attacked with gastric disturbance and fever; the boy having subacute scattered congestion of the lungs, which ran a rapid and irregular course. One is apt in acknowledging the cyclycal type of lobar pneumonia to accept the tenet that good hygiene and good food will, in the majority of cases, result in resolution of the pneumonia on a certain day, but it is also possible that nature may be aided by art to abridge the term; and I believe that in the case I have recorded, quinine expedited the resolution. This view was maintained by Revillout (*Gaz. des Hop.* 1871, 273) when criticising the teaching of Jacoud ("Traité de Pathologie Interné," Paris, 1871, ii). See article Pneumonia, New S. S. Bienninal Retrospect, 1871-72.

THE NEW HOTEL DIEU, PARIS.

Asthma.—Treatment by Iodide of Ethyl.

Under the care of Professor GERMAIN SEE.

I HAVE employed this agent in five cases of asthma, and the attacks have been arrested in a very rapid manner. In one of my patients, the effect was more prompt than by nitre fumigation or chloroform. In three cases of cardiac dyspnœa, I have also remarked the favourable phenomena. I have prescribed the same remedy in three cases of chronic bronchitis accompanied by dyspnœa, and the effect, though less prompt, was still marked. About eight days ago, I prescribed the inhalation of it in a case of œdematous laryngitis in a man, aged forty; for two days I hesitated about performing tracheotomy on account of the asphyxia and aphonia, but the patient was cured by repeated inhalations—ten to twelve a day.

OBSERVATIONS.—*Chemical Composition.*—Iodide of ethyl, discovered in 1825 by Gay-Lussac, is a mixture of two parts in volume of alcohol, with one of iodhydic acid. This ether, which has no acid reaction, has an odour of chloroform, a density of 1·92 to 2·2: it is volatile, and boils at 64 C., without being inflammable. Its formula, in equivalents, is $C_2 H_5 L$ (Berthelot). Atomic formula, $C_2 H^5 L$ (Wurtz).

History.—During 25 years it was forgotten, until Huette experimented with it on himself and on one of his friends, in the hope of replacing iodine, which Laennec, Berton, Pravez, Scudamore, Murray, administered under the form of inhalation, in pulmonary phthisis. The thesis of Huette appeared in 1850. The iodide of ethyl appears to have been forgotten, and I was, until lately, ignorant of the existence of this work; during the six months I was engaged on the application of iodic ether, I thought my ideas new. Huette did not, however, speak of its use in asthma.

Physiological Effects.—I have observed the following effects in healthy subjects, and sufferers from dyspnœa, after the respiration of six to ten drops of the iodide of ethyl, six or eight times a day. In health, after some seconds, respiration becomes freer, lasting for some hours; there are no anæsthetic or soporific effects; the heart's action and circulation are unaltered; absorption takes place almost immediately, for at the end of ten minutes the iodine may be found in the urine. An attack of coughing frequently comes on after inhalation.

Mode of Action.—Iodide of ethyl, and iodide of potassium have an indisputable action over the bronchial secretion, increasing it, and by the consequent greater fluidity allowing freer access of air to the pulmonary alveoli, thus the tympanic sonority of emphysema disappears. The sibilant *râles* of asthmatic catarrh are replaced by mucous *râles* as the first effect of iodine. In the second place the iodine acts on the respiratory centres through the circulation, which is rendered more active; the respiratory centre coming in contact with a larger quantity of blood is more excited, and thus respiration becomes easier. In the third place, ether combined with the iodine, facilitates in its turn respiration.

Conclusions.—1. Iodide of potassium constitutes the most certain means of curing asthma, no matter from what cause. 2. Iodide of ethyl cures attacks of asthmatic dyspnœa in a very rapid manner, and seems equally efficacious in cardiac and even laryngeal dyspnœa.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

At the meeting held February 18th Mr. Wm. Adams, F.R.C.S., read a communication to the Society on

THE TREATMENT OF BROKEN NOSE BY FORCIBLE STRAIGHTENING AND THE SUBSEQUENT USE OF RETENTIVE APPARATUS.

The Author exhibited some improved instruments for the treatment of broken nose, a subject which he had first brought before the Society in March, 1875. Mr. Adams divided the cases of broken nose into two classes — 1st, those in which the cartilaginous septum was depressed and bent laterally, so as to plug one nostril, obstruct the breathing, alter the voice, and produce ozæna by the decomposition of retained mucous secretion; and, 2nd, those in which the nasal bones were fractured in addition to the lateral bending and partial displacement of the cartilaginous septum. The operation which Mr. Adams had proposed was to straighten the bent cartilaginous septum by large flat-bladed forceps, and, where possible, to raise the lower margins of the fractured nasal bones, afterwards retaining the septum in a straight line with the vomer and perpendicular plate of the ethmoid bone by an ivory clamp, and also retaining the nose in an improved position by a nose-truss, worn externally. The large flat-bladed forceps originally used by Mr. Adams in 1861, when he first successfully performed this operation, had not been improved upon, but the retentive apparatus for the septum, and the nose-truss, applied externally, had been materially modified and improved, and various modifications were exhibited to the Society. The steel screw-compressor and the large ivory plugs were now replaced by the ivory clamp, with rack and pinion movement, first made by Mr. Ernst; and the retentive nose-truss, consisting of a broad metal forehead-band with two double action rack-and-pinion movement levers, with adjusting plates, had been greatly improved by Mr. Hawkesley. The necessity of retentive apparatus in cases of broken nose had been questioned by some surgeons from the absence of the causes of displacement by muscular action met with in the extremities and other parts of the body; but if it could be dispensed with in some cases of recent injury, Mr. Adams considered that it never could be dispensed with in cases of some months, and frequently of several years after the injury, and these were the cases which had generally fallen under Mr. Adams's observation. He especially drew attention to three cases now under his care, all occurring in young ladies between 13 and 16 years of age, who had met with accidents eight or ten years previously by falling downstairs, or similar injuries. Increasing deformity of the nose was observed at this period of development, and, upon examination, one nostril was found to be completely plugged by lateral bending of the cartilaginous septum. The breathing and the voice were both interfered with, and ozæna generally existed. In these cases the nose was completely and permanently straightened by the plan of forcibly straightening the septum, and afterwards continuing the use of the retentive apparatus, the ivory clamp being used continuously for three or four days and nights, and afterwards at night only, whilst the nose-truss was worn during the day for several months.

SURGICAL SOCIETY OF IRELAND.

The Fifth Meeting of the Session was held on Friday, February 1, 1878, Dr. Robert M'Donnell, President, in the Chair.

(Continued from our last.)

Dr. Henry Kennedy read a paper on

OBSERVATIONS ON SOME OF THE WAYS FEVER MAY COMMENCE; WITH A FEW CURSORY REMARKS ON ITS TREATMENT AT THE PRESENT DAY,

which will be found on page 165.

Dr. F. T. Porter asked Dr. Kennedy's opinion as to the use of stimulants in fever, as it was very hard, especially for young practitioners, to follow out any line of treatment where so many authorities differed on the point. With reference to his own experience, he had always remarked that where the first sound of the heart was in any way weak, stimulants were very well borne. With regard to the use of milk, it was scarcely wrong to give the five quarts mentioned in Dr. Kennedy's paper, when they remembered that the milk of the present day was too well watered. Perhaps it would have been well if Dr. Kennedy had ascertained the specific gravity of the milk in question. Dr. Kennedy seemed to regard it as the custom in this country, to leave the treatment of typhoid fever to Nature. He (Mr. Porter) did not think that was the case, and if they were proud of anything in the Dublin School, it was the successful efforts of the late Dr. Graves and the late Dr. Stokes in regard of fever.

Dr. Bigger said that he should be sorry that some of the opinions put forward by Dr. Kennedy should be taken as the opinions of the Society. Looking back to the days when he (Dr. Bigger) was resident in the House of Industry, and the Whitworth and Hardwicke Hospitals, he might state that there were three or four physicians attached to the institution, who each had a different practice. One was a man whose treatment of fever was unexampled in its success, compared with anything he (Dr. Bigger) had ever seen. He referred to Dr. John Crampton. And when he recalled the practice he pursued, and which he was obliged to carry out for him every day, he could not say he ever felt so delighted as he was with the results of Dr. Crampton's treatment. And he (Dr. Bigger) had the advantage of seeing the different ways and the results of the treatment of other men whose practice he had also daily to carry out. At that time, bleeding was considerably practised. He did not think that fever had altered in its nature, but he thought their practice had. Crampton used to bleed in fevers of all kinds, and strange to say he succeeded. He had known him to say, "If that man raves to night, give him plenty of wine." There seemed to be a kind of instinct about his practice, and he never could convey what its meaning was. His (Dr. Crampton's) idea of fever was very much what Dr. Kennedy had described in his paper as the fashionable practice, to let fever a great deal alone; and he (Dr. Bigger) believed he was greatly borne out in the fact that fever must run its own course almost in every instance, and he (Dr. Bigger) did not think he had ever seen fever checked by anything, but by an emetic. He believed that in the commencement of a fever, if a strong emetic was given, it would cut it short. That was almost the only thing he had ever seen have that effect, except immersion in cold water; he did not mean the practical adoption of that expedient. He remembered on one occasion, a boatful of troops, of which seven were in high brain fever, being capsized on its way to the shore from the ship, and the result of that accidental immersion, was that six of the men lost the fever. There was an incident told in connection with the rebellion in Ireland in 1798, and it was that one of the leaders of that rebellion, was being pursued by the troops, and he got into a house, and as there was a probability of his being taken prisoner if he remained there, he escaped into the garden of that house, and plunged into a pond there, although he was in a high state of fever, and supported himself, above the water by fastening his teeth in something. He was searched for, and could not be found, and when the troops went away, and he was got out of the pond, the fever left him. The other example of the kind might be mentioned, and a curious one too, that occurred in the Hardwicke Hospital. A man in fever, raving and very wild, was placed in charge of a nurse in one of the top wards, out of which he managed to steal in the middle of the night, got out of a window, and fell a height of 40 feet, breaking one of his arms. It was a frosty night, and he remained out some time. He then walked back to the door of the hospital, which was opened; he was readmitted. The next day that man was rid of his fever. There might not be much in those cases, but still he thought they were worth mentioning.

Mr. W. J. Wheeler asked, did Dr. Kennedy think there was any pyæmic tendency in the patients, in whose cases the joints swelled—in the scarlatina and typhus fever patients—because he (Mr. Wheeler) had seen some cases of fever, in which pyæmia had undoubtedly been present, and the joints had swollen?

The President said there were two or three points in Dr. Kennedy's paper, which struck him as being exceedingly valuable in a practicable point of view. He (the President) must say that in the little experience he had of these matters he quite agreed with Dr. Kennedy in thinking that a great deal of harm had been done by the idea of cramming fevers. He thought the anxiety of the mother to keep life in her child, and of the wife to keep life in her

husband by feeding him, did a great deal of harm in those maladies. In some of those cases, it was really almost like a person imagining he could keep in a fire, very nearly out, by throwing slack upon it. There was nothing that required—especially was that the case in typhoid fever—more judgment on the part of the physician, than the directions given to those in attendance on patients in such cases, nurses and so on, as the management of the nutriment, and the management of the stimulants. It certainly was the view more generally taken now than it used to be, that it was the tendency of those fevers which were regarded as morbid poisons received into the system, to run a certain distinct definite course; and so strongly were they imbued with that opinion, that in a case where the fever was cut short, he would be inclined to doubt whether the patient was in true fever to start with. Their idea was, that where a morbid poison had been received into the system, that scarlatina, small-pox, or any of those fevers which ran a definite course of disease, should be placed in categories by themselves; their idea from one point of view was that they were diseases, and in another point of view, that they were efforts of Nature to restore health. Nature struggled to get rid of these morbid matters, and to restore strength, and from that point of view, the wise and judicious physician was much in the same position as the wise and judicious accoucheur, who took his stand by the bedside, and waited on Nature. There was no nobler or finer vocation than that of the skilled accoucheur, who regarded himself as the assistant of Nature, whose office was to aid her in the accomplishment of a certain definite object. So in the present day, the same view had been extended to these various forms of fever, which were caused by morbid materials being received into the system, and which morbid materials passed out. He did not say that that theory of morbid poisons being turned out of the system by the natural efforts of the constitution, was at all at variance with the treatment suggested by Dr. Kennedy, who thought it was desirable to look for, and treat, the ulceration of the bowels. Dr. Kennedy thought it was desirable to look out for all the various accidents which were likely to happen in the course of these diseases, exactly in the same way that the skilled accoucheur was aware of certain dangers, and with great courage and determination combated those certain dangerous symptoms as they arose. He did not see anything in what Dr. Kennedy had stated that was at variance with the view that the wise thing to do was to recognise the fact that these morbid poisons had to run a definite course, and that the physician should stand by, and treat certain dangerous symptoms as they arose.

Dr. KENNEDY in reply, said he need not say that the object of the paper was not to enter into any specialities of treatment at all, nor was it easy to say that wine should be accepted as a general agent at all. It would not be possible to enter into such a subject there. A person must have experience of the matter, and of the state of the circulation and habits of the patient, and as regarded these matters the rules laid down by the lamented Dr. Stokes, were most valuable and important. He (Dr. Kennedy) did not know any class of patients in which the good effects of wine were better seen than in children. It was really marvellous. He had seen the most serious cases in Cork Street Hospital until they got a little wine, and then the patients got better. It was not right to have the use of milk, whether watered or not, over-done in these cases. It curdled in the stomach, and was thrown up; or else it remained there, and kept the fever up for days. In the case he had mentioned, where five quarts were given, the good effects of the reduction of the quantity to three pints, were immediately seen. The patient at once began to get better and lighter. Many individuals would not bear milk at all, and when such persons were made bilious by a small quantity of milk, it might be certain that they could not bear it in fever. He, therefore, thought it was better to inquire whether the patient would bear milk especially in typhoid fever. As regarded treatment, the Irish School had not those great principles that he had alluded to. On the other side of the channel, in London, or America, anyone who looked into the publications of the day, must find that what prevailed in those places, was a kind of "do nothing" treatment, with the positive knowledge before them, that they had certain kinds of inflammation to contend with, and that these were going on under the very eyes of the practitioner. He said, and believed, that they were bound to stop those inflammations as far as they possibly could. Stupes and poultices would not stop inflammation, it required more active treatment. In reference to what Dr. Bigger had said, he (Dr. Kennedy) was aware of cases where shock to the system, such as would be caused by the patient suddenly falling into water, had cut fevers short, and he believed that such shocks were quite capable of having that effect. In London, the cold bath (warm in the first instance, and then cooled down), had been tried, and the results of that treatment had been published, and anyone who read the reports of those cases, must say that the greatest possible caution was required in the use of those remedies. Several cases were given, where it happened that after the patients were taken out of the bath, they shivered, and those patients went on to their deaths. That was a tampering with the system that would not stand. Dr. Wheeler had spoken of the swelling in scarlatina, which formed such a terrible feature in that disease, but that was altogether different to what he (Dr. Kennedy) had spoken of, which were cases of nothing but rheumatism, where every joint was attacked, and that rapidly disappeared. If it had been pyæmia, it would not of run that course.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

THE Third Meeting of the Session took place on Saturday, January 13th, 1878, the President, Dr. DARBY, in the chair.

PUBLICATION OF THE PROCEEDINGS.

Before the ordinary business of the Society commenced considerable discussion took place as to the desirableness of discontinuing the publication of the Society's Transactions in a separate volume, owing to the present financial condition of the Society. Dr. Lombe Atthill moved a resolution to the effect that the publication of the Transactions of the Society in a separate volume be for the present discontinued. He said that his motion in no way interfered with the ordinary publication of the Society's Proceedings *in extenso* in the journal which had hitherto been their organ. Dr. M'Swiney seconded the motion. Dr. Fitzpatrick considered that it would be most desirable that the Society's Transactions should appear in a separate volume, not yearly, but whenever the Council considered it necessary, and the papers read at the meetings should be submitted to the Council, who should decide whether they were or were not worty of publication. He moved an amendment that the publication of the Proceedings of the Society be continued at distant dates, subject to the discretion of the Council. Ultimately the amendment was negatived, and the original motion carried.

THE LATE DR. WM. STOKES.

Dr. M'CLINTOCK.—I think we should not be acting justly to ourselves—I think we should be wanting in self-respect, if we allowed this opportunity to pass—the first meeting of the Society that has taken place since so great and illustrious a member of our body of the physicians of Dublin has been removed from amongst us—if we did not mark our sense of the loss we have sustained; and I am desirous of submitting a resolution, that I am sorry to say has not been drawn up with as much care as I think the matter of it deserves, to this meeting for its adoption—with reference to the decease of Dr. Stokes. As so much time has been occupied by the discussion just concluded I will not detain the Society by any further observations, but will move the following resolution:—"That this Society, in common with the other medical and scientific bodies of this city, desires to give public expression to its deep and heartfelt regret at the death of Dr. Wm. Stokes, Regius Professor of Physic in the Dublin University, and desires to record its testimony to his prominent abilities as a physician, and to the distinguished services he had rendered to the Medical School of Dublin, and to his many great qualities of head and heart; and also that the sincere condolence of the members of the Society be respectfully communicated to his family."

Dr. ROBERT M'DONNELL, F.R.S. (President of the College of Surgeons) most heartily and sincerely seconded the resolution.

The resolution was then carried by acclamation.

Dr. S. R. MASON exhibited

A MULTILOCULAR OVARIAN TUMOUR,

which had been removed that morning by Dr. Kidd in the

Coombe Hospital. The patient was an unmarried woman, æt. 26, who was very much reduced by several severe attacks of peritonitis, which usually occurred at the menstrual period. The abdomen was laid open by an incision about three inches long, which was subsequently extended upwards to the umbilicus, in order to find a portion of the tumour which was not adherent to the abdominal walls. When the tumour was fully exposed a large fleshy mass was found lying on its surface extending from the right side to the centre of the tumour, where it was attached. The tumour having been tapped this fleshy mass was secured by a temporary clamp, and was detached by dividing the cyst wall around its attachment, when it was found that it formed the pedicle, which had become displaced by the tumour being rotated on its own axis from the right to the left side. The cyst itself had to be separated from the small intestines and from the walls of the true pelvis, to both of which it was very adherent. The pedicle was afterwards tied with a hemp ligature, which was cut short and returned into the abdomen. The wound was closed in the usual way by hemp sutures, the lower one being loosely tied in order to allow fluid to drain out. In examining the tumour after its removal it was found that a small piece of bone was situated on its left side, which could be easily felt through the abdominal walls before the operation.

Dr. M'Clintock reported to the Society the particulars of a

CASE OF TRANSFUSION

which occurred in his practice. He said that early in the month of August last he was called to a distance of several miles from Dublin to see a lady who had been taken with the pains of labour. It was her fourth labour, and the pains commenced about nine o'clock in the morning. He reached the bedside at two o'clock, at which time her state was most alarming. It seemed that an hour after she became ill it was ascertained that a presentation was preternatural, and it was thought it might be an arm—a cross birth. At eleven o'clock very profuse hæmorrhage set in, and when he saw her at two she was nearly insensible, and almost pulseless. She was reported to have had two slight convulsive seizures, and when he examined the bed he found that she was literally surrounded by an ocean of blood, the whole of the bed and bed-linen being saturated. On turning the patient over on her side to institute an internal examination, he was fortunate enough to find a leg in the vagina, and on taking hold of it and making traction, with very little effort the child was delivered, but it was quite dead. The placenta came away after slight pressure, and there was no more hæmorrhage. The patient rallied a little, but on gathering from the evasive replies given her that the child was dead, the effect of her disappointment was so great that it seemed at once, as it were, to utterly paralyse and prostrate her. She never spoke after that, for several hours after transfusion was performed. Dry linen was put upon the patient's person, the bed was re-arranged, stimulants were used, and so forth, and every possible means at hand was used to try and bring about reaction. There was no hæmorrhage from the time of delivery, and the uterus contracted tolerably well. The position of the body was altered, the lower limbs being elevated, and the head kept very low, and in addition to that he repeatedly made hypodermic injections of sulphuric ether, which used to impart a momentary increase of her strength and vitality. After waiting for some hours with scarcely any pulse to be felt at the wrist and no decided turn for the better taking place (things went on in that way for six hours), and all the remedies to bring about re-action having been tried without any improvement whatever in the condition of the patient, who never spoke, whose surface was cold, and whose pulse was just barely at times perceptible at the wrist, it was decided that the only chance there would be of saving the patient's life would be by the performance of transfusion. He did not recollect in his experience seeing a case in which reaction was so long deferred, and the patient recovered eventually. A messenger was at once dispatched for Dr. Robert M'Donnell, who promptly came, but before he reached the house nine hours had elapsed since the patient was delivered. The blood was obtained and defibrinated, and they at once set about the operation. The blood was injected to the amount of about ten ounces into the arm without any difficulty, except the difficulty of finding the vein owing to the extremely anæmic condition of the patient. At that time the patient was quite insensible, and offered no violence. After a few ounces of the blood had been ejected he discovered a slight improvement in the condition of the pulse. Nothing of any particular importance whatever occurred in the operation. After the blood was injected the arm was bound up, and the pulse by that time was somewhat further improved. In the course of a few hours subsequently a decided indication of reaction began to show itself, and at the end of about twelve hours complete reaction was established. From that time forward no case could go on better or more satisfactorily towards convalescence, and she made a perfect recovery in every respect from the time of the performance of the operation of transfusion by Dr. Robert M'Donnell. He might mention that Dr. Malachy Burke, and Dr. Stanistreet, of Malahide, were present, and assisted during the operation.

Dr. Macan (for Dr. Purefoy) also read a paper on Transfusion, in the course of which the author described a case in which Dr. Robert M'Donnell successfully performed the operation at the Rotunda Hospital.

Dr. Robert M'Donnell (President of the College of Surgeons) thanked Dr. M'Clintock and Dr. Purefoy for having brought forward these cases. He (the speaker) observed that it was impossible to say with anything approaching absolute certainty whether life was really saved by this method of treatment. But in that respect transfusion did not differ from any other method of treatment. He would only say that where death appeared to be imminent, and where the most experienced practitioners considered life to be in the extremest degree of jeopardy, by that treatment the danger seemed to be averted. But whether life was actually saved or not one thing was certain, that in no single instance had the very grave consequences which some persons apprehended as likely to happen where defibrinated blood was used—in no single instance had those ill consequences taken place. In no one of the cases that recovered did ecchymosis or bloody urine or hæmorrhages of any kind take place; convalescence was speedy and complete. Dr. M'Donnell, in conclusion, said he looked forward to making a further communication to the Society on the subject of transfusion, when he would bring together the cases in which he had successfully adopted this procedure.

The President said he had seen Roussel's transfusion apparatus in use at the last meeting of the British Medical Association at Manchester, and it failed in the stabbing process which it instituted for opening a vein. Six times it failed, the vein rolling away from the lancet on each occasion, and the incision in the skin being immediately over the vein. After three or four more attemps the vein was at last opened. When the vein was ready to inject the blood the instrument again failed, because the blood coagulated in the small valves so that not one drop of blood was injected into the patient.

Dr. B. W. Richardson asked the President if he had observed the length of time it took to make the instrument work.

The President said he was watching the experiment he had referred to for about half an hour.

Dr. Henry Kennedy alluded to the number of cases in which transfusion was performed in the cholera epidemic, and mentioned the circumstance of a dog being bled apparently to death from the jugular vein, and then tepid water being injected, the result of which was that the dog got up and staggered about, though a moment before he seemed dead. He therefore thought if they were driven to it that they would be quite justified in injecting tepid water under the circumstances.

On the motion of Dr. Macan, seconded by Dr. Cranny, the debate was adjourned until the next meeting of the Society.

The Sussex County Hospital, and the Isle of Wight Infirmary, have each received £1,000 by the will of the late Lady Harcourt. The Cumberland Infirmary has received £2,000 and £500 under the will of the Rev. C. J. Denton and R. Carruthers, Esq., respectively.

A valuable silver salver and a service of plate, to the value of £260 was presented last week to Dr. John Osborne, of Bitterne, together with an illuminated address on vellum, in testimony of the esteem in which his services are held by his patients and friends.

THE "MEDICAL PRESS" SPECIAL REPORT
ON
THE NATURE OF RABIES,
ND THOSE DISEASES RESEMBLING IT,
IN WHICH
HYDROPHOBIA IS A PROMINENT SYMPTOM.

CHAPTER X AND LAST—HISTORICAL AND BIBLIOGRAPHICAL.
(Concluded.)

IN the Sixth Century we have evidence of its existence in the writings of Themnestus, who in his "Geoponica" has devoted some attention to it. Paulus Ægineta, who, according to Abulpharagius (1) lived in the Seventh Century has compiled a very good account, from the writings of previous authors. He distinguishes between the disease due to the bite of a dog, and the simple curable nervous disease arising from other causes. He observes that the result of inoculation was always fatal. (2)

"Cæterum eorum qui, in hanc affectionem inciderunt nullum sanatum esse."

Our chain of historic evidence for this period is almost completed by the writings of Jahiah-Ebn Serapion, a native of Syria, who believed that the disease produced by the bite of a mad dog was incurable, and who proposed that the patient should be made to swallow water by enclosing it in a globule of concrete honey. (3)

It is mentioned by Rhazes (died A.D. 932), (4) an Arabian physician, who says that a certain man barked by night like a dog, and died; and there was one, who when he beheld water, was seized with trembling, horripilatio, and rigor—but when the water was removed from him, these symptoms ceased.

We have some old Anglo-Saxon manuscripts, supposed to belong to the Tenth Century, which contain remedies and incantations wherewith to cure or exorcise the disease. In one of these, a Saxon Herbarium, are a number of curious recipes.

In the year 825 A.D., several people are said to have been cured by resorting to the shrine of St Hubert, in the Ardennes, a practice in vogue even in the present age. (5)

From the Tenth to the Nineteenth Century.

Avicenna (6) (B. 980. D. 1036), the Arabian physician, marks a further step, both in the history of the disease and in the advance of our knowledge thereupon: his treatise being marked by accuracy in observation and completeness. The ashy tint of skin, oftentimes designated by the term rabic (7) roseola, noticed by many observers, as Codrondius, was first observed by Avicenna in the dog.

In the laws of Howell the Good, of Wales, which were revised about the year 1026, we are informed of the earliest mention of the disease in our own country. (8)

In the twelfth century Demetrius Pepagomenos, a Greek writer, who lived at Constantinople, is supposed to have referred to this disease in his work entitled the "Kynosophion," whilst in the thirteenth century it is alluded to by Albertus Magnus, Bishop of Ratisbon, and by Laurentius Rusius, a century later.

Between the years 1500 and 1600, the literature began to expand, and we have the names of Montisianus, Paré, Mercuriali, Frascastor, and Baccius, as contributors

In 1613 Spackmann published a work entitled "A declaration of such grievous accidents that commonly follow the bites of mad dogges," and this we may consider the first English work on the subject; during the next century the literature expanded into almost alarming proportions, especially on the Continent.

English writers shared in the general desire to clear up the nature of the malady, and we have many interesting and valuable works as the result of their exertions.

We may notably mention the names of Nugent (1753), James (1760), Bruce (1765), Layard (1762), Heysham (1777), Fothergill (1778), Vaughan (1779), Berkenhout (1788), McIlwaine (1787), Foot (1788), Hamilton (1798), and Bush (1797). At the beginning of the nineteenth century a stimulus was given to the subject, by the prevalence of the disease, and we have consequently a number of treatises, notably those of Lipscombe (1807), Moseley (1809), Powel (1809), Gillman (1812), Parry (1814), Marshall (1815), Reid (1817), Blain (1817), and Youatt (1836). After this period in England we find a wide gap until we come to the year 1871, when Fleming published "Animal Plagues, their History and Prevention," followed in the year 1872 by his work, now classic, "Rabies and Hydrophobia." No doubt, in England the rapid extension of medical periodicals tended very much to diminish the number of special treatises, whilst the various handbooks on general medicine and surgery also explain the paucity of monographs, as they all contain special articles on the nature of the disease. During the present century, Continental writers have produced works with inexhaustible rapidity. In our "Bibliographical Record" will be found the names of the principal works published, and we can only briefly mention one or two of the most interesting.

About the beginning of this century, Bosquillon (1802), suggested that the virus of rabies was only a chimera, and that fear alone was the great factor in its production; in this view he was supported by Girard, and we believe there are some at the present day who are still of this opinion. French veterinarians have paid particular attention to the disease, and we may mention, in particular, the name of M. Bouley, as one of the most accurate and reliable authorities of the present age; he has enriched the literature of rabies by many valuable contributions. The interest excited by this malady is well illustrated by the extent of the literature, and though it is a matter of regret that the production of so many works has produced so little proportionate benefit, still they are evidences of the desire and ambition of our profession to place rabies on a more satisfactory footing. Future writers have an inexhaustible mine to work at amongst the old writers, and in order to facilitate reference we have arranged a biblographical record, which we have endeavoured to render as complete as possible.

Geographical Distribution of Rabies.

We have evidence that the disease has prevailed amongst animals, as the dog, cat, wolf, hyena, fox, &c., over a wide extent of the world, and it has been asserted that no land or climate is free from rabies. European countries, as Germany, France, Italy, Austria, Holland, and England appear to have suffered from it most extensively. It was at one time believed it was confined to climates of moderate temperature, and that warm countries, as the East, Egypt, Turkey, and South America, were free from its ravages. More extended observations have proved the fallacy of this belief. Extreme cold regions were also considered protected, but the erroneous conclusions of earlier observers have been upset by other more comptent and later travellers. The disease has been observed in various animals under the most opposite temperatures in the following countries and localities:—

Abyssinia (North) (1), Africa (2), America (North and South) (3), Arabia (4), Asia (5), Affghanistan (6), Algeria (7), Arctic Regions (8 & 9), Brazil (10), Ceylon (11), China (12), Cochin China (13), Denmark (14), San Domingo (15), Damascus (16), Egypt (17), Gibraltar (18), Guadaloupe (19), Holy Land (20), Havanna (21), Hispaniola (22), Hayti (23), India (24), Jamaica (25), Indies (West) (26), Mexico (27), Mauritius (28), Malta (29), Norway (30), Peru (31), Russia (32), Roumania (33), Syria (34), Sweden (35), Turkey (36), Constantinople (37), Smyrna (38).

(1) Hutchinson, "Biographia Medica." 1799.
(2) De re Medicinæ. Lib. v, c. iii.
(3) Fleming, "Rabies and Hydrophobia."
(4) Rhazes. Lib. xx, c. ii.
(5) "Life of St. Lambert." Eleventh Century.
(6) Avicenna, canon, lib. iv, cap. v.
(7) Codrondius. De Rabie, hydrophobia communiter dicta. 1610.
(8) "Rabies and Hydrophobia." Page xx.

(1) Rochette d'Hericourt and Bouchardat, "Annuaire d Ther.," 1850.
(2) Sir Samuel Baker, "The Nile Tributaries of Abyssinnia."
(3) Fleming, "Animal Plagues," p. 528
(4) Burton, "Pilgrimage to El Meccah," vol, i.
(5) Pruner, "Die Krankheiten des Orientes," p. 431
(6) Elphinstone, "Account of the Kingdom of Capaul."
(7) Colin, "Recueil des Mem. de Med. Mil."
(8, 9) "Arctic Explorations," vol. i, and "Voyage of H.M.S. *Resolute* to the Arctic Regions."
(10) Sigaud, "Travels in the Brazils," p. 424.
(11) Tennent, "Ceylon."
(12) Fleming, pp. 50-54.
(13) *Loc cit.*
(14) Viborg, "De enzootia canina atque hydrophobia," 1817.

Probably it has been introduced into many countries by communication with Europeans. A few countries have yet escaped, as Australia, New Zealand, the Azores, and St. Helena: at least, we have no conclusive evidence up to the present that rabies has been noted or recorded there.

The human subject is liable to the disease, and exposed to the danger of infection in every country where it exists in animals. We may state, on our evidence, that colder climates do not seem to suffer so much from its ravages.

A very significant return has been obtained from the Registrar-General for Scotland, the slight mortality in that country contrasting with the high death-rate in England, and from this we may draw an inference that the northern parts of our island are not so exposed to this plague. The nominal death-rate of England might probably be lowered if the Registrar-General adopted the step taken by his *confrère* in Scotland, viz., by expunging from the assigned nomenclature reputed cases of hydrophobia, and classifying them under their more correct appelation.

We have mentioned the influence of seasons and meteorological conditions to which we cannot attach any perturbating influence in the production of the malady.

In concluding our report we must draw the attention of the profession to one important subject. Rabies illustrates the close connection existing between human and veterinary medicine. Our knowledge of rabies would have been limited, but for the researches of such veterinarians as Blaine, Youatt, Bouley, Pillwan, Bollinger, and Fleming,—and society and humanity in general, owe a debt of gratitude to the sister profession for the labours which have furnished our profession with the groundwork upon which all our knowledge is based.

Human pathology cannot be divorced from its twin sister, comparative pathology, and we thoroughly agree with the aspiration of Fleming, that it is to be sincerely hoped both branches of medical science may ultimately be looked upon as one, and that the benefits to humanity, to be derived from their union, may be fully realised.

Veterinary medicine has of late years occupied a larger share, both of the attention of the public and of the Government. Much may yet be done to advance our knowledge of the actual existence and extent of rabies in Great Britain, amongst all classes of animals. The veterinary schools might usefully assist by the publication of annual statistics on the prevalence of the disease, whilst Government might valuably aid by sanctioning the annual compilation of returns from the various districts under police supervision. We have said that the problem alone can be solved by a large accumulation of facts, and we have contributed our quota for this purpose. We have endeavoured to lay before the profession our existing knowledge on rabies, so that our Report might form a *point d'appui* for future workers, and we feel gratified that we have been the cause of stimulating further scientific inquiry into the nature of this affection. Science has alone for her object, Truth—and we feel, in the interests of science, a pleasure in leaving further investigation in the hands of such competent experimenters as Drs. Burdon Sanderson and Lauder Brunton, to the publication of whose researches we look forward with interest and hope.

(15) "De moyens de conserver la santé des blancs et des negres," 1786.
(16) Dr. Guillar, "Report," 1856.
(17) Dr. Pruner and De Bugiéres Bey.
(18) Fleming, p. 80. (19) Fleming, p. 71. (20) Fleming, p. 73, *loc cit.*
(21) De Croix, 1863. "Animal Plagues," Fleming.
(22) Fleming, "Rabies and Hydrophobia," pp. 32, 71.
(23) Fleming, "Rabies and Hydrophobia, p 71.
(24) Choisel, Pamphlet, 1756. Moseley, "Canine Madness," 1809.
(25) Hilary, "On the Diseases of Barbadoes."
(26) Pernaud, "Journal de Med. Vet," vol. iv, p. 535.
(27) Unionville, "Statist. de l'Ile Maine; Maurice, de l'Ile," vol. ii, p. 332.
(28) Spencer Wells. *Lond. Med. Gazette*, 1847.
(29) Fleming, Norway, "Animal Plagues."
(30) "Peru as it is," Smith, vol. ii, p. 248.
(31) Gerson und Julius, Magazine, vol. viii, p. 273. Marochetti, "Obs. sur l'hydrophobie," St. Petersburg, 1821.
(32) Constantinescu "De la rage."
(33) Dr. Nicara and Dr. Sequet.
(34) "Suenska läk Sellsk. Arb.," 1824. "Ten Years in Sweden," p. 169.
(35) Dr. Camescasse, Ahmed Effendi, Dr. Michel, Fleming p. 74, *loc cit.*
(36, 37, 38) "Rabies and Hydrophobia, pp. 30, 74.

CASE CLIV.—G. H., female, æt. 14½, mill hand, previously always healthy. On March 3rd, 1875, she was giving a cat some milk, when a pup nine weeks old, of Scotch terrier breed, snapped at her and bit the first finger of her right hand on the inner side of the nail. It bled a drop or two, and appeared all right in two or three days. The pup had not been well for a day or two, had refused food and drink, but there was no vomiting, and no saliva noticed about the mouth. During the afternoon of the same day, it snapped at and scratched slightly, the hand of a younger sister. The father thought he would destroy it; whilst taking hold of it, it seized his thumb, and bit him rather severely, causing a wound, which bled freely. It was then drowned by the mother.

Result and Time of Attack.—Between six and seven weeks after. Fatal, third day.

Treatment.—Chloroform, hypodermic injections of morphia and injections by the rectum of chloral hydrate, which relieved the severity of the spasms.

Remarks.—The father and sister, who were bitten by the same animal, continued in good health. I may mention that in 1849 some cases occurred at Queensbury. From memory I send a *resumé* of the facts. A party of young men were at the Granby Inn, when a strange dog came in and got under the long settle; in the attempt to dislodge it several were bitten. Six weeks afterwards one died. At the inquest another, who had also been bitten, showed the mark on his hand; in a fortnight he was taken ill and died.

Reference.—Notes kindly furnished by J. H. Bell, M.D., Bradford, Yorkshire.

CASE CLV.— ——, female, æt. 24, bitten by a dog suspected rabid. The wound was burnt with caustic soda three days afterwards.

Result and Time of Attack.—Eighty days after. Recovery.

Treatment.—After having tried the injection of morphia and inhalations of chloroform without any benefit, it was decided to try full doses of curara, seeing the good results which had been obtained in tetanus. A subcutaneous injection of two centigrammes of curara (about one-third of a grain) in water was administered. This was three hours after the sudden onset of the disease. A quarter of an hour later, there having been no visible effect, the dose was repeated, after which the condition began slightly to improve—that is, there were longer intervals between the spasms, and the muscular movements became less, and finally ceased. This result induced a continued trial of the same treatment. The injections were continued, a somewhat larger dose (three centigrammes) being used. They were timed in such a way that an interval sufficiently long between the doses was allowed for the physiological action of the drug, and for any manifestation of the curara-intoxication to be obtained. Thus, at twelve o'clock the third injection was given, and the intervals of spasm became longer. In an hour another injection was ordered, and the intervals again became longer. At the same time the feeling of anxiety and oppression was less intense. A fifth injection was given at 2 a.m., and a sixth at 2.30. The intervals between the spasms now extended to ten minutes, and the pain in the chest and throat was almost gone. Indeed, there was a peculiar condition of hilarity and talkativeness, instead of the previous anxiety. Then the first appearances of loss of voluntary power just began to show themselves. After one more injection (the seventh) at 3.20 the spasms ceased entirely, and symptoms of a general paralysis of all voluntary movements became quickly apparent. The eyelids could only be moved with difficulty; there was difficulty also in speaking. Breathing continued normal; only twice was there any arrest of respiration, and this was overcome easily by making one or two rhythmical movements with the abdominal parieties; the breathing then continued regular. After these toxic effects had lasted with this intensity about two hours, movements again became freer. Some hours after the last injection of curara, it was seen that the dread of water no longer existed, as the girl could drink freely without any difficulty whatever. The sensitiveness to light also disappeared, and indeed all the symptoms of hydrophobia subsided. Thus within four hours and thirty-five minutes seven injections had been administered, representing altogether nineteen centigrammes of curara. During the course of the next few days, a mixture of symptoms, partly arising from the curara, and partly from the effects of the recent disease, developed.

The latter consisted of slight muscular movements and involuntary spasmodic respiratory troubles, which for the most part were produced by the irritation of drinking, or fright, though they occurred spontaneously every now and then. On the evening of the next day but one, some of these symptoms assumed a serious aspect, and another injection of curara was at once ordered, after the administration of which they disappeared. These symptoms, though of much less intensity, continued to recur until the eighth day, after which they finally disappeared. The girl was discharged cured on December 3 of the same year, and went into service a few weeks later. She is now in perfect health.

Dr. Offenberg's Remarks.—The favourable action of curara in human hydrophobia may be explained as follows:—The chief symptom certainly is the frequent spasms. These spasms, which become more violent after each attack, are the cause of the constantly increasing danger of the disease, and they are finally the cause of death, which results either from exhaustion or from acute asphyxia. Curara, unlike other narcotics, does not act directly on the nerve-centres, but seems to act rather on the peripheral nerves. Its chief action seems to consist in paralysing the motor nerves, and especially (and soonest) those of the voluntary and striped muscles; then, after large doses, those of the involuntary muscles. An animal to which large doses of curara have been administered cannot move about voluntarily, neither can reflex movements be produced. If the motor nerves or even the spinal cord are irritated by a very strong electric current during the action of curara, muscular contractions cannot be produced; the muscles seem to be cut off entirely from the nervous system. The administration of curare in hydrophobia is not new. Niemeyer seems to have been the first to have tried it. He injected in his case five milligrammes, and then one centigramme, at intervals of three or four hours. "This treatment seemed to be of temporary service, and to produce greater relief than very large injections of morphia." Niemeyer strongly urged a further trial of this drug in larger doses in other cases of hydrophobia. No other successful results seem to have been obtained. Gualla has used curara in four cases of hydrophobia, and without success, but it is doubtful whether his doses were large enough. Theoretical arguments, no less than the above case, seem to indicate that the paralysing effect of curara is necessary to secure success. This case also proves that life may be sustained in spite of general muscular paralysis, the chief effort being, of course, to keep up respiration by artificial means. There is less danger of cardiac paralysis. It is a misfortune that a definite dose of curara cannot be indicated, the doses variously allowed by authors ranging from one milligramme to fifteen centigrammes. The difference depends, probably, on the quality of the drug. Another explanation, however, may be given. The action of curara depends chiefly on the excitability of the nervous system. The greater, then, the excitation and the excitability, and the greater the psychical exaltation, the more violent and intense will be the spasms, and the greater, therefore, must be the amount of the curara to hold these spasms in check. Thus, not only in different cases, but also at different periods in the course of the same case, entirely different doses of the same preparation will be indicated. A dose of curara, such as in a healthy individual with a normal nervous system would produce decided effects on the motor powers, would produce scarcely any effect whatever on one who is the subject of hydrophobia. The knowledge of this circumstance is of great importance, and we may commence at once with larger doses than we should probably otherwise employ; yet the difficulties of administering the drug are only partially overcome, especially as we have to administer it until we get paralysing effects. Obviously the safest way, then, to administer curara is to give small doses, and to repeat them at short intervals until the effects we desire are brought about; and as a subcutaneously injected dose is absorbed and commences to act in a few minutes, and further, as (according to Demme) the action of a dose of curara only lasts from four to five hours, so then we may most surely and safely obtain the effects of curara by oft-repeated small injections. Thus, if an injection be practised every half hour—a period of time which largely suffices in order to get the action, and the whole action, of an injected dose of curara—we shall be able within four or five hours to make eight to ten injections. In using curara in this manner, we not only secure its physiological action, but also guard ourselves against any sudden and too energetic manifestation of its toxic qualities. The action of small doses is proportionate both in intensity and duration, and so soon as any dangerous symptoms show themselves, we should withhold its further administration, and take precautions suitable to the occasion, as in the case just given. It is of importance to commence this treatment early on in the disease. If the spasms are still slight, very small doses will suffice; if they have become more intense, a corresponding dosage will be indicated. It must be remembered, however, that any possible toxic effect will also be proportionate to the dosage. Nor must it be forgotten that the administration of such a remedy itself produces spasms; the irritation of the injection-puncture may sometimes be so great that the patients will seriously dread it. The various precautions to take, then, and the dosage, will depend on the individual case, and must be left to the discretion of the surgeon in charge.

Reference.—Veterinary Journal. Dr. Offenberg, Prussia.

General Summary of Cases.

Under the generic term "hydrophobia," we found the cases we have collected from the various treatises and journals consulted. Our records are imperfect, for those who have reported cases have but too often omitted to note many essential points, and we have had for some cases to accept such evidence as the report of a non-medical paper. In the future, it is to be hoped, such errors will be avoided, and that reporters will give all possible information as to the animal which inflicted the bite, whether spaniel, terrier, &c.; whether rabid or not, and also note whether preservative measures of any kind have been adopted. We have mentioned other particulars which might advantageously be included in such reports, in our introductory chapter.

French writers afford us excellent examples of method in this respect.

The cases, however, afford ample evidence:—

1. That during the present century medical men have had but too many opportunities of studying the nature of this affection, of becoming acquainted with its symptoms, and of advancing our knowlege of its pathology.

2. That under the head of "hydrophobia," numerous cases are included, which have no analogy with the specific disease, produced by the bite of a rabid animal. The distinctive symptom "hydrophobia," so named, may occur in other affections, characterised by symptoms, equally distressing, intractable, and oftentimes fatal.

3. That nearly every form of treatment has been employed, suggested either by superstition, empiricism, or reason.

4. That there have been numerous reputed cases of recovery, some of which are undoubtedly genuine.

We have appended short *post-mortem* notes, which are also imperfect, but may prove useful by showing what has been done in the past.

Lipscomb asks why modern dissection has not improved our knowledge of the disease, and answers, how can it be expected? In the greater number of cases, the appearances after death have been governed by the various medicaments employed for the relief of the patient.

The examination in many cases has been conducted by observers who have not had sufficient experience to distinguish between the different causes by which similar effects might be produced. The dead body has been examined with a sort of bias towards considering the disease, as the cause of all the appearances by which that body is distinguished from others; sometimes without any knowledge of the medicines which had been exhibited, without any previous information respecting the habits of the patient, and without any consistent ideas of the influences and effects of the several circumstances in producing what are often improperly denominated morbid appearances. A judicious and experienced physician should have no difficulty for accounting for inflammatory streaks and spots on the stomach of the patient who, during the disease under consideration, swallowed large quantities of nitrate of silver or arsenic solution. It may sometimes be almost impossible for the most enlightened practitioner to determine in how great a degree the appearances after death may have been influenced by spasmodic contraction of the muscles partially or generally. While, therefore, we lament the want of a more correct history of *post-mortem* appearances, we must hope that our contemporaries and successors may furnish more reliable data.

RESUME OF CASES REPORTED UNDER THE NAME OF HYDROPHOBIA.

F. denotes Fatal; R. denotes Recovery.

No.	Name.	Sex and Age.	By what Animal Bitten.	Period of Incubation.	Result.	In what Period.
1	Metcalf, J. ..	M., 21	Dog	77 days	F.	1st day
2	—— ..	M., 38	Cat	70 ,,	F.	1st day
3	—— ..	M., —	Dog	——	R.	——
4	Barham ..	M., 60	,,	30 days	F.	2nd day
5	Courbouloy ..	M., 28	,,	42 ,,	F.	1st ,,
6	Hill, Ensign ..	M., —	,,	90 ,,	R.	——
7	—— ..	M., —	,,	90 ,,	F.	74 hours
8	—— ..	M., 40	,,	1½ years	F.	1st day
9	Booth, E. ..	M., 46	Fox	42 days	F.	43 hours
10	—— ..	M., 4	Dog	49 ,,	F.	24 ,,
11	Fergusson ..	F., 57	,,	21 ,,	F.	2nd day
12	Aines ..	M., 14	,,	90 ,,	F.	1st ,,
13	—— ..	F., 36	,,	8 ,,	R.	——
14	—— ..	M., 6½	,,	35 ,,	F.	4th ,,
15	—— ..	M., —	,,	2 years	F.	——
16	Le Gros, W. ..	M., 19	Cat	101 days	F.	4th day
17	Lloyd, E. ..	M., 11	Dog	150 ,,	F.	23rd day
18	Robbins, J. ..	M., 20	,,	70 ,,	F.	42½ hrs.
19	Rawlins, E. ..	F., 37	,,	49 ,,	F.	2nd day
20	Nichols, J. ..	M., 17	,,	42 ,,	F.	,,
21	Lynch, E. ..	M., 26	,,	150 ,,	F.	,,
22	Hays, W. ..	M., 28	,,	60 ,,	F.	,,
23	L—— ..	M., —	,,	2 years	R.	——
24	Cubit, G. ..	M., 17	,,	7 ,,	F.	44 hours
25	Chester, T. ..	M., 72	,,	15 months	F.	48 ,,
26	Jameson, A. ..	F., 53	,,	60 days	F.	2nd day
27	Rugheem, L. ..	M., —	,,	30 ,,	R.	——
28	Havens, C. ..	M., 13	Dog	50 ,,	F.	50 hours
29	M—— ..	M., 29	,,	9 months	F.	——
30	—— ..	M., 37	,,	5 weeks	F.	2nd day
31	Soring, S. ..	M., 35	,,	90 days	F.	1st ,,
32	Soult, E. ..	M., —	,,	60 ,,	F.	2nd ,,
33	—— ..	F., —	Cat	3½ months	F.	——
34	Henderson, J. ..	M., 14	Dog	9 weeks	F.	——
35	Lloyd, J. ..	M., 28	——	——	F.	24 hours
36	Napolitano ..	M., 16	Dog	90 days	F.	2nd day
37	Lichgow, D. ..	M., 30	,,	m. or two	F.	,,
38	Burrows ..	F., 30	,,	90 days	R.	——
39	W. H. B. ..	M., 18	,,	90 ,,	F.	3rd day
40	Pawnall, S. ..	M., —	Cat	49 ,,	F.	——
41	M. D. ..	M., 77	Dog	2 months	F.	3rd day
42	Guilleman ..	M., —	Wolf	1 month	F.	54 hours
43	C. D. ..	M., 13	Dog	1 month	F.	2nd day
44	Roberts, C. ..	M., 42	,,	10 weeks	R.	——
45	Duckworth, J. ..	M., 15	,,	1 month	F.	——
46	Farroghi, F. ..	M., 32	Cat	40 days	R.	——
47	—— ..	M., —	Dog	3 weeks	F.	——
48	Davidson, A. ..	M., 23	,,	10 ,,	F.	——
49	Miranow ..	M., —	Horse	7 days	R.	——
50	—— ..	——	——	——	——	——
51	—— ..	F., 13	Dog	next day	R.	28 days
52	—— ..	M., 55	,,	6 days	R.	——
53	—— ..	M., 60	,,	9 days	F.	——
54	—— ..	M., —	,,	3 months	R.	57 hours
55	Baylis, H. ..	M., 31	,,	2 ,,	F.	——
56	S—— G. ..	M., —	,,	14 days	R.	——
57	Ram Jam ..	M., —	,,	12 months	F.	——
58	L—— J. ..	M., —	Cat	11 years	R.	——
59	—— ..	F., 40	Dog	1 month	F.	4th day
60	Courmontague ..	M., 20	,,	6 years	F.	——
61	Male ..	M., —	,,	7 days	R.	——
62	—— ..	M., 17	,,	2 months	F.	2nd day
63	—— ..	M., 52	,,	5 weeks	F.	,,
64	—— ..	M., —	,,	4 months	F.	,,
65	G——, C. ..	M., 10	,,	3 weeks	F.	——
66	F. ..	M., 5	,,	5 ,,	F.	——
67	—— ..	—, —	——	——	—	——
68	J——, C. ..	M., —	Dog	6 weeks	F.	——
69	—— ..	M., —	,,	67 days	F.	63 hours
70	—— ..	M., —	,,	72 ,,	F.	5th day
71	—— ..	F., 11	,,	1 month	F.	——
72	S. B. ..	M., 37	,,	——	F.	86 hours
73	E. E. ..	F., 13	,,	6 weeks	F.	47 ,,
74	—— ..	F., 40	,,	——	F.	——
75	L——, F. ..	M., 6	,,	3 months	F.	3rd day
76	B——, M. ..	F., 8	——	28 days	F.	——
77	C——, P. ..	M., —	Dog	5 months	F.	——
78	C——, J. ..	M., —	[Same Dog]	,,	F.	——
79	——, G. ..	M., 37	Dog	——	F.	——
80	M——, Mrs. ..	F., 55	,,	16 days	F.	——
81	C——, D. ..	M., —	[Wild Dog]	6 weeks	F.	——
82	Child ..	— 10	Dog	40 days	F.	——
83	A——, J. ..	M., —	,,	6 weeks	F.	1st day
84	W——, W. ..	M., 32	,,	6 months	F.	3rd day
85	W., H. ..	M., 12	,,	6 weeks	F.	,,
86	M. H. K. ..	M., 13	,,	20 days	F.	——
87	T——, E. ..	M., 30	,,	9 months	F.	2nd day
88	Menard ..	M., —	,,	——	—	——
89	—— ..	M., 48	[Ne'er b'tt'n]	——	F.	5th day
90	—— ..	M., —	[Bit hi's'lf]	——	F.	4th day
91	—— ..	F., —	[Ne'er bitt'n]	——	R.	——
92	—— ..	M., 17	,,	——	F.	54 hours
93	—— ..	M., —	,,	——	F.	——
94	—— ..	——	——	——	—	——
95	—— ..	M., —	[Ne'er bitt'n]	——	F.	——
96	—— ..	M., 34	,,	——	F.	——
97	—— ..	F., —	——	——	—	——
98	—— ..	M., —	——	——	F.	——
99	Hacket, J ..	M., —	Cat	7 weeks	F.	27 hours
100	King, C ..	F. 18	Dog	10 years	F.	2nd day
101	Child ..	— —	——	1 month	F.	——
102	Mumphrey, J. ..	M., 36	,,	58 days	F.	48 hours
103	Heywood ..	M., 4	,,	6 weeks	F.	4th day
104	Hallstrom, E. ..	F. 8½	,,	45 days	F.	3rd ,,
		M., —	,,	14 m.	F.	2nd ,,
105	McLlellan, J. ..	M., 40	,,	5 m.	F.	2nd ,,
106	Woods, A ..	M., 4	,,	16 days	F.	4th ,,
107	A., R. G. ..	M., 13	,,	29 ,,	F.	2nd ,,
108	Phelps ..	M., —	,,	——	F.	——
109	—— ..	F. 12	,,	80 days	R.	——
110	—— ..	M., 19	,,	2 m.	R.	——
111	Attar, T. ..	M., 34	,,	14 days	F.	2nd day
112	—— ..	F., 1	,,	12 ,,	R.	——
113	—— ..	— —	Case of to be	Acute Hydroph	Laryngi obia.	tis tho't
114	—— ..	F., —	Case of	Simula tion.		
115	—— ..	M., —	Case of for	Angina Rabies.	mista'en F.	
116	Metcalf ..	M., 18	Dog	5 months	F.	46 hours
117	—— ..	M., 17	,,	1 month	R.	——
118	La Case, H. ..	F., 30	,,	15 days	F.	——
119	Hickey, J. ..	M., —	Cat	——	F.	——
120	Rigley, J. ..	M., 40	Dog	——	F.	——
121	Buisson, D. ..	M., —	Poisned by s'liva of a man	9 days	R.	——
122	Dobell, E. ..	F., 21	Dog	6 weeks	F.	3rd day
123	Mignot, C. ..	M., —	Wolf	6 weeks	F.	11th day
124	M., Mme. ..	F., —	Dog	,,	R.	——
125	Brizzi, D. ..	M., —	,,	5 days	R.	——
126	—— ..	M., —	,,	6 ,,	F.	3rd day
127	—— ..	M., —	,,	11 m.	F.	24 hours
128	—— ..	M., 14	,,	,,	F.	——
129	Cheshire, R. ..	M., —	,,	7 weeks	F.	——
130	Webber, E. ..	F., —	,,	1 week	F.	——
131	Murgatroyd ..	M., 17	Cat	3 m.	F.	2nd day
132	Francis, H. ..	— 39	Dog	4 m.	F.	6th ,,
133	Ray, W. ..	M., 56	,,	2 m.	F.	2nd ,,
134	McG. ..	M., 31	,,	3 m.	F.	3rd ,,
135	—— ..	M., —	,,	1 m.	F.	——
136	Charles ..	M., 38	,,	6 weeks	F.	——
137	S. B. ..	M., 27	,,	42 days	F.	
138	—— ..	M., 51	,,	3 m.	F.	3rd day
139	Izard, F. J. ..	M., 8	,,	5 years	F.	——
140	A. C. ..	M., 9½	,,	2 m.	F.	3rd day
141	—— ..	M., 42	,,	45 days	F.	——
142	C. J. ..	M., 17	,,	53 days	F.	——
143	C. A. ..	M., 2¾	,,	2 m.	F.	——
144	—— ..	M., 63	,,	38-48 d.	F.	2nd day
145	H. B. ..	M., 15	,,	6 m.	F.	70 hours
146	Peter, M. R. ..	M., 43	,,	75 days	F.	1st day
147	—— ..	M., —	,,	8 m.	F.	——
148	—— ..	This but bitten	patient some 17	r'cov'r'd or 18,	after persons	treatm't time
		months.	at same	died	within	three
149	—— ..	Illustra phobia.	tive ca	ses of	pseudo-	hydro-
150	Moreau, M.	Pois'ned rabid	by dis	secting a dog.	F.	
151	—— ..	M., 45	Dog	——	R.	
152	Filmer, J. ..	F., 36	,,	9 m.	F.	2nd day
153	Heume, W. ..	M., 5	,,	8 weeks	F.	3rd day
154	G. H. ..	F., 14½	,,	6-7 ,,	F.	,,
155	—— ..	F., 24	,,	80 days	R.	

NOTE.—Nos. 89 to 98, inclusive, are illustrative cases of so-called "Hydrophobia" quoted by Holland and Shinkwin.

THE death-rate last week in the four principal cities of the United Kingdom was at the rate of 28 per 1,000 of the population in London, 26 in Edinburgh, 26 in Glasgow, and 36 in Dublin. Of the large towns in the second category, Liverpool 32, Salford 33, Wolverhampton 38, Norwich 39, Manchester 39, and Plymouth 41, showed the highesf rate of mortality, whifst Portsmouth gave the most favourable returns, 16 per 1,000.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 27, 1878.

THE DENTAL PRACTITIONERS BILL.

THE following is the report of proceedings in the House of Commons in reference to the Bill to which we referred last week.

Sir J. Lubbock moved the second reading of this Bill, the object of which, he said, was to protect the public against quacks. The law very wisely provided that any person pretending to be a physician or surgeon unless properly qualified was rendered liable to a severe penalty. Chemists and druggists were not allowed to pursue their respective callings unless their qualifications had been tested by examination. It certainly seemed very anomalous that any person might call himself a dentist without the slightest qualification. Yet the profession of a dentist was by no means simple or easy. The system proposed in the present Bill had been tried in America and in Canada, where it had worked very successfully. It was proposed to respect vested interests; nor, indeed, was it proposed to prevent anyone from pulling out teeth and acting otherwise as a dentist, but only to forbid him from using a title which would imply that he had special qualifications. (Hear, hear.)

Dr. Cameron moved the adjournment of the debate, and after a short conversation,

The House divided, and the numbers were—

For the adjournment	27
Against it	49
Majority	—22

Sir J. M'Kenna moved the adjournment of the House.

Mr. Cross opposed the adjournment, which was supported by Dr. Cameron and Mr. O'Sullivan, who thought that the hon. baronet might congratulate himself on the passing of one of his Bills that evening. (Hear, hear.)

The House divided—

For the adjournment	11
Against it	61
Majority	—50

Mr. Dillwyn moved the adjournment of the debate.

Sir J. Lubbock said he should not further oppose, and the second reading was postponed until the 5th of March.

Respecting these proceedings, the *British Medical Journal* says, Mr. Lyon Playfair had been induced to withdraw his intended opposition by an unfounded statement made to him, to the effect that the Parliamentary Bills Committee of the British Medical Association did not make any objection to the Bill. Bound by the pledge which he had given, upon this statement being made to him, Mr. Playfair was unable to oppose the second reading. Mr. Cameron of Glasgow, with whom the Chairman of the Parliamentary Bills Committee had communicated during the day, kindly rendered efficient service, with other members who were opposed to the plan of this Bill, in succeeding in defeating its second reading. The most important lesson to be learnt from the foregoing debate is the support given to Sir John Lubbock by the Home Secretary, whose objection to the adjournment at once raised the number of supporters of the second reading from 49 to 61, and, correspondingly, reduced the phalanx of opponents from 27 to 11. There must, we presume, have been some reason (other than the merits of the measure) why the Government should use its influence to have so objectionable a measure read a second time, and the thanks of the profession are due to Dr. Cameron, and those who aided him to defeat the measure. The attitude of the Government ought, however, to convince the profession that their energetic action is at once required. They must act for themselves by petition, and by the exercise of influence with their representatives, for the Medical Council is as usual, entirely insensible to the emergency, and some of the colleges are involved in the support of the Bill, and cannot speak against it. Medical opinion is firmly united in a universal condemnation of this Bill, and in an emphatic protest against the proposition to make surgeon-dentists of all who can find money to buy a name-plate between this and January next, but there are important differences of opinion within the profession as to the amount of education which ought to be required from the dental surgeons of the future. Many surgeons, and most of the highest rank in the dental profession, maintain that a dentist should be a surgeon first and a dental specialist afterwards; that no one should be recognised as a dental practitioner except a duly qualified surgeon, and that if it pleased him to take a special license in dentistry that qualification should be additional to his surgical qualification. In support of this view it is argued: *Firstly*, that the skilful practice of dentistry involves a complete knowledge of the subjects correlative to surgery, and that a dentist cannot treat teeth diseases without an acquaintance with all branches of the education of the medical profession. *Secondly*, that no licensed speciality separate from surgery is recognised in the case of ophthalmology or gynæcology, and that it is not desirable to encourage the splitting up of medicine into a variety of specialities. *Thirdly*, that surgeons who now are alone recognised as legally qualified practitioners in all branches of their art (including dentistry) would suffer injustice if others, not educated or licensed as surgeons, were admitted to the legal practice of this part of surgery. *Lastly*, that great opportunity would be afforded for the practice of all branches of surgery by unqualified persons if they were once permitted to engage legally in any one of those branches. These are

the arguments put forth in favour of maintaining intact the present privileges of the profession, and, as such, they are entitled to our sympathy so long as they can be made to agree with the necessities of the public and the actual *status quo* in which we live. But it will be admitted, we think, that these arguments are disproved by a reference to the condition of dental practice throughout the three kingdoms. In the first place, it will not be denied that, whether or not the profession recognises dentistry as distinct from surgery, the public does so recognise it, and dentists who are not surgeons are as much a matter of fact as it is possible for any legislation to make them. The reason for this is obvious. It arises from the fact which those who argue in favour of the identity of surgery and dentistry would deny, from the fact that dentistry is not a limited speciality capable of being learned (at least to an extent sufficient for average practice) in a short time, and, therefore, within the reach of many who could not engage in the study of surgery. It is really futile to maintain that a man cannot be a thoroughly good dentist without having learned the anatomy, pathology, and surgery of the whole body, and this observation applies to the surgery of the teeth with much greater force than to ophthalmology or obstetrics, because the dependence of diseases of the teeth, jaws, and face, upon the state of the general system is much less close than in the case of these specialities. It might be said, indeed, with truth, that at least two-thirds of the study and money which is required by the surgeon for his complete qualification would be altogether thrown away the moment he narrowed his practice to dentistry, and it is, therefore, neither practical nor reasonable to compel a dentist to expend that labour and money on that which he has no need for before he can commence to learn that which he really wants. It would, surely, be anomalous that a dentist, whom competition might compel to accept very small fees, should be forced to have a higher qualification than his neighbour the surgeon, inasmuch as he should superadd a dental licence to the surgical licence which entitled him to all forms of medical practice. We therefore hold that a licence in dentistry, separate and distinct from the surgical qualification, should be provided by the surgical colleges in order that the requirements of the public may be met. We do not for a moment suggest that the right or capacity of the surgeon to practise dentistry should be open to doubt; on the contrary, we should look upon the surgical diploma as the higher degree in dentistry to be obtained by those who desired a more honourable qualification than that of L.D.S. We insist, however, that if any person is to be admitted even to a nominal association with the profession, he should pass through a thorough test as to his competency, and, therefore, so far from condemning the object of Sir John Lubbock's Bill *quoad* the legal separation of dentists from quacks, and the establishment of proper examinations, we entirely approve of these objects, and hope yet to see a measure for these purposes passed. Nevertheless, we repeat unreservedly our condemnation of the Bill as it stands.

An addition to the Fulham Small-pox Hospital, costing £5,250 has been decided upon by the Metropolitan Asylums Board.

THE NEW CHARTER OF THE IRISH COLLEGE OF PHYSICIANS.

Exactly this time last year the Fellows of the King and Queen's College of Physicians in Ireland received from Sir Michael Hicks-Beach a reply to their request for a new Charter, and that reply was in the form of a memorandum of a conversation between the President and Vice-President with the Chief Secretary. In this communication Sir Michael Hicks-Beach expressed himself as follows :—

He said that he did not like the notion of election by ballot for the Fellowship; but that if the Fellows were elected by examination or otherwise, and a Council was established, he saw no objection to the election from the body of Fellows to the Council by ballot.

With regard to the formation of a new order of members, the Chief Secretary considered that the enlargement of the number of Fellows, and the establishment of a Council, would render this unnecessary, inasmuch as he presumed that the higher order of Fellowship would entitle the holders thereof to all privileges attainable under a new order of members.

And lastly, the Chief Secretary suggested that in future the bye-laws of the College should be submitted to the Privy Council for their approval, before they become binding on the College.

The Fellows of the College themselves—constituting the conclave which Sir Michael Hicks-Beach desired to liberalise—rejected this proposition, and decided to stick to the ballot at all hazards, and, therefore, the question of a new Charter has lain dormant for the last twelve months. At length, the Lord-Lieutenant has consented to the proposal put forth by the Fellows that a new order of members, a higher class of licentiates without the privileges of Fellows, should be created, and that consent has been communicated to the Fellows last week in the following letter :—

"Dublin Castle, Feb. 4, 1878.

"Sir,—With reference to previous correspondence, I am directed by the Lord Lieutenant to acquaint you that, as at present advised, His Grace sees no objection to the grant of a Supplemental Charter to enable the King and Queen's College of Physicians in Ireland to institute an Order of Members, on analogous conditions to those prevailing in the Colleges of London and Edinburgh, and also permitting the election of Fellows, by a majority, with Ballot; but as it appears most desirable to substantially increase the number of Fellows, and to provide effectually against the possibility of unreasonable restrictions, His Grace is strongly of opinion that any Charter permitting election by Ballot must be so framed as to abrogate the present restrictive by-laws, and to prohibit any future enactments of like restrictions.

"I am to add that the details of the Supplemental Charter will require careful consideration; but if the College will submit a draft, framed with a due regard to the above-mentioned principles, His Grace will be prepared to consider it, and communicate further with the College on the subject.

"I am, Sir,
"Your obedient servant,
"T. H. Burke.

"To Samuel Gordon, Esq., M.D.,
"President to the King and Queen's
"College of Physicians in Ireland."

It is not easy to see how the wishes of the Lord Lieutenant are to be carried into effect. So far as the establishment of an order of members, and so far as the

election of a Council is concerned, there need be no difficulty, but we cannot as readily understand how the "number of Fellows" is to be "substantially increased" as long as it continues to be within the power and the uncontrolled caprice of a majority of those now holding the Fellowship to forbid absolutely the admission of a single new Fellow. His Grace is prepared to approve "the election of Fellows by a majority with ballot," and yet will not be satisfied unless the Fellows previously bind themselves to forego their right of rejection when the ballot comes to be taken. The very first exercise of the voting powers of the new Charter may be sufficient to prove that the Fellows are not disposed to "substantially increase" their number; and we shall be curious to peruse the Charter which will endow them with individual discretion, and, at the same moment, prevent the exercise of that discretion.

SMALL-POX AND "SUCCESSFUL VACCINATION?"

In the weekly returns of the Registrar-General, ending February 9th, we are informed that the deaths from small-pox were more numerous than they have been since June last. They amounted to fifty-five, whereas in nineteen large provincial towns, with an aggregate population slightly exceeding that of London, not a single fatal case was recorded. This difference is not accidental. There must be something radically wrong in the treatment of the epidemic. Is the Vaccination Act steadily carried out? Have the cases said to be vaccinated been effectively vaccinated? Is the isolation of patients during and after attack carefully carried out? There are hospitals, and yet people die of small-pox in these exceptional numbers.

The number of small-pox patients in the Metropolitan Asylum Hospitals, which at the beginning of October last had declined to 137, steadily increased to 542 on Saturday, 2nd instant, and were 536 on Saturday last; 127 new cases were admitted to these hospitals during last week, against 126 and 146 in the two preceding weeks. The Highgate Small-pox Hospital contained 57 patients on Saturday last; in the six preceding weeks the numbers had steadily increased from 26 to 56.

We have also before us the report of the sanitary committee of the small-pox epidemic, as it affected Islington, of 1876-77, in which report the medical officer of health, Dr. Tidy, justly remarks that there is need of some more efficient legislation in the matter of vaccination. Several months ago we pointed out that the words *successfully vaccinated*, as printed in the vaccination forms, is a very uncertain and misleading phrase, and we suggested that Government should not allow the form referred to, to be filled up unless the arm had "taken" in a certain number of cases. The chief reason why so many contract the disease after vaccination is that either this operation has been imperfectly performed, or that re-vaccination has been entirely ignored. For instance, it would appear that twenty-five per cent. of the children attending the Board schools are imperfectly vaccinated. "At the present time," observes Dr. Tidy, "Government refuses to pay out of the public funds for the re-vaccination of any children under twelve years old who have been once certified as successfully vaccinated. Unfortunately, successful vaccination does not necessarily mean efficient vaccination, and consequently many remain exposed to the contagion of the disease whenever an outbreak of it occurs. With regard to the number of marks that should be taken as proof of a successful vaccination, Dr. Tidy asks: "Is one mark on the arm to be called successful vaccination? I think not; and nothing less than three marks, in my opinion, is." We agree with him; but what is the vaccinator to do? There is not, as there should be, a form for those cases in which the arm has only imperfectly "taken," and which therefore cannot be regarded as successful. The present forms apply only to those cases which have been successful, or in which the operation has been postponed, or which are insusceptible of vaccination. Consequently, if a child is vaccinated, and the arm has only taken in one place, the vaccinator has no alternative but to fill in the form for "successful vaccination," without stating, as he should be directed to state, the number of marks left by the operation. Of course this objection would not be a very serious one were re-vaccination to be more generally practised; and the fact of there being, as there always will be, so many children unsuccessfully vaccinated, is one of the strongest reasons why the operation should be repeated when they have grown up. Dr. Tidy is therefore right in saying that greater facilities must be given, and greater powers extended to the authorities for the purpose of carrying out vaccination, and, we may add, re-vaccination, so that we should reap its full benefit.

Notes on Current Topics.

The Lectures at the Irish College of Physicians.—The Anatomy of the Spinal Cord.

The third lecture of this year's course of annual scientific lectures in the King and Queen's College of Physicians, was delivered on Monday, Feb. 18th, by Dr. Purser. The subject chosen for this and the succeeding lecture, was the anatomy and physiology of the white columns of the spinal cord. It was shown that while the anatomical investigation of the fully developed cord gave little information as to the course of the fibres, the entire white matter appearing to form one whole, embryological investigation demonstrated that the white matter was highly complex, and consisted of seven distinct tracts which differed widely in the time of their first appearance and subsequent development. Four of these tracts were for the most part made up of fibres of the nerve-roots before they finally terminated in the grey substance, and of commissural fibres which connected portions of the grey matter of the cord lying at different levels. The tracts of this class varied in size in different regions of the cord, according to the amount of grey matter, and the number of nerve fibres entering (or leaving) each part.

The three remaining tracts were developed later, and differed from those of the first class in connecting the spinal cord with the brain, and they consequently increased steadily in size from below upwards. 1. The continuation of the pyramids in the cord, which, according

to the degree of crossing of fibres which occurs at the decusssation, have a variable arrangement, connect the cerebrum (cortex and basal ganglia) with the grey matter of the spinal cord, the connection being chiefly with the cells of the anterior horns. 2. The direct cerebellar tract, which lies at the periphery of the posterior part of the lateral columns, effects a communication between the cells of Clarke's column and the cerebellum. And, 3, Goll's column, which appears to terminate in the post-pyramidal nucleus has an uncertain spinal connection. The facts of human and experimental pathology were shown to confirm in a striking manner the results of embryological research.

The Practice of Smoking.

It is always desirable that the medical profession and the lay press should be of one opinion on any question that concerns the health and happiness of the community, and that our more influential and widely circulated newspapers should give as little encouragement as possible to habits which, in the opinion of many, do more harm than good, both as respects the health and morality of the people. A few days ago the *Daily Telegraph* had a long leader on the practice of smoking, which, although taking a very practical and common-sense view of the subject, will nevertheless have a tendency to encourage the practice beyond the limits of prudence and moderation. According to the Annual Report of the Inland Revenue Board, the quantity of tobacco cleared for consumption in 1876 was equal to one pound and seven and a-half ounces for each head of the population. Thirty-five years previously, in 1841, the total came to only fourteen ounces; in 1851, it was seventeen ounces; in 1861, it was nineteen ounces and a-half; and in 1871, it was twenty-one ounces and a-half. Evidently the consumption of tobacco goes on steadily increasing; and we think it is the duty both of the medical profession and the lay press to do all they can to check this rapidly increasing consumption. We cannot say that the article above-mentioned is calculated to effect this desirable object; and if on the contrary our contemporary is rather enthusiastic in its praises of tobacco smoking. "We must," we are told, "do our best to take the facts of life as we find them. Most men smoke. Can it be shown, or even suggested, that non-smokers live longer than smokers. We venture to think not." . . . There is a vast amount of common sense in human instincts. Nine men out of ten will declare that they smoke because it quiets them. Tobacco, in other words, is an anodyne. "It soothes and tranquillises the overwrought nervous centres, and if, indeed, it poisons us, does so with the maximum of comfort and pleasure, and the minimum of inconvenience. In youth, while the heart is still in process of growth, let its use be by all means eschewed. In adult age it is a solace for troubles, a companion in solitude, a narcotic and sedative more potent than ary known to the Pharmacopœia; and there can be, we venture to think, but little doubt that, "thoughtfully taken," it diminishes the worry and friction of existence, while the evidence that it contributes in any sensible degree to shorten life is extremely questionable."

We agree with these observations in the main; and, in a previous article on the subject, we adopted, with certain reservations, a similar line of argument. But, a journal that is read by the million, and is circulated among all classes of society, cannot be too careful to let its readers know that what it says in favour of smoking tobacco merely applies to a very moderate indulgence in this habit. After making several allowances and deductions, it is calculated from the above statistics that among the smoking community the average quantity of tobacco consumed per head does not amount to more than half an ounce per week; and "it can hardly be contended," says our contemporary, "that this quantity is an injurious amount for a full-grown man to consume." Unfortunately, however, the doctrine of averages goes for nothing in questions of this kind. A large number of people may be consuming an almost poisonous quantity of tobacco, while the rest of the smoking public may be keeping far within the limits of moderation; and it is just this baneful habit of excessive smoking, as practised by the former class, which every publicist should make a point of discouraging as much as possible. The medical profession can do much to check the immoderate smoking which is now so universally prevalent, and it is to be hoped that the lay press will take every opportunity of reminding its readers that the immoderate use of tobacco is a habit which can never be indulged in with impunity.

"Beautiful for Ever."

It is a great pity that those fair dames, who are in search of a good complexion, or who are anxious to retain their good looks, should not take more legitimate means of doing so than running after people who make it their business to prey upon the credulity and frailty of human nature. It is surprising that any woman of ordinary education should be ignorant of the fact that the improvement of her personal attractions, so far as they can be improved, depends upon conditions respecting which her ordinary medical adviser can give her the best information. Those little freckles, that dreadful eruption, those untimely blushes, and that sallow, red, or jaundiced tint, which so disfigure her face, are, as she should be told, often the result of a disordered state of the system which, in nine cases out of ten, may be remedied by a judicious course of medical and hygienic treatment. Perhaps, however, we are not altogether blameless in the matter, and may, through our indifference to the petty but very excusable complaints of our fair patients, drive them to those ignorant and unprincipled charlatans who exaggerate the gravity of their symptoms, and frighten them into adopting measures which do a great deal more harm than good. We are too apt to forget that it is quite natural for a woman to attach too much importance to anything that disfigures her, and that the physician who will seriously treat and remove some slight but unsightly eruption from her face will be thought more of than if he had cured her of a pneumonia or pleurisy. We counsel, therefore, our medical brethren to treat the little complaints and foibles of the fair sex with more consideration than they generally do, and not allow them to fall into the hands of those unscrupulous persons who are ever ready to take advantage of their ignorance or credulity.

Medical Reform.

THE *British Medical Journal* says it "has reason to know that the course which the Government will take this session in respect to medical reform is not yet decided." This impression might readily have been derived from the reply of Lord Sandon in the House of Commons, but there seems to be little doubt that the Government is really preparing for action with the purpose of enforcing conjoint examination upon the licensing bodies. If the Eastern anxieties of Parliament were once relieved, we might very probably have a Bill this Session which would be appropriate at the present juncture, inasmuch as the conjoint examination arrangements for England are all but complete. Meanwhile the Medical Council is *more suo*, taking its final doze before the dawn, when it awakes at the end of the parliamentary session to a consciousness, it is expected to do a certain amount of talking each year. As usual it is incompetent to express the feelings of either the profession or the public; and its opinion is, naturally, entirely disregarded by Government. The Council itself, will, indeed, be the greatest difficulty of the Medical Reform Legislators, for even the least respectable of the Scotch colleges is more efficient than the Council, and, therefore, any measure of reform which does not regenerate that conclave *ab ovo*, will be ineffectual and unpopular. If the profession were asked its opinion it would give an unhesitating verdict, that no administrative body could fulfil its functions with less zeal or more obvious incompetency than the Medical Council.

The London Water Supply.

Dr. CHARLES M. TIDY, the Officer of Health, and Public Analyst of Islington, has issued a laborious and very useful statistical report on "The Quality and Quantity of the Water Supplied to the Metropolis during the Past Ten Years." Such a record at the present moment is of more than usual importance to health officers, and the results obtained are free from all mere sentimentalism; and calculated to enable them to arrive at a just conclusion as to the actual measure of river pollution, and its probable influence over public health. Dr. Frankland reports, as the result of his analyses of the waters supplied to the metropolis and some of its suburbs during January, that, taking unity to represent the average amount of organic impurity in a given volume of the Kent Company's water during the last nine years, the proportional amount of such impurity in an equal volume of water supplied by each of the other companies, and by the Tottenham Local Board, was:—Tottenham, 1·1; Colne Valley, 1·1; Kent, 1·7; New River, 3·4; East London, 3 9; Lambeth, 4·5; Southwark, 5·2; Chelsea, 5·2; West Middlesex, 5·9; and Grand Junction, 6·3; the proportion in the Grand Junction water, after filtration through spongy iron, was reduced to 2·2. The water derived by the five companies drawing their supply from the Thames, was again "much polluted by organic matter, and quite unfit for dietetic purposes," although subjected to efficient filtration before delivery. The proportion of organic matter was reduced to about one-third, and the hardness to little more than one-half, of its original amount by filtration through spongy iron. The Lea water, though efficiently filtered by the New River and East London Companies, was considerably polluted by organic matter in solution. The waters supplied by the Kent and Colne Valley Companies, and by the Tottenham Local Board, furnished the only samples of good water examined during the month; drawn from deep wells in the chalk, these waters were of the usual excellent quality.

Contemplated Change in the Constitution of the India Medical Service.

IT has long been known that a measure to abolish the double medical administration of the British and India Medical Services has been incubating in India. The *British Medical Journal* says it has reason to believe that this measure has been for some time before the authorities at the India Office, and that ere long the new scheme will be published. No one can deny that, on the face of it, it is absurd to have one set of medical advisers for the civil and military administrators for white and another for black troops, as if the general principles of sanitary science were so essentially different for the two races that separate experts were required to expound them. Our contemporary believes that all the medical officers of the India services will be called on to elect whether they will serve in a civil or a military capacity. The civil medical administration will be placed under officers selected exclusively from the India services. Those who elect to serve in the army will, as a matter of course, be under military medical officers selected entirely from the two services, British and Indian; and the troops, without distinction of race or colour, will be under one sanitary authority.

Deaths of Note in France.

THE profession in France has, like ourselves, to deplore the loss of several eminent men from its ranks, notably of members of the Académie des Sciences. Last week we chronicled the decease of that transcendant physiologist, Claude Bernard; we have now to record the death of Professor Becquerel, who for nearly fifty years was connected with the Academy as Professor of Physics, &c. Yet another in the person of Dr. Regnault, Professor at the College of France, the Polytechnic, and Director-General of the Imperial Factory at Sevrès. The death of his son, and the scientific loss of his apparatus, manu scripts, &c., during the Franco-Prussian war, brought on paralysis, from which he has just succumbed, at the age of 67. Names of European reputation, such as Barth, Bouvier, Caventou, Dolbeaw, Hervez de Chegoin, de Kergaradec, Demarquay, and Berthier, have also to be added to the list of the recent dead; and lastly, the brilliant lecturer and surgeon, Professor Hirtz, who, until the Franco-Prussian war, occupied the principal chair at the Faculty of Medicine, Strasbourg; on the annexation of Alsace and Lorraine, his patriotism induced him to throw in his fortunes with the French nation, and to take up his residence in Paris, where he has just died.

THE biennial dinner in aid of the Funds of the National Hospitals for consumption at Ventnor, was given in London on Wednesday last, the Earl of Carnarvon occupying the chair. The pecuniary position of the Hospital is satisfactory.

State Funeral of Claude Bernard.

STERNE'S oft-quoted axiom, "they order this matter better in France," has just received a happy illustration, in honouring the remains of her eminent *savant* Claude Bernard with a public funeral. Would that the same principle were adopted a little oftener in our own country! On the proposition of the Minister of Public Instruction, the Chamber of Deputies and the Senate passed the following resolutions:—The President of the French Republic decrees: 1. That the obsequies of Claude Bernard shall take place at the expense of the State. 2. For this purpose a sum of ten thousand francs is placed at the disposal of the Minister. 3. The expense to be provided from the general funds of 1878.

Gambetta thus expressed himself on the proposal of the Government: "Gentlemen, in the face of such an irreparable loss, there can be but one sentiment animating every member of this assembly. (Approbation.) Scientific France can show to the world many men of talent, many luminaries, but I may say that the light which has been extinguished can not be replaced. (Applause.) Claude Bernard did not only exist for the scientific circles of France, but for the whole world. He was recognised as the inspirer and as the most competent guide in scientific research. In the polemics of science all the world paid him this homage, that he was never the slave of a party, or of a system, or of personal passion. Gentlemen, I shall not pronounce his eulogium; more authorised voices, as those of his colleagues and friends will discharge that duty. We salute the entrance of Claude Bernard into immortality." (Vociferous applause.)

A Jury of Matrons.

THE effete folly of submitting an issue upon which hung the life or death of a prisoner, to the arbitration of a jury of a matrons, was again recently perpetrated, in accordance with the law, at Chester. A prisoner, named Heeson, was found guilty of having poisoned her mother and two children, and pleaded pregnancy as a reason why sentence of death should not be passed. Thereupon, in obedience to the law, enacted in times when no one knew any better method of inquiry, a jury of old women who were loitering about the Court was assembled to inquire as to the truth of the prisoner's plea. The gaol surgeon was ordered to assist this astute and highly informed tribunal, with his opinion, and it being decided that the prisoner was really pregnant, her execution was deferred. It appears that there are doubts as to the legality of employing the medical man at all, but as the judge thought it right to strain a point in order to arrive at truth, it may, we hope, encourage the judge on the next similar occasion to dispense with the jury of matrons altogether.

Creosote in the Treatment of Phthisis.

MM. BOUCHARD AND GIMBERT have recently revived the treatment of phthisis by the above named remedy. Discovered by Reichenbach in 1830; Migniat-Breschet-Grandjeau applied it in phthisis pulmonalis, but though it was vaunted as a specific, it did not maintain its character. MM. Bouchard and Gimbert employ a special preparation of pure, colourless creosote, produced by distillation of wood tar. The following formulæ are used:—

Creosote Wine.—Pure creosote 13 grammes, 50; tinct. gentian, 30 grammes; alcohol, 250 grammes; Malaga wine, q.s. to make a litre. Dose—From two to four spoonfuls in a glass of water daily.

Creosote Alcohol.—Creosote pure, 3 grammes, 50; alcohol, 125 grammes; water, 126. Dose—One tablespoonful daily, half an hour before meals, in half a glass of water.

Creosote Oil.—Cod liver oil, 300 grammes; creosote oil, 2 to 4 grammes. Ordinary dose.

Death of Dr. Peaslee.

WE regret to learn from the *New York Medical Record* that the distinguished ovariotomist, Dr. Edmund Randolph Peaslee, died in New York on Jan. 21st, within one day of completing his sixty-fourth year. The immediate cause of death was pneumonia. Dr. Peaslee was one of the most eminent teachers, authors, and operators, whose works have graced the annals of American surgery. His treatise on Ovarlotomy was the crowning effort of his life, and will remain for a long period the best work on the subject in any language. By his death American surgery has lost one of its ablest exponents—Bellevue Hospital Medical College a teacher whose fame extended over two continents, and afflicted humanity one of its greatest benefactors.

The Will of the late Dr Blundell.

THE will and codicil (dated April 11th, 1857, and March 27th, 1876) of Dr. James Blundell, formerly of 1 Great George Street, Westminster, but late of 80 Piccadilly, who died on the 15th ult., was proved on the 29th ult., by George Augusta Frederick Wilks, M.D., the nephew, and Samuel Frederick Noyes, the surviving executors, the personal estate being sworn under £550,000. The testator leaves to his sister, Miss Mary Blundell, an annuity of £800, and all his furniture, plate, pictures, household effects, horses, and carriages; to his half-sister, Miss Ann Blundell, an annuity of £250; to his nephew, Bezer Blundell, £14,000 Consols; to his nephew, Dr. Wilks, all his freehold, copyhold, and leasehold estates, and £35,000 Reduced Bank Annuities; to the London Hospital, £500; to St. Mary's Hospital, Paddington, £250; and there are other legacies and annuities to relatives, friends, and servants. The residue of his personality is given upon trust for his niece, Mrs. Noyes, and her children.

The Unhealthiness of Dublin.

AT the last meeting of the Executive Committee of the Dublin Sanitary Association, it was announced that the number of patients with small-pox in Cork Street Fever Hospital had increased to 43, of whom 7 were admitted within the last twenty-four hours. Attention was directed to the Registrar-General's returns, from which it appeared that the death-rate for the past week was 34·2 against 29·2, the average rate for the past ten weeks. The zymotic death-rate was 5·1 as compared with 3·9, the zymotic rate for three large English towns. The deaths from these diseases included 6 from small-pox, of whom 2 had never been vaccinated; two others said they had been, but no mark could be found, and in only one was a mark found. There were also 9 deaths from measles, and 6 from fever.

Pasteur on Vibrios.

At the meeting of the Academy of Medicine, Jan. 21, 1878, Pasteur communicated a note on the question of septicæmia for the consideration of surgeons. The vibrios of septicæmia are essentially anæroliotic, the contact of atmospheric oxygen kills them, when, on the other hand, they remain *in vacuo* or in a medium of carbonic acid, they are transformed into germs which the air does not kill. But these germs do not develop in the air, or in oxygen; for their further evolution, carbonic acid is necessary.

Death of a Miser.

An eccentric individual named John Rhodes, of Hounslow, was buried on Monday. Although possessing immense wealth, he dressed like a tramp, and was exceedingly parsimonious, often denying himself the common necessaries of life. He has left the greater portion of his fortune, amounting to £100,000, to various metropolitan charities. Mr. Rhodes, who was a chemist in early life, was nearly 80 years of age.

How to Make "Genuine French Brandy.'

The *American Journal of Pharmacy* gives the following formula for making a prime article of French brandy: "Take of common alcohol and water, each two quarts; mix, and add nitro-benzole, half an ounce."

University of Dublin.

The Academic Council have resolved that the Medical and Surgical Travelling Prizes shall be amalgamated, and have requested the professors of the Medical School to report whether the examination for the Travelling Prize shall be held in alternate years in medicine and surgery, or whether it shall be held each year in the two subjects combined.

Daniels come to Judgment.

At an inquest held recently at Harpur Hill, Lancashire, it was found that only four of the jurymen, when they were requested to append their signatures to their verdict, could not write.

We understand that the Medical Department of the Army is engaging the serious attention of the Secretary for War; and that a scheme will shortly be propounded, which, it is to be hoped, will remove the objections young men have to join

Dr. Engelmann, a Prussian refugee, celebrated for political misfortunes and scientific acquirements, recently died in exile at Brussels. During the political disturbances at Berlin in 1848, he was condemned to death, but succeeded in escaping to Belgium. Dr. Engelmann was an officer of the Turkish Order of the Medjidiè, and a Knight of the Order of Merit in Saxony, as well as a Red Cross Knight of Prussia.

It having been determined to erect another branch of the Birmingham General Dispensary, at Ladywood, Mr. John Carter, M.R.C.S., has given a donation of £100, as the nucleus of a building fund; should the project not be carried out in five years, the donation is to revert to the general fund.

A higher death-rate was prevalent last week in London, than in any corresponding period since April last. The deaths from small-pox were, however, less than the previous week by eight, whilst those from whooping-cough increased alarmingly; 124 deaths resulting from this disease.

THE METEOROLOGICAL SOCIETY OF GREAT BRITAIN.

The usual monthly meeting of this Society was held on Wednesday, the 20th inst., at the Institution of Civil Engineers, Mr. C. Greaves, F.G.S., in the chair, when Dr. Tripe, Medical Officer of Health and Food Analyst for Hackney, read a paper on

THE WINTER CLIMATE OF SOME ENGLISH SEA-SIDE HEALTH RESORTS.

The places selected were Scilly, Torquay, Penzance, Guernsey, Barnstaple, Ventnor, Llandudno, Ramsgate, and Hastings, and the climatic features of each were compared with those of London. The results of this discussion may be briefly summed up as follows, viz.—the mean daily winter temperature of these sea-side places, and especially of those situated on the coast of Devon and Scilly is higher than at London; the mean daily maxima and minima are also higher, and especially the latter, so that the daily and monthly ranges of temperature are smaller; the mean humidity is less; the general direction of the wind about the same, but the number of rainy days and the rainfall are greater at the sea-side. As regards the wind, therefore, the chief point to be especially noticed is amount of shelter afforded by high land, as at Ventnor, and especially of protection against the stormy and cold winds which ordinarily prevail at the end of February and in March. The soil also should be considered, as heavy rains at gravelly and chalky places are not so objectionable as on clayey ground. The discussion on this paper was adjourned until the next meeting, which will be held on March 20th.

The following were elected Fellows of the Society:—W. C. Baker, W. Berridge, W. M. Burke, Rev. J. A. P. Campbell, Prof. J. Eliot, Lieut. C. S. F. Fagan, C. H. Holden, Prof. H. J. S. Smith, Capt. W. Watson, and C. Woollett.

Correspondence.

MEDICAL WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your correspondent, "Fair Play," argues the cause of the lady students upon false issues, and, by assuming reasons which, I believe, do not actuate any considerable number of medical men, he does an injustice to the good sense of those who, upon totally different grounds, discourage lady-doctoring. No unprejudiced thinker now denies to individual women the possession of mental faculties immeasurably superior to those of the general run of male students. I might answer that "one swallow does not make a summer," but prefer to admit, as I conscientiously believe, that the ladies are, when properly educated, and firmly devoted to the study and practice of medicine, entirely capable of filling the modest *rôle* of general practice. But, Query, is one out of ten of them suitably educated to that object in childhood? Or is one out of 100 "firmly devoted to the study and practice of medicine." Surely it is no discourtesy to ladies in general, to say that they are not brought up to think on grave subjects, or to earn their living in professional competition, but are given just enough knowledge to make them attractive to the average (often *very* average) husband. What further proof is necessary than a comparison between the miserable sham education thought sufficient for daughters, and the hard practical teaching considered indispensable for sons, to convince us that marriage

is the *ultima ratio* of the female population? I am conscious that this argument should not go to exclude from medical practice the truly rare specimens of femininety who bring to the study of medicine a sound masculine education and a determination to succeed in practice, untinctured by the hope of succeeding sooner or later in matrimony. If such unique specimen exists, it would be as cruel and stupid to hinder her growth, as it would be to shoot and stuff a live Dodo; and the great majority of medical men, while they feel convinced that, in the abstract, professional success is impossible to a section of the community who are not educated to it, and who pursue it only as a temporary expedient, would not, if they could, refuse "fair play" to those ladies who think otherwise.

The object of this letter is, however, to deprecate what I must be rude enough to call the puerility of your correspondent's argument. He says :—

"Does Smith, who objects to associating in a lecture-room with a highly-educated lady, equally object to his receiving his matutinal glass of beer and smiles from the maidens at the *restaurant* patronised by the hospital? A woman behind the bar is tolerated and often idolised by the same young fellow who is ready to insult Miss. S. in the lecture-room. Strange perversion of the male intellect, caused by custom and habit!"

It is not the first time that I have heard such nonsense as this imported into the discussion. It might be hoped that those who write on the subject, would see that a barmaid, who is an admirable work of nature and art behind the counter, would hardly be in her proper place in company with a crowd of students at a lecture on Hernia. To me, it is quite conceivable that the old heads amongst medical teachers should object to the intrusion into their classes of an element almost as unfavourable to serious study as a Punch and Judy show would be; and it is also quite conceivable that a medical student may feel that, however charming the ladies may be in unprofessional association, the amative society of a "sweet girl-graduate" is barely consistent with business, and would make him (if not the lady) decidedly uncomfortable on many awkward professional occasions.

I, therefore, urge that lady students should learn their profession in each other's company, and that, having learned it as thoroughly as male pupils, they should have every fair play in qualification and in practice. If the demand for lady doctors (which they allege) really exists, there will be an ample *clientele* of students to maintain their own school and their own wards in hospitals. If the demand be insufficient for this, it can hardly be asserted that the public really wants "lady doctors."

Yours, &c.,

HIBERNICUS.

A PLUM FOR THE ANTI-VIVISECTIONISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—No doubt Mr. George R. Jesse, "Hon. Sec., Treasurer, and Member of Council of the Society for Total Abolition of Vivisection," and who takes *no* notice of "uncomplimentary remarks," would find amongst the *humane* spectators of the following noble entertainment some of the most strenuous supporters of the Society of which he is the secretary, &c.

Here is the story of what, we suppose, should be described as a "splendid day with the hounds." "Yesterday, we read, Her Majesty's staghounds met Lord Harkwicke, the master, and a very large field, at Gerrard's Cross, five miles from Uxbridge. A favourite stag was uncarted, and, after running almost in a ring, it took to a sheet of water in Bulstrode Park, the seat of the Duke of Somerset, and was literally torn to death by the hounds." A spectacle for the gods, surely! Yet our noble huntsmen would probably resent with scorn the imputation that they could witness a Spanish bull-fight.

This extract is from a contemporary which professes to be a great friend to the "Medical students or medical roughs?" who figured at the Metropolitan Tabernacle last week during a meeting held there in the cause of sham humanity, and against the advance of science and investigation into the laws of life.

I am, &c.,

EQUIVOCAL HUMANITY.

DR. OFFENBERG ON RABIES AND HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Enclosed I send you a copy of the *All. Med. Centr. Zeitung*, No. 2, Jan. 5, 1876, in which there is an account (taken from the *Deutsche Zeit. fur Practische Med.*) of the case of hydrophobia cured by me by means of curara.

You will now agree with me in my assertion that the report of the case of Dr. Polli (as in MEDICAL PRESS AND CIRCULAR, June, 1877) was only a translation of the above-mentioned case of mine, and that in reality there does not exist a particular case cured by Dr. Polli.

The difference between the two reports consists only in the statement of the age of the patient and in the name of the attending doctor, whilst all other particulars completely agree.

When I first communicated with you (Jan. 7) I also wrote to Mr. George Fleming, the editor of the *Veterinary Journal*, enclosing the *Deutsche Zeit. für Practische Med.*, No. 52, 1875, in which the account of my case first appeared.

I have not heard Mr. Fleming's opinion on the subject, or whether he considers a rectification necessary.

The "Special Report" of your commission which is to appear in book form, I have ordered through Hirschwald's Library in Berlin, and I rejoice thus to be able to obtain it, for the fragments I have read in single numbers have greatly interested me.

Yours obediently,

Wickrath, Rhenish Prussia, Feb. 14, 1878. OFFENBERG.

*** The difficulty of arriving at facts is very great, and we have felt this whilst engaged in our "Report on Rabies." We have, in the reputed case of rabies with Dr. Polli's name, a very striking illustration of this truth, for when we thought we had a fact, that there was a case of recovery, Dr. Polli, it now seems he is only a translator, and thus the case reported as cured by curara by Dr. Polli turns out to be the same one originally reported by Dr. Offenberg.

Thus, two cures have been made out of one. In June, 1877, we gave Polli's case publicity, taking it from *Le Paris Médical*. Since that time it has been copied into numberless journals: *The Lancet*, *The Medical Times and Gazette*, &c., the daily papers of England and America. We have traced it through *Le Paris Médical* to Dr. Fanos, *Journal of Surgery*, No. 49, where it was inserted from the Annals of the Medico-Chirurgical Society of Liège, who had obtained it from the *Annali dal Dr. G. Polli*. Other references given were the *Gaz. Med. Ital. Prov.*, Feb. 26, 1876, and the *Allg. Med. Berlin Centr. Zeit.*, No. 2, Jan. 5, 1876.

After doubling and twisting like a hunted hare we have thus traced it back to its original form. But there we find no mention of Polli, and we have the following simple statement :—

OFFENBERG—*Lyssa humana mit Curare erfolgreich behandelt.*

We have made these facts known in the interests of science and justice. If there is a Dr. Polli we hope he may come forward and clear up any remaining doubts there may be about the facts. We cannot wonder at the numberless mistakes that are made by the lay press. We have found that one case of hydrophobia does duty for nearly a dozen, for it is copied from paper to paper, mistakes in name, in age, and locality unintentionally, by what are termed "printer's blunders," creeping in.

The vitality of error is very great, but we hope the journals which inserted Polli's name will also insert an announcement of the new facts which have come to light in reference to it.—ED. M. P. & C.]

PROSTITUTION AND THE GENEVA CONGRESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Kindly allow me to remark that when a man is hanged it is with the consent of a jury of his equals, under the direction of a skilled judge, and on the testimony of witnesses, who depose to facts, not suspicions, and who are punishable for falsehood. It is revolting that he should be hanged, but while hanging is the punishment for murder, and he has a fair trial, no one can complain.

Now, a girl accused of unchastity, by a police spy paid to accuse, is subjected to a periodical revolting outrage on his bare suspicion, without judge, jury, trial, or conviction, and, in the great majority of cases, without even investigation, and damned by the eternal infamy of registration, although she has

committed no crime, is not even suspected of any legal offence whatever, is absolutely free from disease, and is not proved to be unchaste. Why should a woman be punished *before conviction*, any more than a thief or a murderer? If you will make prostitution a crime, accord to the prostitute the same legal safeguards that are accorded to other criminals, and treat both sexes alike. No one can complain, but the present system would disgrace a despotic monarchy.

THOS. WORTH, M.R.C.P.

[We quite agree with our correspondent, that it would be a disgraceful thing were women who are innocent, chaste, and free from disease, to be subject to the inquisitorial proceedings sanctioned by the Contagious Diseases Act. But is that the case? We say certainly not, and our correspondent gives no proof to the contrary; we have only his *ipse dixit* that "women absolutely free from disease and not proved to be unchaste" are subject to the Act. Were any such cases to happen, the opponents of the Act would only be too ready to make them public, but the fact is a woman is never subject to the treatment Dr. Worth complains of until she has been proved to be a prostitute.—ED. M. P. and C.]

THE OXFORD SCHOOL OF MEDICINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I thank you very much for the excellent article in your issue of the 6th inst., on the "Lost Medical School." The original letter, and the two *British Medical Journal* articles, on which your remarks were founded, are disgraceful. 1. There *never* has been a medical school in Oxford in *any sense* of the word. 2. No single man has done more than Dr. Acland to raise the character of the Oxford medical degree, and in the work thus done Dr. Rolleston has had a very great share. 3. The number of medical graduates from Oxford is steadily increasing—last December we passed eight. 4. Large numbers cannot be turned out from Oxford unless the present high standard be lowered, and time occupied be greatly reduced. 5. It is an extremely difficult question, not to be decided off-hand by imperfectly informed persons, whether it is desirable, either partially or completely to set up a medical school in Oxford where there never has been one, and where one has not sprung up as in other towns, spontaneously from the need being felt on the spot.

Yours very truly,
M.D., Oxon.

Leeds, February 20th.

Literature.

SCIENCE FOR ALL.

MESSRS. CASSELL'S latest venture, of which the two first numbers lie before us, is a most admirable exponent of popular science, and it differs from other efforts in the same direction in the method by which it conveys the information which it contains. Instead of taking for its text a certain branch of science and saying as much as can be said respecting a very large subject (necessarily very little when an extensive scientific field has to be transversed in a few pages), each article is devoted to some every-day subject of observation, such as a leaf, a piece of sponge, or a bit of limestone, and an entertaining and instructive sketch is given on it. In the two numbers before us we have "The Man in the Moon," by Proctor; "A Piece of Limestone," by Alleyne Nicholson; "Hunger," by Robert Wilson; "A Fallen Leaf," by Robert Brown, F.L.S.; "Ice, Water, and Steam," by J. E. H. Gordon, of Caius College; "A Highland Glen," by Robt. Brown; "Whirlpools and Whirlwinds," by W. Ackroyd; "The Light of the Future," by T. C. Hepworth; "The Chemistry of a Brewer's Vat," by W. B. Ferguson, of Christ Church, Oxford; and "A Piece of Sponge," by J. Murie, M.D.

The parts are extremely well printed and beautifully illustrated, and the names of the authors who contribute to their pages are sufficient guarantee for the value of their contents. The publication does great credit to the Messrs. Cassell.

Medical News.

Royal College of Physicians of London.—Admitted Licentiates, Feb. 22, 1878.

Battye, John Howard, 123 St. George's Road, S.W.
Bennett, W. C. Storer, 17 George St., Hanover Square, W.
Blaxland, Herbert, University Hospital, W.C.
Chawner, Alfred, 73 Addison Road, Kensington.
Coates, Harcourt, 8 Granby Street, N.W.
Griffith, Charles William, Station Hospital, Dover.
Harris, George F. Angelo, 55 Sutherland Gardens, W.
Pearse, Thomas F., 62 Haverstock Hill, N.W.
Pointon, James, Birkenhead.
Ritchie, Arthur Fisher, 13 Charlotte Street, W.C.
Sykes, John Frederick Joseph, 20 Fitzroy Square, W.
Turner, George Robertson, 9 Sussex Gardens, W.

Army Medical Department.—List of candidates who were successful for appointments as Surgeons in Her Majesty's British Medical Service at the examination held in London on 11th February, 1878.

	MARKS.		MARKS.
J. Stevenson	1,970	M. D. O'Connell	1,385
A. J. Landon	1,939	P. J. Dempsey	1,372
J. W. H. Flanagan	1,690	A. Harding	1,355
W. L. Lane	1,605	J. F. Dowman	1,335
W. P. Feltham	1,578	H. R. Cross	1,305
K. S. Wallis	1,535	A. S. W. Young	1,305
W. Leah	1,520	H. J. Noad	1,245
J. L. Ritchie	1,505	J. G. Mac Neece	1,225
C. Seymour	1,390	J. J. Falvey	1,205

Indian Medical Service.—The Military Secretary, India Office, presents his compliments to the Editor of the MEDICAL PRESS, and begs to enclose for publication a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the Competitive Examination held at Burlington House on the 11th February, 1878. 30 Candidates competed for 25 Appointments. All were reported qualified.

	MARKS.		MARKS.
J. J. Mullen	2,716	S. F. Biggar	1,800
E. Cretin	2,383	G. M. Nixon	1,783
A. Duncan	2,123	T. E. Worgan	1,775
A. Hemstead	2,011	J. J. Moran	1,727
J. S. Biale	2,008	D. P. Warliker	1,726
G. A. Cones	2,005	F. C. Smith	1,695
G. F. Nicholson	1,990	J. H. Earle	1,615
T. H. Pope	1,981	P. J. Damania	1,610
R. Pemberton	1,955	G. H. Bull, W. A. Quayle	1,580
G. S. Robertson	1,900		
D. A. Gowes	1,869	C. M. Carruthers	1,565
C. Monks	1,848	H. Armstrong	1,540
J. E. Walsh	1,833	F. T. MacCartie	1,525

One Appointment subsequently added,

War Preparations.—Amongst several orders for hospital service in the British Army which have just been made are some hundreds of ambulance stretchers and several thousand sets of hospital bedding. The date for the delivery of these articles is given as the first week in March if possible.

NOTICES TO CORRESPONDENTS.

JACKSONIAN.—The subject selected by the Council of the Royal College of Surgeons for competition for the next Jacksonian Prize is, "Glaucoma; its Causes, Symptoms, Pathology, and Treatment." The award will be made at Christmas.

HUNTER.—The subject for the John Hunter Prize, value 50 guineas, to be awarded in 1879 by the Council of the Royal College of Surgeons of England is, "The Anatomy and Physiology of the Third, Fourth, and Sixth Nerves, as illustrated by observation and experiment in Health, and by reference to the Effects of Injury and Disease."

ECCENTRIC, REFLEX, OR IRRITATIVE ALBUMINURIA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As I did not see the proof of my short paper on "Eccentric, Reflex, or Irritative Albuminuria," allow me to make a few corrections in that paper as it appears in your number of Feb. 20, 1878. The following passage should read as I thus transcribe it:—

"I am confident many cases will be met with of this form of albuminuria, namely, reflex, eccentric, or irritative; and that, if recognised, we may save our patient, if overlooked, we may let her slip from life to death.

"I think that puerperal albuminuria—even coupled it may be with convulsions—arises rather from the great nervous disturbance, especially the local; and from the *consequent* renal congestion and the condition of the entire renal system—such as I have described in the *Prac-*

titioner—than from that condition of the blood which obtains in, and is, we may say, natural to the puerperal state. Here this latter (the condition of the blood dependent on the puerperal state) the sole factor of the albuminuria and convulsions, albuminurial puerperal convulsions would, I apprehend, occur more frequently, the puerperal blood-changes being always present, whereas, the great nervous disturbances—general and local—do not take place in all women: those, the subjects of them, being particularly prone to the affection I describe.

"I consider these cases of puerperal albuminurial convulsions to be of a truly eccentric, irritative, or reflex origin, the local or uterine disturbance being the originating agent."

Yours, &c.,

9 Lupus Street, London, S.W. G. DE GORREQUER GRIFFITH.

SMALL-POX AT LINCOLN.—This disease has introduced itself in a case of a most malignant nature. The deceased, a servant at an hotel, died within three days of the attack. A chemist had seen the deceased, but gave, as *his opinion*, that she was only suffering from chicken-pox. A medical man was called in a few hours before death took place, and at once diagnosed the disease, but death ensued before his instructions were carried out. The case caused considerable excitement in the city, and the coroner, in order to satisfy the public clamour, held an inquest on Thursday. Deceased had voided a two months' fœtus whilst in bed.

DEARTH OF ARMY SURGEONS AT THE CAPE.—Inquiries having been made of us in reference to an alleged demand for surgeons at the Cape at salaries of £2 2s. and £5 5s. a day, we have sought information on the subject and cannot ascertain that there is any substantial truth in the report.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, March 6th, at 8 p.m., Specimens and Instruments: Dr. Hayes, Tube for Intra-Uterine Injection of Solution of Perchloride of Iron. Dr. Galabin, Metrotome. Dr. John Williams, "Uterus with portion of Placenta, three weeks after Labour." Papers: Dr. Matthews Duncan, "On Traction by the Lower Jaw in Head—last cases." Dr. Geo. Roper, "Case of Protracted Labour in which the Forceps was typically indicated."

DR. P.—An inquest would undoubtedly have been the proper course; but it is probable that as you had been attending deceased for the complaint from which he died the coroner considered an inquest unnecessary.

A STUDENT OF CHARING CROSS.—Your letter, received as we were going to press, is not one which could be answered off-hand. You have, moreover, omitted to comply with our rule in not sending your name, not necessary for publication, but as evidence of the *bonâ fides* of the writer.

ANOTHER CURIOSITY OF MEDICAL LITERATURE.—In the *Irish Times* we find the following advertisement:—

TO INVALID GENTLEMEN.—A respectable young Man, who understands the care and treatment of the above, wants a situation; understands the administering of medicine; *can compound, and, in the absence of a medical man, could prescribe;* could make himself generally useful as he understands general indoor work.

It was hardly necessary for the "respectable young man" to advertise himself as "generally useful." The retainer who "understands general indoor work," and can compound and prescribe is, indeed, what the theatrical papers call a "general utility." But, perhaps, the general indoor work is a euphonism for a knowledge of the uses of purgatives.

THE SARTORIUS MUSCLE.

THE following is one of the rhythmical *memoriæ technicæ* given in the *Students' Journal*:—

The Sartorius muscle's the longest one sees,
From pelvis to tibia extends;
From outside to in, on the side of the leg,
O'er the thigh, right across, it now bends.

It lies in a hollow by adductors formed,
With extensors, I think you will find
The fibres which form it are longer by far
Than any you'll see of the kind.

From the upper anterior spinous process
Of the ilium its origin see,
By an aponeurosis inserted, it is
On the tubercle's side, 'neath the knee.

An expanded insertion it is, and placed on
The upper and internal face
Of the tibia, so for an inch and a half
Its insertion we easily trace.

A SERIOUS WANT IN THE ARMY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Only a few years since I mentioned to a War Office official, who means well, but knows really nothing of the value of the medical profession, that the day would come when the *improved system* of *our* Army Medical Department must fail. I have been a regimental officer, also a staff officer in the good old times, when, as you mentioned in your last, "the service was popular with the medical profession." Those times must come back again if the Government do not want the Medical Department to be nobody's child, and its members treated as outside dogs.

Yours truly,

A LATE STAFF-SURGEON.

A MODERN GIANT.—The Newcastle-on-Tyne correspondent of the *Lancet* gives some particulars as to Mr. William Campbell, landlord of the "Duke of Wellington," in this town. Campbell boasts of being the largest subject in Her Majesty's realms, standing 6 feet 4 inches in height, and weighing over 52 stones. He measures round the shoulders 96 inches, round the waist 85 inches, and round the calf of the leg 35 inches. He was born in Glasgow in 1856, and has not quite attained his twenty-second year; was one of a family of seven children, none of whom beside himself are of more than ordinary proportions. His father was of average weight, although he stood 6 feet 2 inches high; his mother was rather under the average height and weight of women. Campbell stated that from birth he was remarkably stout, and that at nine months old he weighed 4 stones, at 10 years of age he weighed 18 stones, and he has gone on increasing since then, and it is with difficulty he keeps at his present weight. He was brought up as a printer, but was compelled from his extraordinary size to give up his occupation. His powers of locomotion when well were considerable, taking into account his huge bulk; his appetite was not more than an average one, and, although not an abstainer, he was moderate in his use of alcoholic drinks.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Henry de Fonmartin, Belgravia. Dr. J. F. Wood, Wilmington, North Carolina. Dr. L. P. Yandell, Louisville. Dr. Gibson, Broughton-in-Furness. Dr. Carpenter, Croydon. Dr. J. W. Lane, Bishops Castle. Dr. Brandeis, London. Dr. Stretch Dowse, Hornsey. Dr. Loring, New York. Mr. E. Marlett Boddy, Bolton. The Registrar-General. Dr. Beverley Johnson, New York. Dr. Kelly, Rotherhithe. Mr. F. W. Lowndes, Liverpool. Dr. Dolan, Halifax. Dr. Norman Chevers, London Hospital. Mr. Francis Vacher, Birkenhead. Dr. James, London. Dr. Drysdale, Liverpool. Dr. Haden, London. His Grace the Duke of Westminster. Dr. Norris-Cane, Mullinavatt. Dr. Offenberg, Wickrath, Rhenish Prussia. Mr. Hay, Hull. Mr. Jabez Hogg, London. Dr. Dudfield, Kensington. Dr. Robert McDonnell, Dublin. Dr. Macnaughton Jones, Cork. Dr. Griffith, Pimlico. Mr. Haynes Walton, London. Dr. Johnson, London. Mr. Anderson, London. Dr. McGrigor Croft, St. John's Wood. Mr. Von Schade, London. The Director-General Indian Medical Department. Dr. J. Birchenall, Macclesfield. Mr. Pridgen Teale, Leeds. Dr. Tidy, London. The Director-General Army Medical Department. Mr. Marriott, Meteorological Society. Dr. Lionel Beale, F.R.S., London. Mr. Hy. Spencer Smith, Hyde Park. Mr. Wm. Adams, London. The Registrar Royal College of Physicians. Mr. Cullen, London, Dr. Leonard, Detroit, Michigan. Mr. Auld, Edinburgh. Dr. R. Ryan, Baileyborough. Dr. Kennedy, Dublin. Dr. Pierson, Scarborough. "A Charing Cross Student." Dr. J. Williams, London, &c., &c.

VACANCIES.

Cork District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £110, with apartments and allowances. Election, March 1.

Glamorgan Infirmary, Cardiff.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary on or before March 11.

Hertford General Infirmary.—Resident Medical Officer and Secretary. Salary, £100, with board. Applications to the Chairman of the Board by the 6th prox.

Kensington Dispensary.—Resident Medical Officer. Salary, £125. Also a Dispenser. Salary, £70. Applications to Mr. J. Batten, 6 Campden Hill Terrace, W.

Salford Union.—Assistant Medical Officer. Salary commencing at £130 with apartments, &c., in the Workhouse. Applications by March 4th, to the Clerk to the Guardians, Union Offices, Salford, Manchester.

South Charitable Infirmary, Cork.—House Surgeon and Apothecary. Election, March 8. (See Advt.)

Stockton Hospital.—House Surgeon (non-resident). Salary, £200. Must give his whole time to Hospital and reside close to the Institution. Applications to the Secretary at the Hospital, Stockton-on-Tees.

West London Hospital, Hammersmith.—House Surgeon. Furnished apartments, &c., with an allowance of £80 in lieu of board. Testimonials, &c., to the Secretary by the 2nd prox.

APPOINTMENTS.

BATTAMS, J. S., M.R.C.S.E., appointed a Junior resident Medical Officer to the Royal Free Hospital.

CLIPPINGDALE, S. D., M.B., House Surgeon to the London Hospital.

DEVIS, C. J., M.R.C.S.E., House Surgeon to the Bootle Borough Hospital.

MOORE, N., M.D., F.R.C.P.L., an Assistant Physician to the Metropolitan Free Hospital.

NEWTON, J., M.R.C.S.E., Junior Resident Medical Officer to the Carlisle Dispensary.

ORMEROD, J. A., M.B., M.R.C.P.L., an Assistant Physician to the Metropolitan Free Hospital.

RYAN, J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer, &c., for the Grean Dispensary District of the Tipperary Union.

SOUTHAM, F. A., M.A., M.B., F.R.C.S.E., House Physician to the Royal Infirmary, Manchester.

WHITE, R., M.B., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Whitechurch Dispensary District of the Cork Union.

Marriages.

HEMMING—STRICKLAND.—On Feb. 12, at St. James's, Norland, W., W. Douglas Hemming, M.R.C.S., of Notting Hill Terrace, to Harriet Isabella, daughter of Major Strickland.

OWENS—STEWART.—Feb. 14, at Dublin, John Owens, L.R.C.S.I., L.K.Q.C.P.I., to Frances Adelaide, youngest daughter of the late Lorenzo Moore Stewart.

Deaths.

BOOTH.—On Feb. 16, at his residence, 13 Lower Sherrard Street, Dublin, Daniel Booth, L.R.C.S.I., L.R.C.P.E., aged 36.

BROWN.—On Feb. 14, at Dunfermline, Robert Brown, M.D., aged 67.

CLARKSON.—On Feb. 13, at Knowle, Josiah Clarkson, M.R.C.S.E., aged 60.

INGHAM.—On Feb. 14, at Bath, Dr. Charles Thomas Ingham.

PATRICK.—On Feb. 10, at Carron Park, Larbert, David Patrick, M.D., aged 77.

POTTS.—On Feb. 20, at 14 Woburn Square, London, Selena, widow of T. B. Potts, M.D., L.R.C.S., of Cranbourn, Dorset, aged 62.

RYAN.—On Feb. 8, at New Pallas, co. Tipperary, John Ryan, M.R.C.S. aged 57.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 6, 1878.

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Original Communications.

THE CAUSE OF THE CUPPING OF FARRE'S TUBERA CIRCUMSCRIPTA OF THE LIVER. (a)

By B. WILLS RICHARDSON, F.R.C.S.,
Surgeon to the Adelaide Hospital, Dublin.

A FEW months ago I obtained from a liver beset with medullary cancer, a very characteristic specimen of one of the cupped tubers of Farre, from which I cut many sections, after it had been frozen, with the view of corroborating, or otherwise, the statement of some pathologists as to the cause of this tuber being umbilicate.

As far as my observation goes, it to some extent confirms the opinion set forth on this point in a note in Frerichs' work on the liver.

Speaking of cancer of the liver, Frerichs remarks that its development, "as is the case in every other part of the body where the disease is met with, is limited; whenever the disease has existed for a long time it is found to exhibit traces of decay and retrograde metamorphosis. These changes consist in fatty degeneration, as well as atrophy and shrivelling of the cancer. The cells lying in the meshes of the fibrous stroma become filled with oil globules, and present a white opaque appearance, imparting to the morbid growth a reticulated aspect, or nodulated masses are formed, by large groups of cells at one place becoming atrophied. The fatty cells may ultimately become disintegrated into an emulsive fluid, which gradually undergoes absorption. At those places where this happens, and they are mostly the central portions of the tumours, the fibres of the reticulated stroma are densely aggregated, the meshes become smaller, and ultimately there remains only a firm cicatrix-like tissue, from which no cancer-juice can be pressed out."

"The outer surface of the cancerous nodule," he goes on to say, "is drawn in and depressed in an umbilicated manner, owing to the contractile fibrous tissue gradually becoming more and more shortened. A section made through a depressed nodule of cancer of the liver presents the following appearances:—

"In the centre of the nodule an umbilicated depression is observed, and beneath this the fibres of the reticulated stroma are closely compressed; the meshes at this place are contracted and partly destroyed, whilst those towards the periphery of the nodule are large and filled with cancer-cells."

"These changes," he further observes, "have been regarded as indications of the commencement of cicatrisation and cure of hepatic cancer. Oppolzer and Bochdalek have published observations of cases in which they believe they have traced, both clinically and anatomically, the process of spontaneous cure of cancer of the liver. There can be no doubt that the condensation and shrivelling of the cancerous nodules," . . . . "are, in many cases, to be looked upon as a local retrograde metamorphosis, or, if one prefers the term, as the commencement of cicatrisation; but this process is very different from an actual cure of the cancerous disease. Together with the retrograde change going on in the centre of the cancerous nodule, a progressive development is observed at the circumference, which proved that the morbid process is not extinguished, but only locally destroyed."

I am by no means prepared to admit that the condensation of the axis of the tuber is the result of cicatrisation, and for the simple reason, that the cupping is observed in young tubers. Indeed, in a note on the page of the text of Frerichs' where the observations on the cupping terminate—whether this note is by the author or the translator is not, however, stated—a more probable view is, to my mind at least, taken of the cause of the cupping. The note states that "the umbilicated depression on the outer surface of hepatic cancer is not always produced in the manner above-mentioned. It is often observed in young nodules, in which no appearance of retrograde metamorphosis can be detected. I attribute," the writer continues, "the appearance, under such circumstances, to the greater contractility of the older connective tissue of the central portions of the nodules, and to the diminution

(a) A paper read before the Surgical Society of Ireland.

of the cancer-juice, in consequence of the supply of blood being lessened by the growth going on at the circumference." (*a*)

The drawing of a vertical section of a tuber given by Frerichs to illustrate his description of the cause of the cupping, represents merely a closer meshing of the tissue in the vertical axis of the tuber. Whereas in my sections made at right angles to the same axis, all of which are of extreme tenuity, the centre of each is formed of condensed tissue, so that it is evident that the axis was formed of a cord of fibrous tissue, which as it were tied down, and prevented the centre of the tuber from rising.

On the other hand, there is a loose alveolar tissue surrounding this axis, which, when charged with cells, forced the circumferential portion of the upper surface of the tuber above the level of the centre, which was thereby depressed, and hence the cupped surface.

The writer of the note, to which I have referred, attributes the cupping to the central portions of the nodules being composed of an older connective tissue, endowed with greater contractility than the circumference. This may be the case, but he makes no allusion to the condensed, almost solid, tissue of which I have spoken.

The sections under the microscope on the table were prepared as follows:—The young tuber was reduced in size with the knife, from circumference towards the axis, until sufficiently small to fit into the well of the freezing microtome. When frozen it was sliced in the direction I have mentioned, namely, at right angles to the axis, and finally the sections were stained and mounted in Farrant's solution. Each section shows a dense tissue in the centre, from which radiate bundles of fibres that form with connecting fibres a loose alveolar stroma. But few cells are seen, as they were washed out of the alveoli in the process of mounting.

ECCENTRIC, IRRITATIVE, OR REFLEX ALBUMINURIA.

By G. DE GORREQUER GRIFFITH, L.R.C.P. Lond., M.R.C.S., &c.,

Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

In your recent numbers I called attention to this form of albuminuria, hitherto, I believe, undescribed; and, certainly, if ever recognised, it has been so only by a few, for of many to whom I have named the affection I have not found any who had had cases of it in their own practice. Hence I am culling instances of it from others' experience when such can furnish it.

In a recent "Clinical" Dr. Robert Liveing says—"We often find skin affections influenced by disease of particular organs. For example, not long ago I had under my care in the Middlesex Hospital two severe cases of pityriasis rubra, of Hebra, associated with chronic albuminuria, and we remarked in both cases that when the condition of the skin improved for a time the albumen diminished, and *vice versa*. This occurred so many times that it would be impossible to regard it as an accidental coincidence . . . . . whether the temporary improvement in the action of the kidneys produced a change in the skin, or *vice versa*."

Viewing this chronic albuminuria as possibly the form I have described, I wrote to Dr. Liveing, who kindly furnished me with the following:—

"In reply to your letter respecting the two cases of pityriasis rubra with albuminuria to which I referred I feel quite sure that, in one of the two cases, the albuminuria was secondary to the affection of the skin. The albumen had entirely disappeared when I last saw the patient, and he had none of the symptoms of chronic kidney disease.

"In the other case the condition was different. There was serious organic disease of the kidneys, but as the skin disease had lasted for many years before I saw the patient, I cannot say whether it preceded or followed the albuminuria."

It is, I think, quite possidle that "the serious organic disease of the kidneys" was the result of "the skin disease (which) had laated for many years before Dr. Liveing had seen the patient." The *rationale* of this cause and effect I have very briefly explained in the January number of the *Practitioner* and the Medical Press and Circular.

(*a*) "A Clinical Treatise on Diseases of the Liver." By Dr. Fried, Theod. Frerichs. New Sydenham Soc., vol. ii., p. 288.

DISEASE OF HIP—EXCISION—RECOVERY. (*a*)

By JOHN K. BARTON, M.D. Dub., F.R.C.S.I.,

Surgeon to the Adelaide Hospital, Dublin.

James Parsons, 4½ years of age, was admitted into the Adelaide Hospital in May, 1877, suffering from well-marked symptoms of disease in the right hip-joint, in the first stage. There was severe starting at night, which was relieved at once by the application of the weight to the foot; there was no evidence of inflammation at the time of his admission, and I considered the case in the first stage. But about a month after his admission he had a rigor; his temperature and pulse rose, whilst his appetite (which had improved since the limb had been kept at rest) completely fell off. It was evident that suppuration was taking place, but no distinct abscess could be found for some days, when, a little behind the joint, towards the gluteal region, deep fluctuation was felt. A free incision gave exit to pus mingled with gas, and so marked was this that it not only bubbled through the pus, but fizzed out as if from an india-rubber bottle which was being squeezed. Immediate relief of the constitutional symptoms followed this incision; pus continued to flow freely, and a probe introduced through the opening entered the joint directly, when the head of the bone could be felt completely denuded of cartilage. The power of taking food was so far restored that milk and eggs were taken freely, but the smallest particle of meat produced diarrhœa. In this way the child continued through the summer; in September an abscess formed in the upper part of the thigh, and early in October another lower down; the diarrhœa became more and more easily provoked, and more difficult to restrain, while the discharge from the three openings was very profuse. I now decided on excision, which I performed on the 27th of October.

The child's state at the time of the operation was one of the most extreme emaciation. By means of a semi-lunar incision—which is, I think, the most convenient way—I very quickly found the remains of the head perfectly denuded of cartilage, rough, and worn away. The trochanter I found firmly adherent to its periosteum, and firm to the finger, and therefore determined to leave it. I removed the remains of the carious head with the bone forceps, and freely gouged the soft bone which formed the base of the trochanter and upper part of the shaft; the medullary cavity of the bone was freely laid open. The acetabulum felt smooth and granular; no dead bone could be felt; it therefore was left untouched. The wound was freely washed with sol. chlor. zinci, and dressings of lint, soaked in carbolic oil, were introduced into the wound. The little patient being placed in bed the resected limb was steadied by sandbags on each side, and by a 3lb. weight attached to the foot.

It is unnecessary to read the daily notes of his progress which have been kept. Suffice it to say that in carrying out the after-treatment the important principle of maintaining a free *drain for the discharge* was never lost sight of. The wound was well syringed out with a solution of chloride of zinc *twice* every day, and a piece of lint wetted in the same solution was as often introduced to the bottom of the cavity. This was steadily persevered in until the present date—nearly four months.

(*a*) A paper read before the Surgical Society of Ireland, Feb. 15, 1878. The discussion will be found at page 193.

His state to-day (Feb. 15, 1878) is as follows:—The child is still very thin and very pale, but decidedly fatter and better nourished than before the operation; his appetite is very good; he sleeps well; has no diarrhœa, but cannot eat meat without danger of bringing this on. The right leg is 1⅛ in. shorter than the left. It is straight, but the lumbar spine is still arched forward and the abdomen prominent; the operation wound is contracted to about an inch and a-quarter in length; in the centre of this there is an opening which leads into the cavity where the hip-joint was, and which is about two inches deep; fluid injected into this flows out partly through a small opening in the upper and outer sides of the limb: the lower of the two openings which existed before the operation has closed. The child has no pain, and can be lifted without any uneasiness when lying on his back in bed. He can move his foot, bend the knee of the resected limb, and bend the thigh on the pelvis to about 60°; this is partly due to movement of the pelvis, partly to movement in the acetabulum. When placed on his crutches and held by the nurse to steady him, he can walk, places the resected leg firmly under him, and appears to bear his weight on it, lifting and moving it forwards readily.

Mr. Barton handed to the President the head of the bone which had been removed, and remarked that this case was sufficient to encourage surgeons to adopt this operation in cases otherwise hopeless; that there was a good prospect of a useful limb, but little more than one inch shorter than the other, being preserved to the boy, whose life was, to all appearances, certain to be lost had the operation not been resorted to. But he had the pleasure this evening of exhibiting to the members of the Society a lad whose hip he had excised nearly five years ago, and whose case had been read before the Society some months after the operation. The boy was seventeen now, being thirteen at the time of the operation. The limb had been sawn below the trochanter, and it was consequently two and a-half inches shorter than the other, but with this exception the limb was in every respect as useful as the sound one. He asked leave to introduce this lad now, that the members might examine him before any discussion took place.

Clinical Records.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

A Case of Glaucoma in which Sclerotomy was Successfully Performed.

By W. SPENCER WATSON.

The treatment of glaucoma by sclerotomy has now been tried in a considerable number of cases. In the majority, successful results have been obtained; in a few it has appeared as if the operation had been detrimental; in a minority the relief has been only temporary. The cases in which Mr. Watson has found sclerotomy preferable to iridectomy, are those of a subacute nature. He has, however, operated by this method successfully in a few more acute cases, in which the use of anæsthetics was contra-indicated. The rapidity with which it can be performed, and the consequently smaller amount of pain caused by it, as compared with that caused by iridectomy, render it more suitable for such cases. The result in the following case, though not brilliant, will bear comparison with many cases tested by iridectomy.

Mrs. ——, æt. 55 years, a nurse, had been under treatment for a fortnight, with an attack of what at first looked like iritis, there being only discoloration of the iris, and no severe pain, such as is characteristic of glaucoma. On January 13th, 1877, however, the eye affected —the left—became painful, and this was accompanied by pain in the circumference of the orbit and down the side of the nose. The tension of the eye was much increased (T3) and vision was reduced to the mere perception of light. The aqueous and vitreous humours were too turbid to allow of any view of the fundus oculi being obtained.

On January 13th, 1877, Mr. Watson performed sub-conjunctival sclerotomy upwards, and at the same time ordered the use of an opiate ointment to the brow and temple, and a draught containing bromide of potassium, at night.

Four days after the operation the tension was normal. There had been no pain. The pupil was perfectly round and normal. The vision was so much improved that the patient could count fingers.

Two months later vision had still further improved. No. 16 of Jäger's test types could be read. Tension remained normal.

Up to April of the present year the condition of the eye remained good.

L'HOPITAL COCHIN, PARIS.

Diffuse Aneurism of the Axillary Artery—Ligature of the Sub-clavian.

Under the care of M. Despres.

A woman, æt. 40, in consequence of the violence of her paramour, was admitted to the hospital in December last. She had had her right arm twisted behind her back, and in this position, had been suspended by her arms.

She felt suddenly a violent pain in the axilla, after which she lost consciousness. On the day after the event, M. Desprès observed, on the anterior wall of the axilla, a tumour manifestly fluctuating, with ecchymoses over the whole arm. Fourteen days afterwards, the patient felt during the night very acute pain at the top of the tumour, and the following morning it pulsated isochronously with the pulse, with a well marked *bruit de soufflé*.

Diagnosis.—Aneurism of one of the collateral branches of the axillary.

On the 12th January, a fluctuating tumour appeared at the posterior part of the shoulder, the blood without doubt penetrating the articulation. The anterior tumour was the size of an adult's head. Digital compression of the sub-clavian artery, as advised by Broca, was impossible. Some relief was afforded at first by the application to the tumour of flying blisters, but it steadily increased in size.

M. Desprès proposed disarticulation of the shoulder to the patient, who refused it decidedly. Ligature of the sub-clavian was then determined on, the operation taking place on Jan. 28th, in the presence of MM. Nicaise and Delens. M. Desprès employed the classic method:—Incision above the clavicle between the sterno-mastoid and the trapezius. Passing the clavicle he felt first for the sheath of the brachial plexus, and after raising the branches, one by one, reached the artery. The difficulty was to encircle it. After having seized it once, M Desprès passed a ligature below it, with a Deschamp's needle, and believed he had ligatured the artery. In the evening pulsation had disappeared in the tumour, this strange coincidence confirming M. Desprès in his opinion that the artery was secured. She survived the operation eleven days, dying of anæmia with humid gangrene of the arm—forty-three days after the accident.

The *autopsy* revealed that the ligature had embraced the most internal branch of the brachial plexus, and that the tumour developed from the axillary artery.

The Board of Governors of Cork-street Fever Hospital, Dublin, have recognised the valuable services of Dr. Grimshaw, during his physiciancy to the Institution by appointing him a Consultant. This is a very high compliment to Dr. Grimshaw's ability and industry, and all the more creditable to him because a similar distinction has never before been conferred upon any of the physicians.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

At the last meeting of this Society, a paper was read by Dr. Broadbent on "A Case of Amnesia, with *Post-mortem* Examination."—The patient, an omnibus driver, æt. 49, of intemperate habits, had a fit, of which no accurate account could be given, in the beginning of October, 1877. From that time he was in the condition in which he was found on admission into St. Mary's Hospital on the 11th. There was no paralysis, excepting slight paresis of the right side of the face; but sensibility was defective over the right half of the body, limbs, and face. The speech consisted almost entirely of an inarticulate jargon, such expressions as "If you please," "Thank you," being only occasionally made out. It was difficult to know how far he understood what was said to him, although his replies appeared natural in tone and accent, and were accompanied by natural gestures and facial expression. He would also make long speeches to those around him, but he did not seem to know that his language was inarticulate. His want of comprehension of spoken words was shown by telling him to do something. On being told to give his hand, he put out his tongue; his actions were not appropriate, and he did not understand writing. He died suddenly, on Nov. 6th, and on *post-mortem* examination a considerable portion of the posterior half of the convex surface of the left hemisphere was found in a softened state. The greatest depth (three-quarters of an inch) and breadth of the morbid change was seen in a transverse vertical section made at the end of the fissure of Sylvius. Here the softening reached from near the superior longitudinal margin to within an inch of the inferior and internal edge of the hemisphere. The convolutions affected were proceeding from before backwards, the supra-marginal lobule and corresponding part of infra-marginal or first temporo-sphenoidal gyrus; more deeply and in a more advanced degree the postero-parietal lobule, the angular gyrus and the first and second temporo-sphenoidal convolutions in the same place; less extensively, the middle annectent gyrus and the part of the occipital lobe adjacent. The softening involved the tempero-sphenoidal lobe more completely than the parietal lobe membranes. Arteries of brain fairly healthy, of vertex opaque, and raised by fluid from convolutions. No other change observed. It was thought that the patient's loss of comprehension of words and his confusion of mind were due to the destruction of the channel from the auditory perceptive centre to the higher centre in which the name is associated with the idea which it symbolises, or to destruction of this same centre itself. At all events, there was in this case the association of a certain loss of intellectual faculties with a lesion of definite extent and seat. From this and similar cases in which the left hemisphere is affected, it would appear that the exclusive employment of this hemisphere, as the way out for language, involved its use as the "way in."—In reply to a question of the President, Dr. Broadbent said the patient was quite unable to express his ideas in writing, and he even held his pen in an aimless sort of way, not appearing to attempt the use of it. —Mr. Spencer Watson was very doubtful about the one-sided nature of the higher cerebral functions, and thought that the true explanation of cases of amnesia from lesion of one side of the brain might be found in a loss of balance between the two hemispheres, just as the function of walking is disordered if one leg be injured or lost.—Dr. Broadbent said the limitation of the function of speech to one cerebral hemisphere seemed abundantly proved by facts. No amount of lesion in the right hemisphere would produce loss of speech, whereas a very limited lesion in the third frontal convolution of the left side produced aphasia.

SURGICAL SOCIETY OF IRELAND.

The Sixth Meeting of the Session was held on Friday, February 15th, 1878, Dr. Minchin, and subsequently the President of the College, Dr. McDonnell, in the chair. The minutes of the previous meeting having been read by Mr. B. Wills Richardson, Hon. Sec., and confirmed,

AMPUTATION FOR UNUNITED FRACTURE OF FEMUR.

Mr. W. I. Wheeler said the specimen which he had the honour to bring under the notice of the Society had been removed from a patient who consulted him at his house with reference to the condition of his thigh, about three weeks since. When the patient entered his study he simply asked him (Mr. Wheeler) to remove his thigh. The history of the case was briefly this: In 1874, when travelling on one of the railway lines near Liverpool, a collision occurred, which resulted in a fracture of the patient's thigh-bone—a simple fracture about the junction of the middle with the lower third. The patient on that occasion remained lying out in the cold for about two hours before he was taken up, and it was snowing and freezing at the time. He was then put in the charge of a medical man in the neighbourhood of Liverpool, who gave the following account of his history, which had been printed, and which might now be found not uninteresting: "A gentlemen, of active habits, had his thigh broken by a railway collision, on the 25th of December, 1874. He sustained a few other superficial injuries, and was exposed for some hours in the frost and snow. The fracture, which occurred at the junction of the middle with the lower third of the femur, was simple and oblique in direction. He was put up in a long splint, afterwards placed in a M'Intyre splint, and finally in a plaster of Paris bandage. After seven or eight weeks the fractures still remained ununited, and after a consultation, it was decided that the ununited fracture was mainly to be attributed to a hacking throat cough caused by an elongated uvula, which constantly shook his frame and jerked the fragments. His bodily condition was soft from confinement to bed; so much so, that we considered it inadvisable to subject him to any operative procedure beyond snipping the elongated uvula, and painting his throat with perchloride of iron." On examining the patient he (Mr. Wheeler) found that the two fractures were distinctly separated from each other, and the inferior fragment ran up for about five inches above the superior fragment. There was no connection whatever between the fragments, as far as he could ascertain, and as proved to be the case at the time amputation was performed. The superior fragment was so very moveable that the patient, at his will, could bulge out the skin of the anterior portion of his thigh, which showed that there was no attempt at union. It was right to state that three or four operations had been performed on him, for the railway company, who were obliged to compensate the patient, sent down some London surgeons to deal with his case. He had been twiced pegged by Dieffenbach's method, once resected, and the limb put up in a starch bandage, the patient walking about with the starch bandage upon him; and finally—and this was from his own statement—he was beaten with a spoon over the region of the fracture for the purpose of exciting inflammatory action and a healthy condition. On inquiry as to his constitutional state, he found that he had suffered from specific disease, and also from scarlatina. He recommended him to give himself a chance of preserving his limb, and not to have it at once operated upon; but he declined to wait unless he (Mr. Wheeler) was able to promise him that his knee, which was ankylosed, would be brought into the bent position, and that he would have the power of using it, as his occupation would not allow him to have a stiff leg. As no such promise could be made to him, the patient was determined on having the operation performed. He (Mr. Wheeler) therefore amputated the thigh on Tuesday last; and the result was that he found that the inferior fragment had nothing whatever to do with the superior fragment, nor was it connected with it. There was a layer of muscles between the two portions of the fragments, and the inferior fragment was received into a cavity formed in the soft parts, and in that cavity there was a kind of adventitious membrane in which it appeared to work. A portion of the superior fragment was covered with fibro-cartilaginous tissue, and the inferior fragment was so moveable that it ran up even to the skin. On further examination he found another fracture had taken place lower down, which had united; and curiously enough, there was a regular aperture there which did not appear to close over. On examining the joint he found it was in a state of fibrous ankylosis, but there were no remains of rheumatic inflammation. The patient suffered from rheumatic gout, and although there were no osseous deposits, still it was characteristic of the gouty rheumatic affection there. He might mention that since the operation the patient had been

progressing tolerably well. He thought the specimen one worthy of being brought under the notice of the Society.

FATAL ANEURISM OF VERY SMALL SIZE.

Dr. Edw. L. Moss, R.N., said the specimen which he had to show the Society was one of fatal aneurism of unusually minute size. About ten days ago, the captain of the hold of Her Majesty's ship *Topaze* was engaged in getting up provisions, and when in the act of lifting a chest of tea weighing about 100 lbs., he fell backwards. He (Dr. Moss) was in the ward-room at the time, within instant call, and he was certain he saw the man within a minute and a half, and he was then quite dead. It struck him as a curious case, because up to that time the man had never been under observation or treatment in the ship; he had been 22 years in Her Majesty's Service, and his medical history-sheet as far as it went back, showed no indications of anything that would account for this sudden death. The man had not complained of illness to his wife, or to anyone on board. On making a *post-mortem* examination, he found a small aneurism springing from the first part of the aorta on the left side, half an inch behind, and to the right of the region of the left coronary artery. The whole of the aorta was in a diseased condition, and the opening of the aneurism occurred at the junction between the two posterior semi-lunar valves. The aneurism only measured the size of a pea, and the opening through which it burst a little more than a tenth of an inch in diameter. The region of the left coronary artery was dilated almost to the size of the mouth of the aneurism. The only interest that attached to the case was the small size of the aneurism, the fact of its having burst suddenly and ended fatally, without any previous indications of its presence. The heart was very fatty. The aorta was in a state of atheroma in several places. To preserve the heart, he had used what was, as far as he had seen, a new preservative, he alluded to thymol. Mr. Francis Darwin had recently pointed out that thymol was the most powerful known means of destroying bacteria, ten times more powerful than carbolic acid, and considerably more powerful than salicylic acid. It occurred to him (Dr. Moss) to use it on the present occasion. The heart had been ten days in thymol, and apparently no putrefactive change whatever had taken place, and the odour of the fluid was not unpleasant.

WHITE SWELLING OF KNEE.

Mr. Wheeler exhibited the limb of a girl who was admitted into the City of Dublin Hospital in October last. He saw her for the first time in June, and recommended her then to get under treatment, but circumstances over which she had no control prevented her from taking his advice at that time. The history of the case was this: about 8 years ago, when she was 14 years of age, after an attack of scarlatina, she got inflammation of the knee-joint. That got better under treatment, but for the second and third years she had more or less pain, until finally, the knee got into that condition known as white swelling. The cartilages were slightly ulcerated, there was granular degeneration, and the anterior crucial ligament was in a state of ulceration. He, therefore, determined to resect the joint. He made the incisions necessary for resection, and having sliced off a portion of the femur, which was healthy, he found a large abscess in the medullary cavity of the tibia. There was no thickening of the periosteum up the femur whatever. The external portion of the bone at the head of the tibia was healthy. He thought the case was interesting for this reason, that it was impossible to say it would not be a good case for resection; there was no reason to urge against that operation, for from external conditions the limb was one of the most favourable, and yet on examination there was that large abscess which would prevent the possibility of resection being probably successful.

UTERINE POLYPI.

Dr. Kidd showed a collection of tumours that he removed from the interior of the uterus on Wednesday last. Most writers spoke of polypi of the uterus being single. Dr West in his work on the diseases of women, said that sometimes two were found together, but never more than two; and Klob in his work on the Pathology of the Uterus, also described a case in which two polypi were found growing in the interior of a uterus. In the case he now brought before the Society, he found six. The patient was a young girl, about 25 years of age, completely blanched by hæmorrhage, and had been for some time under treatment in the Coombe Hospital, in the hope of checking the hæmorrhage. The ordinary means having failed to check it, he determined to explore the uterus, and he was quite aware before doing so, that there were tumours in it, but he could not tell the number. He now exhibited the six tumours he removed. The point of interest in the case was the fact of the number of tumours that were found which was rather exceptional. But there was another point of interest in connection with this case, and he thought a peculiarly interesting point. The patient was the sister of a girl that he had in the Coombe Hospital eleven years ago, and from whom he removed 29 uterine polypi (which he now also exhibited) at four different operations, and at intervals of four or five months. It was a rare circumstance to have such a number growing in the uterus, and he thought it a still more remarkable circumstance that they should have in those two sisters that tendency to the growth of a number of tumours. In the last named case, at the first operation he removed three tumours, they were all that could be discovered in the uterus. After some months, however, hæmorrhage returned, the uterus again grew in size, and on exploring it, he found nine tumours. Again it had to be explored after an interval of some months, and then 11 were found. After removing these, he sponged out the interior of the uterus with solution of the perchloride of iron, in the hope that it might alter the condition of the mucous membrane, so as to check the growth of these tumours. After a few months, however, he had again to explore the uterus, and then removed six tumours, making a total of 29. On the last occasion, he mopped out the interior of the uterus with a strong solution of nitric acid. He thought that was the first instance in which nitric acid was ever applied to the interior of the human uterus. The effect of it was that there was no return of the hæmorrhage, and the patient was now a shop assistant, and in good health, but he knew that her uterus was still large. The feature of a number of growths occurring in the two sisters, made him think it would be worth bringing it before the Society. He believed that this patient's sister was the first case in which tumours growing in the interior of the cavity of the uterus were ever removed. He thought it was the first instance upon record of their having been removed by surgical operation, as well as being the first in which nitric acid was applied to check the growth of such tumours.

Dr. B. Wills Richardson read a short paper on

THE CAUSE OF THE CUPPING OF FARRE'S TUBERA CIRCUMSCRIPTA OF THE LIVER,

which will be found on page 189.

Dr. Barton read a paper on

EXCISION OF THE HIP,

which will be found on page 190.

At the conclusion of his paper, Dr. Barton asked permission to have the youth, on whom he had successfully operated four years since, and who was now in attendance, examined by the members before the discussion on his paper was proceeded with. However, he was quite in the hands of the Society, and whatever the Society desired, he would submit to.

The President said it was contrary to the rules of the Society to allow a patient to be examined during their proceedings. It was usual for such examinations to be made after the business had concluded. At one time the request made by Dr. Barton would have been in order, but owing to some abuses, a rule had to be passed to prevent examinations of patients until the meeting had terminated. As, however, there was no further business before the Society, he would vacate the chair in order to conform to the Society's rule, and after the boy had been seen by the members, he (the President) would resume the chair, and then the discussion on Dr. Barton's paper could proceed.

The President then left the chair.

[The boy on whom Dr. Barton had operated, was then brought in and examined by the members.]

The President then resumed the chair, and observed that no doubt the operation was not a sufficiently common one to give surgeons very large experience of it,. but he believed some of the surgeons present had performed it.

Dr. Swan said he had listened with great interest to Dr. Barton's paper, inasmuch as he (Dr. Swan) was treating a case in which he performed the operation about three weeks ago. The case to which he alluded, presented most of the features which Dr. Barton had described. It was a case of operating, or of allowing the child to sink; diarrhœa was

present, and the formation of abscesses had occurred. With respect to the period of the disease at which the operation should be performed, was, he thought, a very fair subject for discussion, if the disease went on to rupture of the capsule and suppuration. They knew there were many cases of *morbus coxæ*, which seemed to stop in the first stage, at the stage of limitation of motion; but he thought there was nothing in the magnitude of the operation to prevent its being performed in the second stage of the disease, for the third stage was an inevitable consequence of the second. He thought they laboured under some disadvantage in the after treatment of such cases. At the same time in his, as in the case Dr. Barton had described, the recovery from the imminent symptoms was most marked on the removal of the diseased bone. He might state that on displaying the joint in his case, the cartilages appeared healthy, so that the disease did not commence certainly in the cartilages. The neck of the bone and the trochanter were diseased. He removed the head of the bone below the great trochanter. The acetabular cartilage was healthy; the ilium itself was to some extent diseased, and he removed a portion of it, but not so freely as he would, were he again to perform the operation. Since the operation, however, a portion of dead bone had come away through the opening, which, as Dr. Barton had done, he (Dr. Swan) had kept open as much as possible to allow a free discharge. The after treatment of the case had not been very difficult. He put up the child in the apparatus recommended by Mr. Sayre, which he (Dr. Swan) got made at Messrs. M'Adams and Corcoran's, Bachelor's Walk, a cuirass in which the child was very comfortable and by the use of which he was enabled to have him removed from one room to another, and thus give him change of air. There was no diarrhœa, his appetite had returned, his pulse became very strong, and the appearance of the patient's face had improved wonderfully. He (Dr. Swan) had every hope that the case would turn out a satisfactory one.

Dr. E. W. COLLINS said that Dr. Barton in his paper had laid down with some accuracy the reasons why the operation should be performed, and the period of the disease at which it should be done. He had stated distinctly in his paper that in his opinion it should be limited to the latest stage of the disease, and in that he (Dr. Collins) certainly quite concurred. He (the speaker) did not think it should be performed in the second stage of the disease, because he thought at that stage it was amenable to treatment. But when they came to the third stage—when abscesses formed and burst, when those abscesses were discharging, when pieces of bone were coming away, and when the health of the patient was beginning to yield, and when it became manifest that the patient would sink from constitutional disturbance, or else sink from long continued suppuration, and the supervention of visceral disease—then it was that that operation became absolutely necessary—not only, as Dr. Barton had stated, to save life, but even where life cannot be saved, to palliate and lengthen life. Exactly at this time last year he removed the head of the femur in a case of the kind where progressive caries had gone on; the abscess had burst below the trochanter as usual, and had been discharging for some months, and the health of the child had begun to give way—in fact, the child was so much emaciated at the time of the operation that, as in Dr. Barton's last case, it was believed by many that the child would not bear the shock of the operation. However, the child lived for eight months after the operation, but he regretted to say that after that period she sank of exhaustion. For many months the child went on admirably, and was able even to go about the ward with the help of a nurse and crutches. But owing to some circumstances that occurred about six months after the operation, the child was removed from hospital, and the care that she required was not given to her, and she sank of exhaustion, and died two months later. In that case he believed the operation, though it did not save life, certainly palliated it; and he thought that where the operation was demanded, even though it was not curative in its results, it was distinctly palliative; and the same was proved by Dr. Barton's own case, where he did not happen to be so successful as in the case of the boy whom he had just exhibited to the Society. In the case which he (Dr. Collins) had brought before the Society, he made a section of the bone below the trochanter as usual, and it appeared to him that Dr. Barton's last case even would show the advisability of making the section of the bone in that situation, and not through the neck of the bone, because Dr. Barton had stated that the disease had extended down below the point at which he made the section into the bone; and it appeared to him (Dr. Collins) that under those circumstances, as it was certainly the rule, it was well to go down as far as possible through the bone diseased. He had no experience of the apparatus—the wire cuirass—which Mr. Sayre recommended in the after treatment of these cases, and to which Dr. Swan had alluded. As in his (Dr. Collins) own case he simply employed the weight and pulley; and kept the femur apart from the acetabulum by a weight, as Dr. Barton had done, and steadied the limb by the application of sandbags, and that appeared to him to be the most simple and the most effective line of treatment. The cumbrous wire cuirass was effectual, no doubt, in cases where, as in America, the patient immediately after the operation had to be removed many miles. Dr. Sayre mentioned some cases where the patient, after an operation of the kind, was bound up in the wire cuirass like a mummy, and carried away for 50 miles. But in cases where that course was not required, it appeared to him that steadying the limb by sandbags, and employing a weight and pulley, answered all the requirements of the case. He might perhaps be allowed to allude to what was a very important matter in these cases—the condition of the acetabulum. The condition of the acetabulum in Dr. Barton's last case was remarkably favourable, it was covered by granulations. Now in the case which was under his (Dr. Collins) care, the acetabulum was extensively diseased; it was absolutely perforated, and he could pass his finger into the cavity which lay behind it. In his case also there was disease of the iliac fossa, which pointed to disease of the ilium; and he had no doubt that there was disease of the ilium. And yet under those unfavourable circumstances, where a portion of the acetabulum was gone, and the disease had extended up along the ilium, the child not only survived the operation, but survived it in comfort for a number of months.

Mr. W. I. WHEELER said he had listened with much interest to Dr. Barton's paper. There were one or two questions he would like to ask, and one of those questions was as to whether in the state in which Dr. Barton found the acetabulum, there was real lengthening of the bone? whether there was such real lengthening in that case of hip-joint disease, that the bone was shoved down by the granulations. That was denied by some, and stated by others, to be present as one of the stages which existed in hip-joint disease. He could not think it was desirable to operate in a case merely when it would prolong life. He thought that allowed the disease of the bone to extend down the femur, and allowed the acetabulum to become diseased, as well as other portions of the osseous system. He thought that when once suppuration had taken place, and the disease had not been stayed by measures which could be adopted even in the suppurating stage, he thought it was not advisable to wait and merely to perform the operation as a *dernier ressort*. With regard to the case mentioned by Mr. Collins, he (Mr. Wheeler) thought it illustrated the effects of leaving a case too long without operative interference. Mr. Collins had stated that in his case the child undoubtedly had disease of the acetabulum, and disease of the ilium. If that patient had been operated upon earlier, in all probability she might have recovered, and also there would not have been extensive disease set up. Furthermore when they had numerous cases of hip disease in which not only large portions of the femur were removed, but the acetabulum also, he thought in such cases where life had been prolonged, and a useful limb given, those portions of the diseased bone should be removed, and it would give a much greater chance for the patient's recovery. Were he to meet with a case of the kind—he had only met with one, in which he excised the head of the femur—he would wait until the suppurating stage came on, and then if the disease was not stayed, but progressing, he would operate, and not wait until it was merely for the purpose of saving the child's life.

Dr. WARREN said that having assisted Dr. Swan in the operation in the case to which he had referred, he merely rose to corroborate what Dr. Swan had stated as to that case, and to say that he thought the success of such cases depended upon whether the disease was confined to the femur, and that was the great point to decide, whether or not the disease was purely femoral. In Dr. Swan's case, from the position of the sinuses, they thought it was purely femoral. But there was extensive disease of the parts, and

they found that the ilium and the acetabulum were also diseased. As to operating early or late, he thought the joint was a far less important joint, when they considered the question of the synovial membrane than the knee-joint. He thought if they operated at all, it would be perhaps better to operate early. As to Mr. Collins's statement with reference to Mr. Sayre's apparatus being very complicated, he quite differed from him. He (Dr. Warren) thought it was one of the most simple apparatuses they could have. It was very light and useful, and easily applied. It had the great advantage of keeping the body perfectly fixed, as well as the limb. Certainly in Dr. Swan's case the apparatus acted most admirably.

The PRESIDENT thought Dr. Barton deserved their thanks for having exhibited the case which the members had seen that night. It was incomparably the best case of excision of the thigh bone that he had ever seen, and the result was extremely encouraging. They had not been much encouraged in their operations of that kind in Steevens's Hospital. Some time ago he removed the head of the thigh bone, and a short time before that his colleague, Mr. Colles, also removed the head of the thigh bone. He (the President) could not say that either of these cases, although they were not fatal from the operation, ran a course very materially different from what they would have done, if they had been left to Nature to perform the slow cure which they knew went on in many of those cases. He thought, however, that the patient exhibited that evening by Dr. Barton was an exceedingly encouraging case, and should make them desirous of giving a fuller trial to the operation. They must remember that there was a time when they were very unwilling to perform the operation of the excision of the knee, but in consequence of the very large number of cases of this kind that had turned out so successful, surgeons were greatly encouraged and were now much more willing to undertake the operation than before. Dr. Barton had rather repudiated the idea of having treated his case antiseptically, but he (the President) must say that he thought the case which had been dealt with so carefully as the one which had been detailed in which the syringing had been so carefully carried out, had been to a certain extent antiseptically treated. It was true it was not with carbolic acid, but the solution which was used went to a certain extent in the same direction, and also there was the free vent which was given; because they must remember that antiseptic treatment turned upon two things, first the prevention of the admission of septic matters; and secondly, to give very free vent, so that septic matter should not remain to be absorbed. That was the way of treatment of open wounds by the antiseptic method. He was rather surprised that the discussion had not taken a turn upon the advisability of performing the operation somewhat earlier in a totally different class of cases which they met with occasionally in which the disease set in very acutely, and instead of commencing slowly as in the case before the Society. They all knew that in those cases the symptoms set in acutely, nevertheless went on in the vast majority of cases to a fatal issue. In fact, in cases of that kind, the surgeon had to deal with one of the most formidable complaints to which flesh was heir. He did not know that he could tell them a single case of the kind that he had seen recover. He did not know whether Dr. Barton had any experience of this class of cases, but he (the President) thought that the case which Dr. Barton exhibited that evening was a most encouraging one.

Dr. BARTON, in reply, said that he had in his paper first remarked upon the very important question of the time of the performance of the operation. That had been referred to by one or two of the speakers, and he thought they were probably practically agreed as to that. Although they might differ a little as to the exact name of the stage at which they were to interfere, he thought they were all agreed that the grand point was that when the case had lasted so long that suppuration had taken place, it was evident the health of the patient was running down, and at the same time that they could remove the carious bone, be it ever so extensive, that then was the time for the operation. He did not agree with the observation that fell from Mr. Warren, that femoral disease was a necessary part, or that a successful case must needs be one where the disease was femoral. He (Dr. Barton) thought the grand point was to get rid of the carious bone. It was undoubtedly more favourable if the disease was femeral, but he thought that when they got rid of the carious bone was a more important point. There was another point that had not been referred to, and what occurred to his mind in connection with selecting the case went to strengthen what Mr. Wheeler had said, that the operation should not be postponed too long. They knew that amyloid degeneration of the liver and and kidneys proved fatal in those cases after some years. In the subject of the specimens on the table the boy lived four years. He went to school and went about, but the wound never entirely healed, and he died in the spring with disease of the kidneys, and on examination the kidneys were found to be extensively degenerated. Well, the surgeon had in those cases conscientiously to judge when the time had come, between, on the one side, the danger of operating too soon, when the ordinary mode of treatment might give a successful result without the operation; and on the other hand to wait until either the disease advanced extensively into the bones of the pelvis, or the degenerations had taken place in the viscera. That was always the stage at which it should be performed. The point he would refer to, and that was as to the length of time required for complete recovery. He thought that in those cases it was a very long time. The case he had detailed that night had been operated on four months since, and the case he exhibited that night, the wound was healed in about six months; but he could not say that that boy presented a complete cure for at least a year after the operation. With regard to Sayre's wire cuirass, he had not any experience of it, but Sayre's splint for the same disease he had repeatedly used, and he was disappointed in its action. In some cases it gave relief, but in the majority of cases he found it did not do so. Mr. Wheeler had asked whether there was lengthening in that case, and if the end of the acetabulum was filled with granulations. There was shrinking, and that shrinking was caused, he thought, by the head and neck of the bone being greatly absorbed. With regard to what the President had said about the antiseptic method of treatment, he fully concurred. He (Dr. Barton) did not mean to cast a slur upon the antiseptic method, but rather to point out in contra-distinction that in closing a wound by any method it appeared preferable to him to keep it open as much as possible. He quite concurred in the observations the President had made upon that subject.

The Society then adjourned.

MEDICAL SOCIETY OF DUBLIN.

FEBRUARY 6TH, 1878.

Dr. W. DOYLE read a paper on

A CASE OF OBSTRUCTED CIRCULATION

occurring thirty-four days after the birth of twins in a female, æt. 32, of nervous temperament, with an hereditary tendency to asthma, and who at the time of her illness was in a partially anæmic condition. The principal symptoms she suffered from were anasarca of face, legs, and feet, and the occurrence of three paroxysms of asphyxia which came on at nearly regular intervals with a corresponding diminution in their duration. I thought the asphyxial symptoms might be accounted for on the hypothesis of spasm of the capillaries or arterioles of the pulmonary artery; or they might depend upon thrombus of the right side of the heart, followed by the production of emboli of the pulmonary artery. The case made a complete recovery.

The PRESIDENT said the case was one of peculiar interest because the attention of the profession had been called to instances in which all the appearances of organic disease of the heart were presented—in which in fact disease of the heart was simulated—but in which it had been proved there was no organic disease of the heart at all. He had read with interest a paper in the last number of the *Edinburgh Journal* by Dr. Fotherg ll on this subject. It was a very interesting and nice point, because they were often led to hastily arrive at conclusions—for instance, with reference to fatty heart—and they found in the end that their conclusions were erroneous. In the paper he had referred to Dr. Fothergill alluded to emphysema of the lung as producing physical signs in the heart which had no positive origin in the organ itself. The subject was one of much interest.

Dr. M'SWINEY said that in the case which Dr. Doyle had brought before the Society he had presented them with a nut

which it was not very easy to crack. He had detailed the case with great minuteness, and he (Dr. M'Swiney) thought some of the characteristics rendered it extremely difficult to know to what category to refer the patient's illness. Dr. Doyle was under the impression that the affection was cardiac, and the effects of his treatment would tend to confirm that diagnosis; though there was no evidence of cardiac deterioration whatever in the heart when the patient was examined. In the absence of any further knowledge of the case he (Dr. M'Swiney) would be disposed to the opinion that it was a case of asthma occurring in a woman of highly organised sensitiveness of the nervous system, and although they had the assurance that the patient was of temperate habits, he should have diagnosed that she was addicted to alcoholic excesses.

Dr. Henry Kennedy said that when they considered that the mother of the patient was asthmatic they must look in some degree to that as having a most important bearing on the case, and in the next place they had pregnancy setting the system astray, and the patient not being well at the time of the occurrence of these attacks. Then they had the positive evidence afforded in hers not being a febrile state, and she had temperature which was below par, and they had urine which reached only 10·15, and with the occurrence of the paroxysm there was an extraordinary secretion of urine. Then they had the positive physical fact that the heart was larger than it should have been—a state not by any means uncommon, and comparatively easy of diagnosis—and he would suggest that that would cause an asthmatic tendency in a nervous female, and even extend to dilatation *pro tem* of the right side of the heart. He thought if they put these circumstances together and took into account the absence of inflammatory action, which he took to be certain, then he thought they had that form of disease. He would be curious to know the place where Dr. Doyle heard the pulmonary sounds. It appeared to him that there was a considerable deal to be learnt as to where they had to look for the pulmonary orifice. One of the latest writers on the subject (Dr. Balfour) put it at the junction of the second rib at the sternum at the left side, and put the aortic orifice at the junction of the second right costal cartilage with the sternum. He (Dr. Kennedy) must say that he thought they were lower than that, but he would be glad to hear the opinions of gentlemen engaged in hospital teaching on the point. If he mistook not there was more constipation probably in the case than might strike one at first. He need scarcely speak, in relation to any of those cases, of the immense importance of purgatives. He thought the case was very deserving indeed of consideration and discussion.

Dr. J. M. Finny thought the true explanation of the case was that a thrombus existed in the right auricle of the heart. The whole *rationale* of the case to his mind pointed to a thrombus in the right auricle. The reason he thought so was found in the condition of the woman. She was within a short time of pregnancy when the blood was in a state of hyperinosis, which tended to phlegmasia alba dolens, and thus involution of the uterus, which was going on after delivery of the twins, threw more work on the blood, which was not getting rid of effete matter by the usual safety-valve, lactation. Thus the blood was in a state of hyper-inosis, caused by the want of lactation and the anæmic condition of the woman. Having regard to the anæmic condition of the woman, probably the most favourable part of the case was that such a thrombus began in the right auricular appendix. He thought the treatment was all that could have been wished. The point he would like to clear up was as to the absence of the second sound. They knew there were two positions where that second sound might be produced. No matter how much the second sound of the aortic valves might be diminished on account of the small quantity of blood passing out of the ventricle as evident by the small pulse, there was no reason why the pulmonary sound should not be produced, unless the thrombus ran out into the pulmonary artery as well. It had been his custom to describe the pulmonary sound as being best heard below the second rib on the left side (he therefore must fall into the error committed in Dr. Kennedy's estimation by Dr. Balfour) and the aortic second sound as most distinctly heard below the second costo sternal on the right side. However, this was all a matter of intensity. He thought the Society must congratulate Dr. Doyle on the success of his treatment and the recovery of his patient after being in so serious a condition.

Dr. Doyle, in reply, thanked Dr. Finny for the very clear explanation he had given of the symptoms in the case before the Society. As regarded Dr. Kennedy's inquiry as to where the second sound of the pulmonary artery was heard he (Dr. Doyle) had heard it as described by Dr. Finny, as below the second rib to the left of the sternum. As to the want of the second sound he agreed with Dr. Finny that it was caused by the thrombus extending into the pulmonary artery, which pressed back the valves. There was no doubt, as Dr. Kennedy had remarked, that there was an asthmatic tendency in the patient, but there was one thing about it—it was not the ordinary form of asthma, nor constriction of the bronchial tubes. That was the first time the patient had ever suffered from asthma—the first time she had ever suffered from these paroxysms, and the strange thing about the case was that there was an interval between the second and third of ten days.

The Society then adjourned.

SUPERSTITIOUS MATERIA MEDICA.

We have frequently seen accounts of the strange things which entered into the materia medica of the ancients, and even the Chinese and Hindoos of the present day; but the *Nashville Journal of Med. and Surg.* publishes in its December number a paper by Meriwether Lewis, A.M., M.D., of Lenoir, Tenn., in which the writer vouches for the employment, even at the present day, of the following remarkable collection of nostrums by the people of his locality. Our New York contemporary, *New Remedies*, has collected some of the prescriptions, not merely for the amusement of the reader, nor to while away an idle hour, but in earnest, fully believing that the better the physician is acquainted with the peculiar views of the common people in regard to disease, and the more extensive his knowledge of their domestic remedies, the greater will be his influence over them for good. He will often find a secret course of domestic practice carried on contemporaneously with his own, and perhaps neutralising it completely. A distinguished Knoxville physician, while treating an injured hand, noticed at each visit a very offensive odour. Fully posted in regard to the popular *materia medica*, his suspicions were aroused, and, on examination, he found the hand was being poulticed with human fæces. We have no doubt in many parts of Great Britain the popular nostrums are equally absurd or disgusting.

Selecta e Prescriptis.

For Epilepsy.—"The skull-bone of a man."

For Love.—"It is pretty generally believed among the more ignorant classes that if the menstrual blood (*Sanguis menstruus*) of a woman be given to a man it will cause him to fall madly in love with the woman. The strong attachments of respectable men and disrespectable females is accounted for in popular opinions on this ground."

For Asthma.—1st. "Bore an auger-hole into a white oak tree at the height of the child; place in it a lock of hair, and drive in a pin. As soon as his height exceeds that of the position of the pin, he will be cured." The efficacy of this remedy depends upon the well-known fact that children outgrow a case of asthma. 2nd. "Eat a cooked rat. 3rd. Stand upon the paunch of a recently killed cow until it grows cold. 4th. Penis of a hog fried, and eaten without salt. 5th. Tobacco-leaves, or a plaster of snuff, applied to the naked chest."

For Thrush (*Aphthæ*).—1st. "Let a stud-horse blow his breath three times in the child's face. 2. Have some one who has never seen his father blow thrice in the face of the patient." (*a*)

To Prevent Thrush.—1st. "Soon after birth let the sun shine into the child's mouth." A certain prophylactic.

For Hives (*Urticaria*).—1st. "Egg-shell tea. 2nd. Sheep saffron. (*b*) 3rd. Tea of white hen-dung. 4th. Tea of ground ivy. 5th. Catnip tea."

(*a*) Hence bastards are much sought after.
(*b*) Common technical term for sheep-dung tea.

For Chills (Intermittent Fever).—1st. "Whisky and sumach berries (*Rhus glabrum*)." 2nd. "Yarn saturated with maid's water (*Urina Virginis*), and tied around the waist an hour before the expected return of the chill. First catch your maid. This is apt to produce some *local congestion* in youths, but such a phenomenon is neither pathological or serious. 3rd. A blister on each wrist and ankle."

To Increase Labour-pains.—1st. "Place the husband's hat on the head of the patient. 2nd. Infusion of black gum bark stripped down. If stripped up, it has the opposite effect. The bark of Prunus virginiana is believed to be emetic or cathartic, according to the direction in which it is stripped from the tree. It is also a popular idea that if a woman goes to sleep within an hour, or eats honey within a week after confinement, it will result in inevitable death."

For Difficult Dentition.—1st. "Tea of the inside of a chicken's gizzard." In this is plainly to be seen a marked anticipation of the modern digestive agent, "Ingluvin, from the *Ventriculus-Collaris Gallinaceus*." 2nd. "Rub the gums with the brains of a live rabbit." A remedy often employed with asserted benefit.

For Incontinence of Urine.—"Mole-skin tea."

For Burns.—1st. "Ointment of bamboo-leaves. 2nd. Certain persons who are gifted with such power can draw out the fire by blowing seven times upon the injured part." Such individuals are frequently in demand, as their curative powers are generally believed.

For Cramp.—1st. "Nine sow-bugs in emulsion. 2nd. Chamber-lye."

For Rupture (*Hernia*).—"Split a 'sapling,' pass the child through to the split, and tie up the split." As soon as it unites the child will be well.

For Toothache (*Odontalgia*).—"The blood of a snapping-bug dropped into the ear is an infallible cure."

For Dyspepsia.—1st. "Tea of muscadine vines. 2nd. Soot-tea."

For Scrofula.—1st. "Boil a flint rock (*impu resilex*) in water and drink the tea. 2nd. The blood of a black cock rubbed upon the enlarged glands."

For Irritable Temper in Children.—"Fodder-tea."

For Piles, Rheumatism, or Colic.—"Carry a buck-eye (*Æsculus glabra*) in the pocket."

For Stammering.—"Draw a hog's pancreas through the mouth."

For Weed (*Puerperal Mastitis*).—1st. "Tie a bag of sulphur around the neck. 2nd. Poultice of cow's dung to the breasts."

For Ringworm.—1st. Rub with green walnuts. 2nd. Ointment of soft soap and gunpowder."

For Colic.—1st. "Cockle-bur tea (*Xanthium*). 2nd. Boil an old pipe and give the tea."

For Shingles (*Herpes Zoster*).—"Cut off a black cat's tail and apply the blood to the eruption." Vouched for by a minister who has used it successfully. (!)

For Hæmorrhage of the Lungs.—"Rag-weed tea."

For Wens or Lupus.—"Rub a dead man's hand over the tumours."

On leaving England, the Crown Prince of Austria sent a donation of £20 to the *Dreadnought* Seamen's Hospital, Greenwich, "in recognition of the humanitarian and cosmopolitan aims of the institution and the energetic endeavours of the committee to achieve the noble purposes in view."

The Blackheath Dramatic Club gave an entertainment on Monday, Tuesday, and Wednesday last week, in the New Cross Public Hall, in aid of the Kent Dispensary and the *Dreadnought* Hospital; each evening, the spacious hall was crowded, and about £150 is expected to accrue to these charities in consequence.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 6, 1878.

THE ARMY MEDICAL REPORT FOR THE YEAR 1876.

The Army Medical Report for the year 1876 is, on the whole, very satisfactory; and we propose to devote a few remarks to the health of the troops serving in the United Kingdom. Out of 87,758 non-commissioned officers and men, the admissions into hospital was in the rate of 813·7 per 1,000 of the strength; the average number of men in hospital daily was 3,475, being at the rate of 39·60 per 1,000; and the death-rate was 8·43 per 1,000 men. Compared with the corresponding rates of the preceding year, there is a decrease of 17·6 per 1,000 men for admission, of ·93 per 1,000 for deaths, and of ·87 per 1,000 for daily sick. Of the 71,405 cases admitted into hospital, more than 14,000 are classed under "general diseases," 3,787 under the *febrile* group, and 11,955 under the *constitutional* group. The febrile diseases include the fevers, influenza, erysipelas, &c., cases of continued fever alone amounting to 1,808. The constitutional diseases include rheumatism, syphilis, scrofula, phthisis, scurvy, anæmia, &c.; and of the 11,955 cases above-mentioned, we have 6,444 due to syphilis, 4,126 to rheumatism, and 1,130 to phthisis. The chief diseases that figure among the "Local Diseases," are those of the respiratory system (7,910), digestive organs (9,979), urinary organs (6,966), and disease of the cutaneous system (9,503). Nearly all "injuries" are of an accidental nature, no fewer than 10,482 cases arising from accidental causes. These facts we mention as showing the chief diseases from which our home troops suffer. The rate of prevalence of most of the diseases above-mentioned was lower than that for the preceding year. The eruptive fevers, however, were more prevalent, owing to the outbreak of small-pox, and even of this fever

the admissions were only 25. With regard to syphilis, the rate of admission for all districts is ·9 per 1,000 lower than in the preceding year. For the primary form of the disease, the rate of admission was 46·0 per 1,000, for the constitutional form 27·4 per 1,000. It is also a significant fact that the ratio per 1,000 admitted for primary venereal sores into fourteen stations under the Act was only 33, while in the fourteen stations *not* under the Act, the ratio was 82; and for gonorrhœa, while the ratio was but 68 in the protected districts, in was 89 in the unprotected districts.

The army affords a good field of observation with respect to vaccination, and therefore it is worth remarking that out of 22,302 recruits found fit for service, there were only 727 who had neither marks of vaccination nor small-pox, and that there was a slight increase in the ratio of recruits with marks of vaccination. Again, there were 10,358 soldiers vaccinated during the year with *fresh lymph*, and 17,269 with *preserved lymph*. Of the former there was a perfect vaccine vesicle in 4,717, a modified one in 4,400, a failure only in 1,241; whereas in the latter class the corresponding numbers are 5,346, 6,432, and 5,491. Thus, while the ratio per 1,000 of failures was only 119·8 when fresh lymph was used, it was 318·0 in the case of preserved lymph.

The sanitary condition of the various districts or stations is also mostly satisfactory. That of Aldershot is good, and several sanitary improvements are in course of construction. The same may be said of the Eastern District, where the barracks, hospitals, &c., are "all that could be desired." As usual, venereal disease has mostly contributed to the general amount of sickness; but "it is satisfactory to be again able to report most favourably upon the salutary effect of the Contagious Disaases Acts at Colchester, the only station in the district where it is in operation." Surgeon-General Watt gives similar testimony with regard to the South Eastern District. "I must," he says, "reiterate my opinion that these enactments exercise a salutary influence on the health of the soldier, a view in which I am supported by nearly all the medical officers in command." In some of the protected places, however, such as at Chatham and Woolwich, venereal diseases have largely prevailed, owing to many of the men having come from unprotected places, and to some going away for a short leave to London and elsewhere. Thus at the latter district we are told that the admissions for venereal disease continued to cause a great deal of inefficiency, being equal to about one-sixth of the entire admissions. At Woolwich, however, great difficulties exist against the better prevention of this evil. Not until all the stations are under the influence of the Contagious Diseases Act, can we expect the beneficial effects of the Act in the protected districts to be so marked as they should be. In other respects the general health of the troops, both at Chatham and Woolwich, has been fairly good during the past year. But with regard to Woolwich, Surgeon-General Small draws attention to the fact that the largest mortality has occurred from diseases of the respiratory system, and, more especially, to the predisposition there is to contract chest affections amongst those soldiers who return to Woolwich after long service in India, and whose constitutions are more or less impaired by the climatic diseases of that country. We certainly agree with Surgeon Small that it would be more beneficial to the State, and to the soldier, were such men on first arrival in England quartered elsewhere. Intermittent fever was also very prevalent among those troops who had either recently returned from India, or who had had considerable previous Indian service. Surgeon-General Bowen gives a good report of the Southern District, and especially of the working of the Contagious Diseases Act at Parkhurst and Portland. He considers it would be a great advantage if the Act was brought into operation at Portland, Weymouth, Cowes, and Newport. The same remark is made by Surgeon-General Holloway, with respect to the Dublin Garrison, where venereal disease has been very prevalent.

In looking over these reports, we are struck with the activity that is evinced in the sanitary improvement of the various stations. Thus, in the Chatham district, various sanitary services have been executed by the Royal Engineers during the past year; the drainage, water-supply, &c., have been improved, and a number of works were proposed for execution in 1877. The same may be said of almost every other district, as there is none in which important sanitary improvements have not either been effected, recommended, or in course of progress.

Considering the importance we have always attached to the improvement of the *physique* of the troops by means of regular and systematic exercise, we are glad to find that there are few stations in which gymnasia have not been established, and that very satisfactory reports are given of the salutary effect they have had upon the health of the men. In the Brompton Barracks, there is a gymnasium in which the troops undergo a regular course of training, and the medical officers bear testimony to the good effects of this course on the men's health and *physique* generally. At Aldershot, the gymnasium is attended compulsorily by young officers and soldiers, and is also well attended voluntarily. Medical officers speak of it favourably, and of the beneficial results to recruits.

THE MEDICAL PROFESSION AND TOTAL ABSTINENCE.

No one, who is conversant with the periodical literature of the day, can have failed to notice the large amount of discussion that is everywhere devoted to the merits of the total abstinence movement. An almost unprecedented reformation in the habits of the people is now being urged upon all classes of society; and as the medical profession can have a very powerful influence in promoting or checking this reformation, it is our duty to consider what action we should take with regard to it, and what advice we should give to our patients who consult us as to the propriety, or not, of their being guided by its teachings.

In a course of lectures, which Dr. Richardson is now delivering on "Practical Abstinence, and the difficulties that lie in the way of its attainment," the first of which is published at length in the pages of *The Temperance Record*, the lecturer draws particular attention to what he calls the medical difficulty, and which relates to the

initiative action of the profession in favour of total abstinence. It is said that the difficulties in the way of this great temperance movement are increased by the apathy of the medical profession, and that if medical men would generally support it, the cause would find ready entrance into every house, and "would progress with a rapidity which knows no parallel." There can be no doubt, that such would be the case, for considering the opportunities that medical men have of ventilating their opinions among the community, and the influence which their opinions have in respect of everything that concerns their patients' health, a very rapid and wholesale revolution would take place in the drinking propensities of the public, were the whole profession convinced that man could do as well, or better, without than with alcoholic liquors. But the fact is, a large majority of the profession entertain the very opposite opinion, and this circumstance, more than any other, prevents them from siding with the total abstainers. Others again, have thought little about the matter, have no decided opinion either one way or the other, and in their practice are guided more by the feelings and the taste of their patients, than by their own convictions on the subject. There is still a third party in the profession, which, whatever their views on this great question may be, have not, as it is often said, the courage of their opinions. They see everywhere so much prejudice in favour of old practices, and so many people who are impelled by the force of habit and example, to keep to the old groove, that they have not the moral courage to say what they think, particularly as by so doing, they run the risk of falling out of public esteem, and of losing the confidence and patronage of their patients. Now, it may be justly said, that all these parties are more or less in the wrong. For those medical men, whose views on the subject are entirely opposed to the doctrine of total abstainers, are, in many cases, themselves almost as much under the influence of prejudice and preconceived opinion as the public are; inasmuch as their convictions have not been based upon ample experience and careful observation. But if dogmatism is to be deprecated in questions of this kind, doubt that is capable of being removed, is almost equally culpable; and, therefore, those members of the profession who are in doubt as to which side to take, are, in the interests of their patients, in duty bound to do all they can by patient observation and experiment, to arrive at the truth, and not to allow their conduct to be influenced solely by popular prejudice, and caprice. Still more blameworthy is that section of the profession, which, although they may have strong opinions in favour of total abstinence, have not the courage to express them, or to carry them into practice, but would rather wait until public opinion had become so far changed, as to admit of their carrying out their views without fear of opposition. Dr. Richardson thinks that the medical profession should not be expected to lead, but should be led by, public opinion. "The medical mind," he says, "must be in accord with the mind and current will of the majority of the nation. . . . The verdict of the majority of the people would bind, therefore, the profession of medicine, even if the mind of the profession were as universally convinced of the whole truth of abstinence as the minds of some of its members are. In this regard," he adds, by way of illustration, "the professional mind is in precisely the same position as the mind of the statesman, with the important difference that it is infinitely less powerful and far less independent, having to live by its work, and to be paid as well as a public servant." This observation, however, appears to us faulty both in argument and in illustration. On subjects on which the public are as capable of forming an opinion as are members of the profession, it would be quite right for the opinion of the latter to be bound by the verdict of the majority of the nation. But the case is very different when the solution of the question involves a certain amount of scientific knowledge and a special kind of observation and experience. It is quite true that the mind of the executive statesman must be in accord with the mind and current will of the public, because in this case the propriety or not of any reforms that may be contemplated is a question on which they are themselves in as good and sometimes better position to form an opinion than the statesman. In such a case the collective opinion of the public must necessarily carry great weight, and is in most instances irresistible. But when the question turns upon the action and uses of alcoholic beverages both in health and disease, and upon the virtue or impropriety of total abstinence, we have to deal with facts with which the public cannot be expected to be so conversant as the medical profession. To say, then, that the mind of the latter, even if universally convinced of the truth of total abstinence, should be bound by public opinion on the subject, is to say that medical men must entirely forego their prerogative as scientific men, should wait for that tide in the opinion of the public which they themselves, in virtue of their scientific attainments and special experience, should take an active share in turning. That we are not wrong in adopting this line of argument is shown by the fact that there is scarcely a medical man whose opinion of the total abstinence movement is not received by the public with the greatest deference and respect. He is looked upon as one on whose advice the utmost confidence can be placed, both in virtue of his scientific knowledge and of his professional experience.

TRAINED NURSES FOR THE SICK POOR.

On Wednesday week, a meeting was held at Grosvenor House, under the presidency of the Duke of Westminster, to assist an Association which has come into existence for the praiseworthy object of training nurses for the sick poor. A number of noblemen and gentlemen rallied round his Grace the Duke of Westminster, on the occasion, with a view of establishing a fund wherewith to carry out the work of a "National Nursing Society." In addition to the work of providing nurses to attend upon the sick poor at their own homes, the Society wish to establish a training-school for nurses, in connection with one of the London Hospitals, and for the purpose of raising the standard of the class of persons usually employed as nurses. The Society is already in operation, and with a small staff at command, it has already succeeded in doing a considerable amount of good work. One of the objects of this Association is to remedy pre-

sent evils, and supply the poor with nurses especially trained for the work; for the life of the patient will often rest upon the care and desire the attendant may manifest in the discharge of her duty, as well as upon an implicit obedience to the directions of the medical attendant. But we can scarcely be expected to agree with Miss Nighthingale, that to our nurses we may look "to raise the homes of the poor, so that they might never fall back again into dirt and disorder; to pull through life and death cases without any sick-room appurtenances, to keep whole families out of pauperism by preventing the home from being broken up, drag the noble art of nursing out of the sink of relief doles; and practically, carry out the principles of preventing disease, by stopping its causes." If all this can be done by good nursing, then doctors may expect to be very soon superseded. Enthusiasts of the Miss Nightingale's type seem to forget how much of the improved nursing of the day is owing to the efforts and self sacrifice of the medical profession. How great has been the difficulty in enforcing the simplest rules of the sick-room upon all classes, very often, no doubt, from the want of a better educated class of nurses, as well as the difficulty of finding a working head, who would personally keep the training and nursing at the highest pitch, without manifesting a desire to go beyond her sphere of duty! Nevertheless, we go with those in this matter who believe that skilled nursing is an important element in the cure of the patient, and that the kindly-hearted ministration of a trained nurse is a great gain in every way upon the Sarah Gamps of our earlier days; but most common-sense people are as well aware as we are, that "the bread winner" cannot be brought back to health, solely by the good nursing about to be inaugurated by the "National Nursing Association."

It would be well, too, if "the noble art of nursing" could be "dragged out of the sink of relief doles;" but the education of nurses costs money, and to provide a staff, the Society says it requires a capital of £20,000, and a guaranteed income of £5,000 a year. This large amount is required for the purpose of training and educating probationers. We are inclined, however, to think that the institution, in so far as may be practical, should be self-supporting, both with regard to education and to the nursing of the sick poor, if for no other purpose than that of encouraging habits of thrift and forethought amongst all classes of the community, and by way of inducing the working class to provide against the incidence of sickness. It is quite possible, too, even in the case of a nursing institution, that an undue proportion of the funds may be spent upon administration, "erecting, purchasing, and renting district homes." And it is a further question, a most important one, whether the help given, is given for whom it is really intended, or goes to those for whom it would be better on the whole not to have it.

A TELEGRAM has reached the Foreign Office from Constantinople to the effect that Dr. Attwood, of the Stafford House medical staff, who had been for some time missing, was safe and well treated at Otterkine.

A DISSECTION OF STUDENTS' DEMONSTRATIONS.

STUDENTIAL effervescence is a phenomenon, the observation of which has engaged the attention of medical teachers for all time, and for which no remedy is ever likely to be found, as long as the medical College continues to be a sort of "fourth form" of the boy's school, to which young persons who are still children in years and mind, are moved forward fresh from the schoolroom and the birch. "Children will be children," and if the circumstances of the medical profession are such as to make eligible for its ranks children of 14, with the smattering of education obtainable in the dame's school, and with the romping of the playground fresh upon them, we must rest content with frequent demonstrations of childish frivolity and schoolboy carelessness. "Larks" are indeed a nuisance in either lecture-room or hospital, but time has consecrated these places to their evolution, and teachers must be content; it is a different matter when these foolish ebullitions take place in public places, and are elevated to the rank of demonstrations of opinion; and when they assume this condition it is time to remonstrate against them. If encouraged or permitted these proceedings may become a nuisance to the community at large, and the law may have to be invoked to put a stop to them—a result which would create illwill, and be discreditable to the profession.

We have read last week of the appearance in a police court of some half-dozen unwisely zealous young gentlemen, who created a riot upon the premises in which a bevy of simpletons had assembled to repeat to each other the threadbare falsehoods with which anti-vivisectionists excite themselves. These would-be humanitarian old persons might have been allowed to exchange what, no doubt, they would call their ideas with each other, and to preach their exaggerations and untruths into the ears of a few insignificant and uneducated persons in their own parish, and no one would have either cared for what they said, or would even have known of their existence but that a knot of medical students in search of amusement chose to bring them into notice, and give them a grievance by creating a riot in their meeting-room. No doubt these young gentlemen were annoyed at the persistent promulgation by these persons of calamnies against the profession to which they were themselves to belong, and they thought a "lark" in this direction would be as amusing as in any other, and therefore involved themselves in an unseemly row, for which the magistrates condemned them to pay £10.

We confess we cannot pity them in the infliction. No person of sense, we presume, could have advised them to disturb the meeting in question, and in acting upon their own impulse to do so, they materially injured the position, and lowered the dignity of the profession whose champions they constituted themselves. Medical men and practical physiologists do not wish to be looked down upon by the public as caring anything for the ridiculous maunderings of anti-vivisectionists. They have perfect confidence that all thinking people will recognise their relation to the practice of vivisection—the objects with which they engage in it—and the feelings of humanity with which they endeavour to perform an irksome scientific duty, and they are ready to let all the *un*thinking people (numerically

strong, but intellectually insignificant) nurse their own delusions. It is a disaster when meddlesome students alter this attitude of the profession, and give to fanatics a grievance to substitute for the argument which they lack.

After all, however, this outbreak of studential spirits had reference to a professional matter, and we cannot be hard on the mistaken impulses of young men whose professional character is assailed. But their effervescences become really annoying, when they take the form of political processions, and of stump declamation upon subjects respecting which they can know nothing. If the procession of medical students to Westminster Hall had been sufficiently noisy to attract attention outside London, it might have produced serious political results by making ridiculous in the eyes of European diplomatists the Government in whom these young gentlemen were good enough to express confidence. A vote of sympathy with the policy of the Government of the United Kingdom, emanating from a harum-scarum crowd of jolly semi-schoolboys, is sufficiently farcical to excite the risibility of the imperturbable Gortschakoff, or the ascetic Von Moltke, and we can thoroughly appreciate the discomfort which the Minister must have felt in finding himself obliged to treat such a representation of opinion as serious and important.

We very much regret to observe that the advisers of the students themselves are unconscious of how ridiculous their "demonstration" made them. The *Students' Journal* says:—"The most noteworthy event of the last fortnight in the student world has been the great political demonstration by the students of the Metropolitan hospitals, which took place on the 7th inst. Such manifestations, if properly conducted, will do good just now in stirring up a patriotic feeling among the people generally, for patriotism is more contagious than even the plague. I am pleased to hear that there is some talk of another demonstration next week, and I trust every student will feel it his duty to be present, so as to make it as imposing as possible. If the meeting takes place, I would suggest that, before proceeding to the Houses of Parliament, a vote of sympathy with the Turkish nation should be passed, and that the whole of those present should march in procession to the residence of the Turkish ambassador, and present him with copies of the resolutions passed at the meeting. He would, I am sure, be vastly pleased by such a manifestation, and would not fail to acknowledge the compliment."

We certainly look to the teachers who have influence over the metropolitan students to discourage with emphatic firmness the tendency to involve themselves in political "larks." As a rule, these young gentleman are not of an age to give great weight to their political views, and we venture to submit that they might advantageously waive their own prerogative of settling the Eastern question in favour of the Ministry, and to Members of the Houses of Parliament, who, though, probably, not as well informed on the subject or as cool of judgment as the medical students, have obviously more leisure to devote to the subject than these young gentleman can be supposed to enjoy.

THE deaths from small-pox were considerably less last week in London, being only 39 as compared with 55 and 47 of the two previous weeks.

Notes on Current Topics.

Infantile Paralysis.

UNDER the term "infantile paralysis," two very different classes of cases are included. In the one class the muscles are rigid, and in the other they are flaccid; and these two classes of cases present many differences in their clinical history, pathology, and results of treatment. Towards the end of a long and interesting article on this subject in the current number of the *Obstetrical Journal*, Mr. William Adams sums up the chief points of difference and of agreement between these two classes. 1. With regard to the *period and mode of seizure*, cases of infantile paralysis, with flaccid muscles, never occur at, or immediately after, birth, the time when the worst cases of paralysis with rigid muscles occur. But both classes of cases generally occur from six to eighteen months during the first dentition; and the flaccid class are sometimes ushered in by a febrile attack, simulating acute rheumatism, a circumstance which, according to the experience of Mr. Adams, never happens in the rigid case. 2. In the flaccid class of cases the *mental faculties* are never affected; whilst in the other class they are often seriously impaired. 3. *Fewer muscles* are involved in the flaccid than in the rigid class; for in the latter all the muscles in the limb or limbs may be involved. 4. In the flaccid class the *temperature* of the paralysed limbs is always much lowered, so that sometimes the normal temperature cannot be restored and maintained by any means. In the rigid class the temperature is very little affected. 5. In the former there is always a tendency to *spontaneous recovery*, perfect in slight cases, and to a considerable extent in the more severe; but in the latter or rigid class of cases, no tendency to improvement ever occurs. 6. In severe cases of the flaccid class there is a tendency to *fatty degeneration* in the paralysed muscles; whilst no such tendency exists in the other class of cases. 7. When any contractions or deformities have occurred in the flaccid class, *tenotomy* may be dispensed with, mechanical extension being alone sufficient. But in the rigid class, tenotomy offers the only prospect of improvement. Contractions, however, may often be prevented in both classes, by shampooing, and the daily use of passive exercises. 8. With regard to *reunion of tendons after division*, this feeble union arises from defective reparative power in the flaccid, but from too wide separation of the divided tendon in the rigid, class of cases. 9. *Galvanism*, especially the mild continuous current, is of the utmost value in the flaccid class, but of no use whatever in the other class. 10. With respect to the *relative frequency of these two classes*, it is difficult to form an opinion, but Mr. Adams believes the cases of flaccid muscles to be much more numerous than the rigid class. In the former, a transient paralysis may lay the foundation of persistent deformity, and thus the flaccidity of the muscles having disappeared, may escape observation.

Medical Students and the Anti-Vivisectionists.

"BECAUSE the public chose to protest against the introduction into this country of the vile, degrading, and barbarous practice of vivisection, these sucking doctors

who know that no arguments can overcome the agitation, betake themselves to physical force. I think the magistrates who excuse their conduct, as Mr. Chance appeared to a certain extent to do, have a strange idea of their duty. The students should have been sentenced to a week's imprisonment, at least. The knowledge that the medical men of the future are thus conducting themselves is a melancholy one indeed. If the magistrates did their duty in the matter, they would confine these young barbarians in a prison cell. This might teach them manners, although, unfortunately, it could not give them any experience of the horrible tortures that they are in the habit of inflicting on inoffensive animals, many of which are infinitely their superiors in natural nobility."

Such is the flippant and scurrilous language which the *Echo* thinks proper to admit into its columns. We should be the last to excuse the conduct of certain medical students on the occasion to which the writer refers; and we feel certain that such conduct has been as strongly condemned by every member of the medical profession, as by the opponents of vivisection themselves. But they did nothing to justify the wild and abusive language that has been used by more than one newspaper correspondent. All over the world students of all denominations have often had rough and ready ways of giving expression to their opinions; but in this respect they are not one whit worse than other students, as, for instance, the undergraduates of Oxford and Cambridge, whose fracas have often attracted the attention of peace-loving citizens.

In some respects we cannot be surprised at the indignation which the conduct of the students excited among the anti-vivisectionists, for these students had dared to oppose a crusade which was characterised by a remarkable amount of fanaticism and prejudice, but which nevertheless, in the eyes of the anti-vivisectionists, appeared to be a just and holy cause. Unfortunately, they weaken their case by the gross misrepresentations and uwarrantable accusations they bring into the discussion of the subject, and therefore we cannot be surprised that they libel a whole class for the faults of a few.

Chloroform and Ether at Netley.

In a short report on this subject, by Surgeon-Major Porter, it appears that during the year 1876, chloroform and ether were administered at Netley Hospital in 21 and 13 cases respectively. The average time taken to place the patient under the influence of chloroform was 8 min. 5 sec.; the shortest time being 2 min., and the longest 20 min. The average time patients were under the influence of it was 11 min. 20 sec. The smallest quantity used was 1 drachm, and the largest, 12 drachms, the average being a little over 3 drachms. In two cases there were most alarming symptoms, sudden failure of the pulse, lividity of the countenance, and feeble respiration, obliging the operator to discontinue the anæsthetic, and restore suspended animation, by pulling the tongue forward, using artificial respiration, and allowing a free current of air to pass over the body. With regard to ether, the average time taken to place the patient under its influence was 18 min., the shortest being 7 min., and the longest 45 min. The smallest quantity used was 2½ ounces, and the largest, 14 ounces, the average being 6½. The chloroform was administered by means of a handkerchief or towel folded into the form of a cone, or sprinkled on thin flannel stretched on a wire frame. The ether was given with Dr. Thomas Skinner's apparatus, "Punch's Nose," as described in the *British Medical Journal* of October 2, 1875.

The Lectures at the Irish College of Physicians.

The fourth lecture of this year's course of scientific lectures in the King and Queen's College of Physicans was delivered on Monday, February 25th, by Dr. Purser. The principal facts which are known as to the functions of the different tracts of white fibre in the cord were stated. The difficulties and uncertainties which beset experimental investigation were pointed out. The results of the more important researches were detailed, particular notice being given to those recently carried on in Leipzig, as being better conceived and more perfectly executed than the experiments of earlier physiologists. The hyperæsthesia which follows limited lesion of the cord was stated to be probably due to destruction of inhibitory fibres. The knowledge to be derived from the facts of human pathology was then considered. It was shown that as yet even the best defined diseases, such as posterior or lateral fasciculated sclerosis, are able to throw very little light on the functions of the different parts of the medullary cortex. In conclusion an attempt was made from a consideration of all circumstances to trace the course of sensitive and motor impressions through the cord. It was shown that while we possessed a fair amount of knowledge as to the paths of motor impulses, many facts existed which made sensitive conduction still quite inexplicable.

Sir John Lubbock's Dental Bill.

This unhappy attempt at legislation, to which we have referred in our two last issues, in a danger of attack on the opposite side of our onslaught. The *Chemist and Druggist* sounds the trumpet against it because it may possibly "stamp out dental druggists."

"This Bill," it says, "seems to seriously threaten the existing rights of those many chemists and druggists who, without making any false representations whatever, have joined a little dentistry to their drug business. Some of them have acquired considerable skill in the extraction of teeth, and it would be a needless attack on them and on the public convenience if this right were withdrawn. The Bill, as we read it, would not prohibit the actual performance of any dental operation by an unregistered person, but it would prevent the assumption of any such title as that of "dentist," and possibly, too, the exhibition of any such announcement as "teeth carefully extracted," &c. Of course, too, an unregistered person would not be able to sue for any claim in respect of dental services.

"We sympathise with the objects of the Bill to some degree; but if its promoters really intend to stamp out dental druggists altogether, we think, on behalf of the latter, and also for the benefit of the public, and especially of poor persons, the Chemist' Trade Association should offer a serious opposition to it."

The Ex-Officio Governors of Irish Lunatic Asylums.

Mr. O'Shaughnessy has given notice that on Friday next he will move for copies of the order of the Privy Council of Ireland of the 17th day of February, 1822, appointing the Mayor of Limerick and other persons governors of the Limerick Lunatic Asylum, and the

order of the Privy Council of the 26th day of January, 1876, rescinding or varying the same; of any correspondence on the subject in the year 1875 between the resident surgeon of the Limerick Asylum and the Inspector-General of Lunatic Asylums in Ireland; and any correspondence between the present Mayor of Limerick and the Chief Secretary to the Lord Lieutenant relating to the right of the mayor to be a governor of the asylum; and of any correspondence that took place upon the same subject in the year 1876 or 1877 between the Mayor of Limerick and either the Chief Secretary or the Inspector-General of Lunatic Asylums.

Sewage Strata in Rivers.

At the last meeting of the Royal Irish Academy Dr. L. Studdert read a paper giving the results of a chemical examination of the mixed waters of the estuary of the river Liffey. Dr. Studdert said that the object of this examination was to ascertain the proportional intermixture and comparative states of the surface and deep waters in the Liffey estuary, at different states of the tide. It was found that from surface to bottom the sewage matter decreases, while the sea water increases in a given measure of the waters. A large proportion of the sewage discharged into the Liffey appears, at flood tide and in dry weather, to be contained in the first inch of surface, which, under the summer sun, would account for the noxious vapours emitted. Much of this superincumbent sewage was found forced up by waves or wind as far as 250 yards above any city outfall. The like foul deposit is reported to be thrown up stream from the mouth of the intercepting sewer constructed in the Thames below London.

The Health of Dublin.

The mortality of the city for the week ending February 23, was 33.1 per 1,000 of the population, while the death-rates of London, Edinburgh, and Glasgow, were only on the average, 24·0 per 1,000. This excessive unhealthiness of Dublin did not—as is usually pleaded in defence of the sanitary authorities—arise from respiratory diseases, for the mortality from these was as much as 19 less than those of the preceding week; but the deaths from dirt diseases were eight above the average for the same week of 10 previous years. The dirt and neglect of sanitation in the city grows daily worse. The remonstrances addressed to the Public Health Committee of the Corporation, have been suppressed. Every ingenuity is exercised to conceal from the public the abominable filth of the city, and the melancholy result of that filth is disease and death, while the "organs of public opinion," as the daily papers delight to call themselves, are too heavily overtaxed in recording the comings and goings of petty snobbery, to give attention to local questions of importance.

The Irish Zoological Society.

Judging from the Annual Report of this valuable Scientific (!) Institution, its final dissolution is put off at least until next year. True, it has increased its banker's debt, and has sold some of its animals to meet the deficit, and has touted with great vigour for public assistance within the last year. Were it not for these means of livelihood, it would be more than £200 worse in finance than last year. The gardens do not, it would seem, offer to strangers visiting even as much as they did last year, for the shilling and sixpenny admissions have fallen off. The stock of animals is ostensibly about the same as last year, but we are not told how many of the mammals are white mice, squirrels, and hedgehogs; and how many of the birds are peacocks, sparrows, and hawks. The Council has apparently foreseen the tightness of its finances next year, against which it has provided by selling the gift of a plesiosaurus made to it by Sir Philip Crampton, which will just wipe off its debt. What is to happen next year, when there is no plesiosarus to sell?

Persistence of the Retinal Image.

In the *Gazette Med. Ital.* Dr. Gorini makes allusion to supposed persistence upon the retina of images perceived during the last moments of life, which had been suggested as a powerful aid to medico-legal investigations by reproducing in the eye of the victim the image of the place of the murder and of its perpetrator. Dr. Gorini has no belief in this, but he experienced in himself a phenomenon which tended to shake his conviction. In the middle of the night he was lying down reading the page of a certain book and fell asleep for, he believes, an hour. On awaking he saw the wall, which was opposite to him, lit up by his lamp and covered with the type-forms of great size, forming words regularly arranged and separated by lines exactly as was the book which he was reading when he fell asleep. Not only could he distinguish the text, but he saw also the marginal notes in smaller character. The whole appearance was vague and dim, but he could not doubt that it was the image of the page which he was reading at the instant of sleep which he now saw. This strange apparition persisted for about twenty seconds, and, during this time, it was reproduced each time that the eyes were closed and reopened.

Treatment of Diphtheria by Turpentine Inhalations.

Dr. C. Edel, of New York, strongly recommends turpentine inhalations in the treatment of this disease. Since, he says in the *Medical Record*, the treatment of diphtheria by steam inhalation gives relatively the best results, he resolved to combine this method with a local disinfectant. For this purpose he uses Tiemann's steam atomizer in the following manner: He has the boiler half filled with water, and about 15 drops of the oil of turpentine before each inhalation, and then closes it. As soon as the vapour escapes, the patient is placed at a distance of three inches from the mouthpiece of the instrument. The inhalations are made every hour for about ten minutes, day and night. This treatment he has adopted in a number of cases with the most favourable results. Recent cases were cured in twelve hours, the temperature being reduced, and the sores in the throat becoming quite clean. The medicated inhalations also appeared to hasten the separation and expectoration of the membrane.

Factories and Workshops.

In Committee on the Factories and Workshops Bill, on Thursday, the 21st, Dr. Kenealy, objecting to clause 3, said that it did not provide sufficiently for the ventilation of factories and workshops, and alluded to the mortality among the operative potters of Hanley owing to this defect. In France many lives have been saved and diseases averted by efficient ventilation. Mr. Cross explained that under the provisions of the last Factory Act the powers of the inspectors had been much enlarged, by which considerable improvement had been effected, with beneficial effect in the prolongation of life. He would, however, consider the suggestion as to the desirability of giving further powers to the inspectors. Mr. Campbell regretted that the means for ventilation provided for the workpeople were not made use of as they ought to be. On Monday, the 25th, further progress was made with this Bill. On clause 27 some opposition was raised to the proposal that children on obtaining employment in another factory shall be freshly certified by the factory surgeon. Dr. Lush said that instead of diminishing the powers of the certifying surgeons he should like to see them increased very much. The clause was ultimately agreed to. On clause 38, which relates to the prohibition of children and young persons being employed in trades of a noxious character, Mr. Tennant desired to see other trades included in the schedule of the Bill, on the score of being injurious to health. Mr. Cross replied that it would not do to hamper trade too much. The clause was therefore agreed to.

Longevity of Medical Men in the Olden Time.

We find in the *Union Medicale* note of a letter written in 1705, by Jean Jacques Baier, Professor of Medicine at Atladorf, under the title "De Longevitate Medicorum.' He classifies the ages of 76 doctors of that day in the following table :—

From 70 to 79 years	.	.	10
„ 80 to 89 „	.	.	40
„ 90 to 99 „	.	.	10
„ 100 „	.	.	1
Past 100 „	.	.	6
Total	.	.	76

Hippocrates lived to 104 years, Leonicene to 106, Rhasès 120, Marcus Gallus, physician to Charles V, to 129, and Averrhœs to 130.

The Queen's University in Ireland.

A meeting of the Senate of the Queen's University was held on the 1st of March, the following examiners were appointed :—Thomas W. Grimshaw, M.D., Physician to Steevens's Hospital, Consulting Physician to Cork Street Fever Hospital, examiner in medicine ; William MacCormac, F.R.C.S.E., Surgeon to St. Thomas's Hospital, London, examiner in surgery ; Professor Kinkead, Professor of Midwifery in Queen's College, Galway, examiner in midwifery ; J. W. Moore, M.D., Physician to the Meath Hospital, and Cork Street Fever Hospital, examiner in medical jurisprudence.

Venesection in the Old Times.

It would seem that in the last century, even crowned heads were the victims of the vilest quackery, for we find in the *Union Medicale*, a record of the death, at Versailles, on the 19th of Feb., 1733, of the third daughter of Louis XV, at the age of five years. The following is the contemporary note respecting her medical attendant :—

"About twelve years ago, Bouillac, a Gascon, arrived at Versailles, and began the practice of medicine. He was then so poor that his whole possessions did not amount to £20. He managed shortly to attach himself personally to M. Regnier, the Procureur of the King, to whose house he went each morning to examine the *pot de chambre*. He became before long physician to the hospital, with a salary of £300, and was at last placed in care of the royal children. When the child, who died, fell sick, Bouillac commenced his treatment by bleeding her in the arm, and followed it up by three more venesections in the foot, in each of which he took three vessels (*palettes*) of blood.

The Hunterian Society.

At the recent annual meeting of the Hunterian Society the following gentlemen were elected officers for the ensuing year :—*President*—T. B. Crosby, M.D. *Vice-Presidents*—Walter Moxon, M.D.; J. McCarthy, M.B.; Buxton Shillitoe, Esq.; G. Lichtenberg, M.D. *Orator*—W. Rivington, M.S. *Trustees*—H. F. Fothersby, M.D.; D de Berdt Hovell, Esq. *Librarian*—P. L. Burchell, M.B. *Secretaries*—R. Clement Lucas, B.S.; Stephen Mackenzie, M.D. *Council*—J. E. Adams, Esq.; Fletcher Beach, M.D.; A. E. Durham, Esq.; J. R. Fendick, Esq.; R. Fowler, M.D.; T. Greenwood, M.D.; A. Galabin, M.D.; C. R. Nicoll, M.D.; A.H. Smee, Esq.; G. J. B. Stevens, Esq.; W. C. Toulmin, Esq.

The annual dinner of this Society was held at the "Albion," on the 22nd ult, when the retiring President, Mr. A. E. Durham, took the chair. He was supported by Professor Owen, the President of the Royal College of Surgeons, the President of the Medical Society, and many other distinguished members of the medical profession.

Ostrich Pepsine.

In the *Revue des Deux Mondes* there has been published an article which contains the following statement :—

"After hunting the ostrich in the Pampas, care is taken to put the stomach aside, in order to collect the pepsine which it contains. It is asserted that the stomach of that bird is noted for its remarkable power of digestion. The abundance of pepsine to which it owes this faculty has created, amongst the Indians, a singular branch of trade. They dry it and sell it, literally, at its weight in gold, an it is used to restore deranged digestion."

A Linear Scarificator.

A little instrument has been introduced by Mr. Malcolm Morris to facilitate Dr. Balmanno Squire's treatment of port-wine marks. It has been constructed by Mr. Hawksley, of Oxford Street, and consists of twenty-four minute lancets set together in a brass case, the points of the lancets being protruded through an outer case by means of a screw, each revolution being equivalent to one-thirtieth of an inch.

Our Reports on Rabies and Hydrophobia.

THE labours of the Commission we appointed to report on "The Nature and Treatment of Rabies," are now concluded, and we may fairly congratulate them on the result of their work.

Commenced in our issue of Oct. 24th, 1877, it has appeared in successive numbers of the MEDICAL PRESS AND CIRCULAR until last week, when the subject was thoroughly exhausted. The mass of facts and information now laid before the profession in a condensed and highly interesting form, cannot but prove invaluable, not only to other workers in this field, but to all interested about this peculiar disease.

These reports have cost much perseverance, labour, and time, and we have the satisfaction of knowing that they have been appreciated to such an extent, both by the press and the profession, at home and abroad, as to encourage us to reproduce them in book form, with some valuable additions. Our contemporary, the *Doctor*, in its last issue, says—"The writers of the elaborate report in the MEDICAL PRESS AND CIRCULAR, from which we have already twice made extracts, have brought to a conclusion their long list of carefully-analysed cases. This laborious work is a credit alike to the writers and the journal which publishes it."

Stewart Institution for Imbecile Children in Ireland.

AT a meeting of the Managing Committee of this valuable charity on last Monday week, Mr. Pascal Law attended, and handed over securities amounting to £3,165, to form the nucleus of a fund for the erection of an additional wing to the new buildings which are about to be opened at Palmerstown, in the county Dublin.

A New Source of Atropine.

A NEW source of atropine has been noted by Dr. J. Tweedy, of the Royal London Ophthalmic Hospital. The alkaloid was derived from an Australian plant—the *Duboisia myporoides*—of a tribe midway between the *Solanaciæ* and the *Scrofulariaciæ*, and the physiological properties were investigated by Dr. Sydney Ringer. The alkaloid would seem to be in all respects identical with atropine.

Manchester Hospital Charity.

THE Hospital Sunday and Saturday collections at Manchester, which have just taken place, do not compare favourably with previous years. The accounts have not yet been fully made up, but it is feared that the former will show a deficiency of at least £1,000, and the latter of £500.

Death of M. Voillemier.

THIS illustrious member of our profession died last week, of an attack of apoplexy, which had produced complete hemiplegia and loss of consciousness. He graduated as Dr. in 1842, but had then, during his studentship, distinguished himself by the publication of a memoire upon an epidemic of puerperal fever which had invaded the Clinical Hospital. His writings on luxations of the wrist, and upon fractures of the inner extremity of the radius have also been highly esteemed, and he was noted as the author of a work on "Diseases of the Urinary Organs." In 1844, the competition for the central department opened to him the doors of the hospitals, and he was promoted at length to the Hotel Dieu, where he has acted for the last four years. He was a commander of the Legion of Honour, and a member of the Academy.

Attar of Roses.

SOME idea of the costliness of the preparation of this article may be formed, when it is considered that to make one pound of attar 3,000 lbs. of blossoms are required. The principal rose farms (says *New Remedies*) are situated in the province of Kezanlik, in Roumelia, at the foot of the Balkan Mountains. The only rose cultivated for its scent is the Provence or cabbage rose. The rose harvest begins in the middle of May, and lasts for twenty-five days or so. The flowers are gathered before sunrise and the process of obtaining the oil is carried out by noon of the same day. The amount of otto is greatest when the temperature at the time of distilling is low, and *vice versâ*. When the weather is warm there is abundance of bloom, but the yield of otto is less; favourable weather is therefore better than large crops of blossoms. It may not be a fact generally known that the attar of roses, although made from that flower, has not its scent. The processes for obtaining the scent of any given flower are described under the terms "enfleurage" and "maceration." Distillation altogether fails to secure the specific perfume of the flowers from which scents are made.

THE rates of mortality last week in the four principal cities of the United Kingdom were London 26, Edinburgh 26, Glasgow 22, Dublin 34 per 1,000 of the population. In the other large towns, Brighton 32, Plymouth 32, and Norwich 37, showed the highest death-rate. Leicester was in the most favourable position with 15 per 1,000.

Correspondence.

THE ANTI-VIVISECTIONISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Nothing is more common than for men to condemn the very same action in others which they practice themselves whenever occasion offers.

"A fox and a cat, having made a party to travel together, beguiled the tediousness of their journey by a variety of philosophical conversations.

"'Of all the moral virtues,' exclaimed Reynard, 'mercy is surely the noblest! What say you, my sage friend, is it not so?' 'Undoubtedly,' replied the cat, with a most demure countenance; 'nothing is more becoming in a creature of any sensibility than a compassionate disposition.'"

"While they were thus moralising and mutually complimenting each other on the wisdom of their respective reflections, a wolf darted out from a wood upon a flock of sheep which were feeding in an adjacent meadow, and, without being in the least affected by the moving lamentations of a poor lamb, devoured it before their eyes.

"'Horrible cruelty!' exclaimed the cat; 'why does he not feed on vermin, instead of making his barbarous meals on such innocent creatures?' Reynard agreed with his friend in the observation, to which he added several very pathetic remarks on the odiousness of a sanguinary temper. Their indignation

was rising to its warmth and zeal when they arrived at a little cottage by the wayside, where the tender-hearted Reynard immediately cast his eye upon a fine cock that was strutting about the yard. And now, adieu moralising! he leaped over the pales, and, without any sort of scruple, demolished his prize in instant. In an the meanwhile, a plump mouse, which ran out of the stable, totally put to flight our cat's philosophy, who fell to the repast without the least commiseration."

The anti-vivisecticnists, who are so mightily indignant and wrathful against the practice of vivisection, being so much overcome by their refined feelings, and their extremely acute sensibility, would do well to peruse and ponder over the above fable, where they (of course, I mean those remarkably humane anti-vivisectionists) are aptly personified by those two excellent specimens of tender-heartedness—viz., the fox, who is brimful of that noble virtue mercy; and the cat, whose tender conscience revolted at cruelty; for I seriously fear they have abstracted the low cunning of the fox and the sinister maliciousness of the cat in their proceedings against *that* which is done in the cause of *real* humanity, and using as a cloak for their misrepresentations and exaggerations, the pretended mercy of the former and the counterfeit tender conscience of the *latter*, in order to promote and further their most humane intentions as regards protecting certain dumb animals, while they very considerately run others to death in the hunting-field. This without doubt, demonstrates their *remarkable* humanity, and makes one rather dubious as regards their sincerity.

These anti-vivisectionists, strange to say, object to experiments being performed on animals for the sake of physiological research and the welfare of mankind, though they yet do not declaim against fox-hunting, chasing hares to death, clipping dog's ears, and curtailing these animals into the bargain; they have no commiseration for the hunted otter, whose dying agonies give such pleasure to his humane tormentors. For the sake of their stomachs, they do not demur at calves being bled to death in order that they may be provided with veal of an agreeable appearance and pleasant to the palate.

Do they protest against the castration of stallions? Not at all, otherwise how could many of these humanitarians indulge in equestrian exercises, or ensconce themselves in luxurious carriages? Do they ever raise a voice against the castration of bulls and similar barbarous customs? Of course, preventing such *necessary* cruelty would deprive them of many luxuries and comforts with which they would be loath to part. Yet we see many of them, after witnessing a stag torn to pieces, and enjoying the sight, under the name of sport, with a fiendish glee, proceed with all the effrontery imaginable to address a public meeting upon the supposed iniquities of vivisection, and weep crocodile tears over imaginary cruelties.

"A wolf," says Plutarch, "peeping into a hut where a company of shepherds were regaling themselves with a joint of mutton, exclaimed—'Lord, what a clamour would these men have raised if they had caught *me* at such a banquet.'"

I cannot refrain from asking these philanthropic anti-vivisectionists how far they can reconcile themselves to such self-evident inconsistencies, and would it not be far better for them, before meddling with matters which, practically, do not concern them, and of which they are decidedly ignorant—to discard such detestable hypocrisy?

"Unfortunately, too many are apt to condemn in others what they practise themselves without scruple."

Yours, etc.,

ANTI-KOOM-POSH. (*a*)

THE ADMISSION OF WOMEN TO THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Now that the medical education of women is, both in other countries and at home, an accomplished fact, it is not surprising that new difficulties should seem to have arisen from this remarkable phase of modern existence, as compared with the ancient ideas as to women's place in society.

I would venture to hope that those very able ladies who have already secured a place among the members of the Association may not be forced to leave it, on account of the sudden burst of instinctive feeling against their presence in certain sections of the Association. Doubtless, for some time to come, it may be quite out of the question to suppose that men and women can discuss in detail many of the topics which arise in practical medicine or surgery. In the meantime, therefore, women who are members of the Association might discuss the questions *they* are interested in, in a room of their own.

Many points in hygiene and medical politics, however, could with advantage be discussed in the presence of lady practitioners, such as the alcohol question, or that of the causation of fever, &c. As to any longer keeping women out of the profession, that is impossible.

Your obedient servant,

C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.

17 Woburn Place, W.C., Feb. 27th, 1878.

(*a*) "Koom-Posh" signifies "bosh," *vide* Lord Lytton's "Coming Race."

Literature.

ZIEMSSEN'S CYCLOPÆDIA OF MEDICINE. (*a*)

WHEN we consider the small space devoted in our best text-books and standard works on medicine to diseases of the peripheral cerebro-spinal nerves, we cannot but be struck with astonishment when we see a volume of the large dimensions of the present work devoted to them. This treatise must be regarded as a series of purely clinical studies; it offers us no new pathological facts in explanation of the interesting class of cases which it describes. After enumerating the well-known conditions occasionally found associated with neuralgia—such as the flattening and atrophy of the nerves, degeneration of nerve fibres, swelling and hyperæmia, inflammation and thickening of the neurilemma, dilatations of both arteries and veins of nerve trunks, cicatricial indurations and growths in them, together with similar changes observed in the central nervous system—the author concludes, with Anstie, that these must be considered as generally accidental, and only rarely as factors in the production of neuralgia.

The author arranges his material as follows:—1. Neuroses of the sensory nerves: (*a*) Neuralgia in general; (*b*) Neuralgia of the individual nerves; (*c*) Anæsthesia. 2. Neuroses of the nerves of special sense, limited to the nerves of taste and smell. 3. Neuroses of the motor nerves, in which he treats of spasms, cramps, tetany, contractions, paralysis in general, and of the muscles supplied by particular nerves or groups of nerves. Finally, the anatomical diseases of the peripheral nerves are described—namely, the diseases associated with distinct structural changes, such as hyperæmia, inflammation, atrophy, and hypertrophy.

In the chapter on neuroses of nerves of special senses, we are surprised to find none of the auditory or optic nerves described. This appears to us a strange omission, for tinnitus, nervous deafness, auditory vertigo, photophobia, and other affections of these nerves are among the most common neuroses. Again, in the chapter on neuralgia, no allusion is made to the treatment by nerve-stretching introduced by Mr. Callender, and which has been employed with success in many obstinate cases by Continental as well as English surgeons.

Notwithstanding these and some other omissions, the practitioner will find this volume a very valuable book of reference in the management of the obscure and troublesome diseases of which it treats. It is full of valuable indications for treatment and diagnosis. This is especially the case with regard to the employment of electricity, in connection with which Professor Erb has previously given many valuable contributions to medical science. It contains, moreover, not only the experience

(*a*) Ziemssen's "Cyclopædia of Medicine." Vol. xi. "Diseases of the Peripheral Cerebro-Spinal Nerves." By Prof. Wilhelm Heinrich Erb. Translated by Mr. Henry Power. Sampson Low and Co., Crown Buildings, 188 Fleet Street. 1876.

and observations of the author, but a good account of the work of others bearing upon these diseases.

The English translation is the work of Mr. Henry Power. Having said this, it is unnecessary to add that the English is perfect, and bears no traces of the German idioms and arrangements of sentences which frequently prove so obscure to the English reader.

A MEDICAL DIGEST. (a)

THE medical literature of our day has become so overwhelming, and the time at the disposal of the practitioner for bibliographical study is so greatly curtailed by the exigencies of practice, that the cataloguer has come to be a benefactor to workers in our profession—nay, even a necessity to those who desire to follow out the subject which they have taken in hand. As a rule, the authors who are in highest repute are not allowed the opportunity of communicating to the profession the invaluable outcome of their experience and their thought, because the hours devoted to authorship must be snatched either from needful rest, or from their watching over clamorous and lucrative patients. Therefore their literary efforts are usually confined to the pages of medical periodicals, where they secure a widespread publicity and a multitude of readers, but get nothing more than an ephemeral attention. To rescue these contributions to medical science, is the valuable function of the cataloguer, and inasmuch as the task is unhonoured as a work of science, unremunerative as a matter of business, and somewhat bewildering and uninstructive as a matter of study, the preparation of such indices is essentially the duty of a publishing society.

Of the many valuable contributions to medical literature, of which the New Sydenham Society has been the parent, not one possesses more sterling practical value than the "Medical Digest" of Dr. Neale, which they have just issued, albeit it takes no position as a work of science.

Dr. Neale has, by this labour, placed his industry and research upon a pinnacle for the admiration of all men, especially when we consider that the book was prepared without any commission from the Sydenham Society, or from any other publisher. It occupys nearly 700 pages, and includes within its covers a reference to every contribution upon every subject which has found a place in the leading English medical periodicals of the last forty years. The number of journals at Dr. Neale's disposal was necessarily limited, and there is, therefore, much outside his digest as well worthy of reference, as those articles which its pages include, but as it stands, the work is apparently thoroughly well done, and of incalculable advantage to the seeker for the ideas of other men.

Dr. Neale has given us enough of perfection to inspire regret that the Sydenham Society did not undertake a more comprehensive work of the same sort, as they once thought of doing. There can be no reason why, at some future time, with Dr. Neale's work as a basis, they should not give to the profession something like a complete index to the periodical medical literature of the English language within the last quarter century.

THE DENTAL BILL.

WHEN we first called the attention of the profession to this measure, we did so under the strong impression that it had been worded by those who framed it in so clumsy a way as to convey a different meaning from that which was intended, and that it was introduced by Sir John Lubbock on the faith of the representations of its promoters without careful perusal or consideration of its provisions.

The experience of a fortnight and the public statements of Sir John Lubbock have convinced us that we had given credit to the supporters of the measure for more discretion and less audacity than they possess, and that every objectionable point in the measure was deliberately included in it, and intentionally offered to Parliament for its acceptance. It is now avowed that Mr. Tomes—its prime mover—and Sir John Lubbock desired to admit to registration as a "dental surgeon" every person who could produce upon the 1st of January, 1879, a brass plate as his diploma—that they intended to give that person power to prosecute everyone who was not included within the sacred pale of registration, even to a fully qualified surgeon who might denote himself a "dental surgeon"—that they did not contemplate requiring from dentists any evidence of professional competency whatever in the present, and only a nominal evidence of knowledge or study in the future. But even this is not the full limit of Mr. Tomes's and Sir John Lubbock's complaisance, for we find in the *Pharmaceutical Journal* of last week the learned baronet's explicit declaration that he will gladly support an amendment having for its object the admission of all those persons who can say that they "have practised dentistry in connection with pharmacy"—in other words, every druggist in the kingdom.

We are told, truly, that Sir John Lubbock has consented to reserve for surgeons the use of the titles "surgeon-dentist" and "dental surgeon," and has, furthermore, graciously pleased to admit qualified surgeons to the noble roll of dental druggists and door-post dental mechanics, a condescension which we stigmatise as nothing less than an insult to the professional and social position of the members of our profession. For his conception that surgeons would hasten to record their names in such a list Sir John Lubbock may perhaps be excused, but those who have prompted him on the subject must be emphatically censured, inasmuch as their association with medical men should certainly have taught them better.

We have said enough to make it obvious that the Bill cries out for the unanimous and energetic opposition of surgeons of all classes and in all places, and of dental surgeons in particular; but we hope it will not be considered a sufficient concession that surgeons should be allowed the same privileges as their druggists.

We think it well that our views on this subject should not be mistaken, and therefore state them categorically, trusting that the profession will—in the public as well as the professional interest—concur with us in opinion. We hold that dentistry, in accordance with public necessity, has separated itself so completely from general surgery, and has developed into so distinct and important a speciality that it is proper that it should be now recognised as a separate profession. We are convinced that it is needed for the public advantage that dentists should be thoroughly competent and well educated in their speciality, and that it is eminently desirable that the public should be afforded a means of distinguishing between dangerously ignorant persons and those who understand their business. We recognise in dentistry so much that is outside the domain of surgery, and nevertheless essential to the speciality, that we cannot claim for surgeons even a theoretical competency for dental practice, unless qualified by special additional education; and we, therefore, do not ask for them either recognition or registration as dentists unless they shall have proved their special knowledge of this branch of surgery. The necessity for such a speciality, proved by the public demand for dentists, constitutes, to our mind, a distinction between dentistry and ophthalmology, which is a branch of surgery required by but few, and involving no art other than that which surgeons are taught. We acknowledge the propriety of separating skilled dentists from druggists and other pretenders, but, if circumstances make this separation impossible, we deprecate emphatically any form of registration or classification which would raise the incompetent to the same level as the skilled, and deprive the public of the means of judging between the two. Finally, we protest against the establishment of a sham dental qualification, sold by any college to all purchasers at any price it will fetch, and on

(a) "The Medical Digest." Being a means of Ready Reference to principal Contributions to Medical Science during the last twenty years. By Richard Neale, M.D., Lond., Member of the Dutch Medical Society of Batavia. London, New Sydenham Soc. Royal 8vo, pp. xiii, 650.

any educational terms at which it can be got. If we cannot have a real test of knowledge, and if we must recognise as dental surgeons all sorts of tooth-drawers and metal workers, we ask at least that matters shall be left as they are, and that these persons shall rest on their own merits, and not be raised to a surgical position by means of a legal registration which is of no value but to mislead the public. Certainly, there can be no hurry with this Bill at present, for if it is desirable to create a registrable dental license, that can be much better done by the Duke of Richmond's Medical Reform Bill, which is just about to be introduced, in which one clause would effect what is required much more effectively than a special bill can do.

In these views we are glad to find ourselves supported by the profession in Scotland, as represented by the Edinburgh College of Surgeons. That body has petitioned Parliament against the measure—the petition having reached us as we were going to press—and we doubt not that the whole profession of the United Kingdom will join in our protest against such mischievous legislation.

King's College Hospital.—At the annual Court of the Corporation of this institution, held on Thursday last, it was stated that during the past year, whilst almost every other charitable institution in the metropolis had suffered, the subscriptions to the King's College Hospital had not only not fallen off, but had somewhat increased. The report showed that the several departments were in a highly satisfactory condition, and that a considerable addition had been made to the number of beds by the construction of a new ward and the re-opening of another which had been closed for many years. The income of the hospital for the past year amounted to £10,250. The total amount expended for the ordinary purposes of the hospital was £13,361, as against £11,117 in 1876. The cost of alteration and enlargement was £2,513, yet, notwithstanding this large extraordinary expenditure, the capital account of the Corporation had been increased by £2,336, from legacies invested during the year. A fund which had been opened for the establishment of a convalescent home now amounted to upwards of £5,000, mainly owing to the personal exertions of Dr. Guy and a committee of ladies.

Fire in a Lunatic Asylum.—A new wing of the Richmond Lunatic Asylum in Dublin took fire on Monday evening. It was occupied as a male ward, and there were in it 200 patients, including 60 who were in hospital. The inmates were all removed to other departments. No water being available, the fire brigade was nearly useless. The fire continued until a late hour of the night, but no life was lost. The wing was three storeys high, and it was ultimately cut away from the adjoining structure.

NOTICES TO CORRESPONDENTS.

QUERIST.—Ethyl-benzine is the same thing as zylol, also sometimes called zylene; it is one of the hydro-carbons formed from coal-tar naphtha. It has been found useful in the treatment of variola, acting, it is supposed, as a disinfectant of the blood.

DR. P.—Unless the coroner had sufficient grounds for suspicion he could not legally compel you. The coroner's law is altogether in a most unsatisfactory state, and with you we regret that there appears at present no prospect of the subject being legislated upon.

DR. SAYRE, New York.—Communication received as were going to press; will be referred to in our next.

DISPENSARY MINUTE BOOKS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Can the hon. sec. to a dispensary committee retain in his own custody the minute-book?

A committee meeting was held near the dispensary, the secretary asked the dispensary doctor for the book, and then afterwards retained possession of it.

Yours, &c.,
A SUBSCRIBER.

[Certainly he not only can, but must. Articles 12 of the Dispensary Regulations (page 242, "Irish Med. Directory") makes the hon. sec. responsible for the "safe custody *of the dispensary*, of the books, papers, documents, and correspondence of the committee." The hon. sec. cannot keep the book at home, but he must not leave it in any one else's care than his own.—ED. M. P. & C.]

DR. WILLIAMS.—1. Surgeon-General Gordon's "Lessons in Military Hygiene and Surgery from the Franco-Prussian War" will be for you the most reliable, and at the same time the most modern guide in case of war. 2. "Parke's Hygiene." 3. We know of no separate work on the subject; there are, however, chapters sufficient for your purpose in the two books before mentioned.

AN Evening Meeting of the Pharmaceutical Society of Great Britain will be held this day (Wednesday) at 8 o'clock.

BATHS FOR SUBACUTE RHEUMATISM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Could you inform me as to the suitability of baths for a fever patient, æt. 28, unmarried, subject to attacks of subacute rheumatism, and, if advisable, what baths in Germany would you recommend?

I am, yours faithfully,
"DELTOID."

[Baths would, we doubt, be of use in such a case as you mention. Among German bathing places suitable for your patient we may name Aix-la-Chapelle (Aachen), Wiesbaden, Wildbad, Baden-baden, &c. You should consult Dr. T. More Madden's work, "The Spas and their Use" (third edition), and Dr. Josef Seegen's "Handbuch der allgemeinen und speciellen Heilquellenlehre," published at Vienna in 1862 by Wilhelm Braumüller.—ED M. P. & C.]

THE IRISH FASTING GIRL.—A paragraph appeared lately in the *Irish Times* in which it was stated that "There is at present living at Ballywalter, co. Down, a young woman who, for the last six months, has not partaken of solid food of any description. She receives a little whisky and water occasionally, and spends a greater part of her time in sleep." We have made inquiry, and ascertained that no person answering this description is known either to medical men or relieving officers in the neighbourhood of Ballywalter.

DR. OGSTON.—Your work has been duly received, and will be noticed as soon as space permits.

METROPOLITAN HOSPITAL SUNDAY FUND.—An announcement in our advertisement columns to-day requests that the authorities of hospitals and dispensaries desiring to participate in this year's Fund should send in their applications on or before the 9th inst. to the Secretary, Henry Custance, Esq., at the Mansion House.

ROYAL INSTITUTION.—Thursday, March 7, at 3 p.m., Professor Dewar, "On the Chemistry of the Organic World."

LINNEAN SOCIETY.—Thursday, at 8 p.m., Dr. Patrick Manson, "On the Development of Filaria Sanguinis Hominis, and on the Mosquito considered as an intermediate Host." Dr. T. Spencer Cobbold, "On the Life History of Filaria Bancrofti as explained by the Discoveries of Wucherer, Lewis, Bancroft, Manson, and others."

HARVEIAN SOCIETY.—Thursday, at 8 p.m., Casual Communications. Dr. T. S. Dowse, "On the Treatment of Syphilitic Disease of the Nervous System."

CLINICAL SOCIETY.—Friday, at 8½ p.m., Mr. Hulke, "Large Aneurism of the Left Subclavian and Axillary treated by Rest and a very limited Diet" (living specimen). Dr. Broadbent: (1) "Sudden Death from Effusion into the Pleural Cavity, without Paracentesis." (2) "Unusually rapid Effusion into the Pleural Cavity at the age of seventy-six; Paracentesis; Recovery." Dr. F. Taylor, "Unilateral Atrophy, with Muscular Spasm (Athetosis?)" (living specimen).

VACANCIES.

Dunfanaghy Union, Falcaragh Dispensary.—Medical Officer. Salary, £100. Election, March 22. (See Advt.)

Sligo Union, Carney Dispensary—Medical Officer. Salary, £120. Election, March 13. (See Advt.)

APPOINTMENTS.

BUSZARD, F., M.D., Physicician to the Northampton General Infirmary.

COLEY, F. C., L.R.C.P.L., M.R.C.S.E., House Physician to the Hospital for Women.

COOKE, E. M., M.B., M.R.C.S.E., Medical Superintendent of the Wilts County Lunatic Asylum, Devizes.

FAYRER, Sir J., M.D., F.R.C.P.L., F.R.S., K.C.S.I., Consulting Physician to Charing Cross Hospital.

Marriages.

BLAIR—PRITT.—Feb. 28, at St. John's Church, Preston, Lancs, Robert Blair, M.D., C.M., of Goole, Yorks, to Emma, eldest daughter of Henry Pritt, of Preston.

M'DONNELL—M'DONNELL.—Feb 27, at Dunmore, co. Galway, Joseph M'Donnell, L.R.C.P., &c., to Annie, youngest daughter of Martin M'Donnell, Esq.

Deaths.

ANDREWS.—On Feb. 29, at Walton Park, Walton, Liverpool, George Andrews, L.R.C.P.L., M.R.C.S.E., L.S.A., aged 33.

CLANCY.—On Feb. 21, at Mitchelstown, co. Cork, Thomas Clancy, M.D.

GURDON.—On Feb. 3, at Hadleigh, Suffolk, Theophilus Goate Gurdon, M.R.C.S.E., aged 64.

LLOYD.—On Feb. 14, at Llangefni, John Hughes Lloyd, M.D., aged 61.

MILLER.—On Feb. 11, at Hulme, Manchester, Charles Miller, L.R.C.S., aged 75.

MONCK.—On Feb. 15, at Hucknall, Notts, Charles Edward Beresford Monck, L.R.C.S.I., aged 38.

MUNGALL.—On Feb. 22, at Foulford House, Cowdenheath, Fifeshire, Robert Mungall, M.D.

NAIRNE.—On Feb. 22, at Kennington Road, Charles Nairne, M.R.C.S., aged 73.

NEARY.—On March 1, at Howth, co. Dublin, Kate Elizabeth, the beloved wife of Dr. B. J. Neary.

SWAIN.—On Feb. 28, at her residence, Devonport, Harriett, wife of Wm. Paul Swain, F.R.C.S.

THOMAS.—On Feb. 12, at Horton, Yorkshire, Abraham Thomas, L.S.A., aged 79.

WHITFIELD.—On Feb. 28, at his residence, Eastbourne, A. Whitfield, M.R.C.S., aged 43.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 13, 1878.

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OBSERVATIONS ON THE SYMPTOMS ARISING FROM THE ASCARIS LUMBRICOIDES.

By EVAN MARLETT BODDY, F.R.C.S., F.S.S.

So various, and sometimes apparently dangerous, are the symptoms which arise from the irritation caused by the presence of ascaris lumbricoides in the small intestines, and so remarkably do they simulate certain diseases and lesions to which the human frame is subjected, both in infancy and adult life, that I am tempted to think that a few observations will not be considered a work of supererogation; for these parasites are so frequently present in the intestinal canal, irrespective of age, without our being cognisant of the fact, that we are very prone to be in error as concerns our diagnosis, owing to the ambiguity of the symptoms; besides, they give rise to such distressing sensations to those unfortunate individuals who are afflicted with them, as to cause their diagnosis to be extremely difficult and unsatisfactory; partly owing, I need hardly say, to the inaccurate accounts of the sufferer. Also, I am inclined to think that these deceptive parasites (for such they really are) are treated by many authors as if they and their ravages were not of much importance, and accordingly in their works these worms and the symptoms arising from them, are treated of very lightly, and superficially compared with their disquisitions on other subjects in relation to medicine.

In the course of my remarks I shall cite some highly interesting and instructive cases which on various occasions have come under my own immediate observation, and I shall also mention the course of treatment which I thought it necessary to pursue.

I do not think we shall be going over well-trodden ground, for the subject is far from being exhausted; besides, I think it deserves our serious and more than ordinary attention, for many individuals are afflicted, indeed, I may say, tormented, with these parasites without being aware of their presence; and as no notice is taken of the alvine excreta by the sufferers, nothing which leads to their discovery can be elicited from them.

I have noticed that by far the greater number of cases of intestinal parasitical irritation occur in the dirty haunts of the poor of large towns, and among the labouring classes of rural districts; but why they should be so remarkably prevalent in the squalid dwellings of town-poor and yet be almost equally so in spots where Nature revels in beauty and loveliness, I leave others to divine; I have found such to be the fact, but whether it is borne out by the experience and observation of others I know not; I have invariably noticed it, and I have had many opportunities of so doing. The symptoms are also sometimes so grave and so variable that many are apt to confound them with those which are entirely dependent on diseases dangerous and incurable; for I have known some cases present such curious and varied phases, so many conflicting and deceptive symptoms, as almost to defy a correct diagnosis; and I think more especially so in the female sex, of about, or beyond the age of puberty, for then we are very nearly certain to have some uterine complication, or a hysterical tendency which is aggravated by the irritation resulting from these parasites with which we have to deal, besides the weak state of the health, which is generally present in intestinal parasitical irritation.

Indeed, in infancy, the symptoms are, as a rule, variable, for some may suddenly disappear to give place to others equally ephemeral, so that sometimes it is next to impossible to determine from what the child is really suffering; for one day there may be symptoms simulating to a marked degree some lung affection; next day, perhaps, the child is in a high state of fever, accompanied with cerebral excitement, with the temperature up to 104°; then, most likely, by the third day, all these symptoms have passed off and the child may appear tolerably well; on the fourth day, the case is equally perplexing, for some symptoms, perhaps, have cropped up entirely different, pointing, may be, to some other derangement.

Most likely we can gather no history of worms, for these parasites hold on to their intestinal habitation very tenaciously, and then, owing to the contradictory sym-

ptoms, the case is considered as of an intricate nature, and, consequently, no anthelmentic is administered until the ejection of a worm, by an effort of Nature, suddenly opens our eyes as to the real state of affairs.

I remember one very remarkable case which was admitted into one of the London hospitals, and which is aptly illustrative of these deceptive symptoms. The patient was a girl of about 13 years old, emaciated and weak; she had a continual dry hacking cough both night and day; the appetite was variable, though sometimes she would eat ravenously; at night time she was exceedingly restless and excitable, and in a high state of fever. The catamenia had not appeared. The case was diagnosed as commencing phthisis, though no abnormal sounds could be detected on auscultation, nor could any lesion be discovered by palpation. For a fortnight she was under treatment, the cough continuing as bad as ever, though she very much improved in physique and gained flesh rapidly. At the end of a fortnight two large round worms were passed with much straining; the cough now decidedly improved, and the child got better, and was soon after discharged.

This case was diagnosed by one whose diagnostic skill it would have been presumption to question, to be incipient or commencing phthisis; and I remember he evinced no little surprise at the speedy recovery of the patient after the expulsion of the worms, and at the rapidity with which the cough subsequently ceased.

This case to my mind is highly instructive, for it shows how the skill of an expert physician may be completely baffled by these parasites. There is not the slightest doubt, but that the worms were expelled solely by an effort of nature, for no anthelmentic was administered, as the case was treated as incipient phthisis is generally treated, for when the child had a slight attack of diarrhœa, an astringent was administered immediately,—however, the worms were ejected, and the child improved. We may, with a certain degree of justice, presume that there were other worms in the intestinal canal; but one thing is certain—the worms were the originators of the supposed phthisis, and the cough was, no doubt, gastric, and not pulmonic, for the lungs were diagnosed to be healthy by one who was fully competent to decide, though he asserted that owing to the incessant cough, the case was one of incipient phthisis.

Another peculiar case came under my observation not long ago of a similar nature, but it was complicated with a rash simulating that resulting from scarlatina simplex; so much so, that I was somewhat inclined at first to consider it as such, and treated it accordingly; the rash soon disappeared, but the dry hacking cough, foul tongue, and high temperature, accompanied with irregularity of the bowels, still continued, and the fever instead of abating increased, and the symptoms gradually assumed a typhoid character; at last the child vomited up a large round worm, and immediately experienced marked relief from its expulsion. I now changed my plan of treatment *in toto*, for I came at once to the conclusion, that as one worm had been ejected, others might be in the intestines, so I accordingly gave the child every night a powder, consisting of equal proportions of calomel and santonin, followed the next morning, by castor-oil; in three days, sixteen round worms of various sizes were passed *per anum*. The child now speedily recovered its previous health, the rash disappeared as rapidly as it appeared, and the cough left just as quickly.

This case is extremely interesting, as it exemplifies in a most remarkable manner the various deceptive symptoms devolving upon intestinal parasitical irritation, for there was the cough simulating that which is invariably present when the lungs are beginning to be consolidated by the formation and deposit of tubercles; there was the rash very similar to that which is present in scarlatina simplex, and there was the foul parched tongue, rapid pulse, hot and dry skin, high temperature, irregularity of the secretions, and nocturnal delirium. Now all these symptoms were what I call deceptive, for they pointed almost conclusively to certain diseases which were not present, and were simply dependent upon the irritation set up by these intestinal parasites.

Another case came under my observation with symptoms closely analogous to those indicative of acute hydrocephalus, with this difference—the pupils were of normal size, no worm had been detected in the excreta (on this point, I may say, the mother was most emphatic), so I had absolutely nothing to guide me in my diagnosis, save symptoms which, had I regarded, would have led me into error; but bearing in mind, however, those cases which had previously come under my notice, I gave the child some calomel and santonin, and by next morning four round worms had been passed: a few more powders of the same kind speedily removed the acute hydrocephalic symptoms, and the child rapidly recovered.

In other cases the symptoms were ambiguous and changeable, some of them assuming various phases daily, so that I could not arrive at any decided diagnosis, but the administration of calomel and santonin very soon elucidated what I may call the delusive phenomena of intestinal parasitical irritation.

Though these parasites are more frequently found in children, yet I have nevertheless known them give rise to such curious symptoms in the adult as to completely perplex the most skilful; sometimes they are similar to those arising from hysteria, and they have also simulated those to which dyspepsia gives origin: the most distressing nausea and headache are also caused by these worms, the presence of them being unknown, because none have been observed in the ejecta, and therefore, no treatment is of benefit, save the administration of an anthelmentic and a purgative. Frequently, on being consulted by patients suffering from extreme debility and lowness of spirits, I have discovered that nothing save the irritation set up by these parasites originated the deceptive symptoms and their distressing sensations.

We are well aware that infantile convulsions, in many cases, owe their origin to the irritation produced by these intestinal parasites, but that they should be provocative of convulsive attacks in the adult, or that they should produce fits analogous to epilepsy, or seizures of an epileptoid character, is a phenomenon not so generally known; in fact, it is so rare an occurrence, that we may designate it as a medical curiosity, a freak of disease, a deceptive symptom which one may say is significant of intestinal parasitical irritation; and as such, it deserves more than ordinary attention and comment. The following case to which I shall now draw the reader's notice, is a very remarkable and unique specimen, illustrative of this false epilepsy, or epileptoid fits, arising from the irritation resulting from the ascaris lumbricoides in the intestines; for the attacks were so frequent, obstinate and violent, that the patient, a girl of eighteen years, was pronounced by many medical men to be a confirmed epileptic, and that all further treatment would be fruitless in its results. Epilepsy, or convulsions resembling that disease, as a rule proceed from some irritation of the encephalon, or from some obscure lesion of the spinal cord, but in this case they were solely dependent on the presence of the ascaris lumbricoides, as the after results proved, for when the worms had been expelled through the means of an anthelmentic, the fits immediately ceased.

The seizures were an exact counterpart of epilepsy, yet we cannot justly consider them as such, on account of their originating from intestinal irritation; they were, as I have previously said, frequent, obstinate and violent, and on several occasions they were of such long continuance, that the presumed epileptic was much exhausted, and her constitution was visibly being undermined by the pertinacity of the attacks. On the termination of the seizures, especially when of a prolonged nature, she would lie in a comatose or semi-comatose condition, the duration of which would last for a day or two, then she would gradually revive, and to all appearance would be in perfect health. As I had the good fortune to see her during one

of the attacks, I was enabled to determine and judge for myself, and from its epileptoid character I should have considered it as a *bona fide* case of epilepsy, had it not been for many symptoms indicative of intestinal irritation and obstruction, such as the following :—obstinate constipation, foul tongue, an offensive breath, appetite variable, though sometimes voracious, especially preceding the attacks, catamenia normal, and the abdomen much distended. The mental capacities were of the average standard, and were not in the least impaired, though she had been afflicted with the attacks for the long period of six years ; the interregnum between each being of a longer or shorter duration, and her eyes, instead of presenting the dull heavy appearance which is usually to be seen in epilepsy, were bright, sharp, and intelligent ; this at once made me conclude that the attacks were not due to epilepsy, otherwise, considering the lapse of time, the eyes would have assumed the character more or less observable in true epileptics ; besides, there would have been a decided failing of the mental powers consequent upon the frequent repetition of the seizures, their severity, their obstinacy, and duration.

As no portions of the tape-worms had been discovered in the excreta, and as I was firmly persuaded that it was not a true case of epilepsy, I at once diagnosed the case as intestinal irritation resulting from the ascaris lumbricoides, and accordingly I administered six grains of santonin combined with an equal amount of calomel, to be followed the next morning by some castor-oil. Three large round worms, one a foot and a half in length, and about the thickness of a little finger, were speedily ejected, with wonderful relief to the patient. Continuing this treatment for a week she was happily ridded of her tormentors, and is now in complete health. She had one attack while under treatment, but the severity of it was considerably modified, the stupor lasting for one hour only, but after the bowels had been freely relieved, which occurred during the stupor, she was much better, and on reviving from its effects, she said she had not felt so well for years.

The peculiarity and chief interest of this case rests on the similarity existing between the convulsive attacks resulting from the irritation produced by the ascaris lumbricoides, and those arising simply from epilepsy ; its remarkable prolongation, and the rapidity of its cure.

Many reasons could be assigned for the extreme irritability of the nervous system, such as acute sensibility of the sympathetic, caused more or less by the movements of the parasites, or the spinal cord might have become peculiarly irritable, owing to this nervous system being complicated, and which perhaps, at certain periods, culminated in a fit, the frequency and severity of which depended either upon the condition of the alimentary tract, or mental excitability produced by the pneumogastrics being irritated through the medium of the ganglia of the sympathetic, but there is no doubt but that the ascaris lumbricoides were the direct or prime causes of the convulsions, and being so, it makes the case more peculiarly interesting, and especially as the convulsions simulated epileptic fits.

These examples I have mentioned as illustrating the deceptive symptoms arising from intestinal parasitical irritation are not only instructive, but they show us to a marked degree how easily one may be led into error in their diagnosis, and how the prognosis, instead of being hopeful, is of necessity doubtful and ominous, because the presence of the ascaris lumbricoides in the intestines is not discovered, and also the various, peculiar, and often conflicting, promiscuous symptoms which are many times apparently serious, mislead us, and the patient's health is considered to be in a precarious condition, when the administration of an anthelmentic would immediately cure the sufferer, and put to flight the grave symptoms which caused us to imagine life to be in jeopardy.

NOTES ON MIDWIFERY.

By THOMAS P. TUCKEY, M.B. T.C.D.,
Castletownroche.

1. THE POSITION OF THE PLACENTA RELATIVE TO SEX OF THE CHILD.

2. SPONTANEOUS EVOLUTION SUCCESSFULLY INITIATED.

THERE is no subject connected with physiology so interesting to my mind, and at the same time so obscure, as the laws which regulate reproduction. Why one woman will have no children which are not of the male sex, and another will have none except girls, while a third will bear them in equal proportion, or alternately male and female, is a question which has never been answered satisfactorily. Since I have been engaged in the practice of midwifery, I have never ceased labouring to throw some light on the subject. My labours have been too limited, and my experience of too short a time, to enable me to bring forward anything conclusive on the matter. I shall be satisfied if I have engaged the attention of those who have far greater opportunities than I am ever likely to have of elucidating the matter. I do not forget—and I hope I never shall—the caution of my venerated master, Mr. R. W. Smith, who was wont in his lectures to caution his pupils against rushing into print, and bringing forward a few facts as proofs of a pet theory, and who used to hold up as an example to those who have the *cacoethes scribendi*, the case of Harvey, who witheld from the world for so many years that discovery which has made him immortal, until he excluded every element of error from that grand law, which he knew to be indisputable. Harvey's discovery, however, was made in days when medical works were comparatively few, and journals fewer still—if there were any—and therefore any statement brought forward by a man of mark was likely—for good or ill—to influence for a long time his successors. We all know how long the classic medical writers of early times influenced the writings and practice of their successors, and how anything, at variance with preconceived opinions, was received with suspicion, if not with open opposition and derision. Harvey, doubtless, knew this, and therefore was more cautious in bringing forward his discovery, a discovery which he knew must revolutionise medicine. No such objection now holds, so numerous are the medical periodicals, that an error is no sooner put in print than that it is refuted ; while statements which are at first weak, are caught up by the numerous great minds of the medical world, and thoroughly sifted, and if true, placed on a firm and established basis ; if false, are relegated to the limbo of merited forgetfulness. I have less hesitation therefore in writing the following lines, knowing that my obscurity will prevent my doing any harm if I am wrong, and resting in the hope that if there is anything worthy of notice, some one with better opportunities than I have, will work up the subject, and bring forward more facts relative to the matter. It has long been my practice whether rightly or wrongly—I know I have never done any harm by the practice—in cases of tedious labour in which I have given ergot, or otherwise interfered, to remove the placenta manually after the birth of the child. I have found that the uterus often contracts spasmodically in such cases, and delays greatly the expulsion of the after-birth. It has been my experience that such interference does no harm, and in some cases greatly expedites the termination of the case. This, however, is foreign to the subject, except in this, that on looking at the sex of the child, I have been invariably able, without turning my hand round the uterus, to find the position of the placenta. In cases of female children I have found the placenta to be attached to the left side of the fundus ; when the sex is a male, to be on the right. Over and over again I have found this to be the case. I have listened with the stethescope before birth, and have

ascertained the position of the placenta by the bruit, and have settled in my mind the sex of the child, a fact which has afterwards been verified on its birth. I here give a list of such as I have kept a note of since the fact first struck me as worthy of remark. Several others occurred before I was sufficiently impressed by the continual recurrence of the position of the placenta with regard to the sex of the child, to think them worthy of a place in my memory.

Name.	Posit'n of Placenta.	Presentation.	Mode of Delivery.	Sex.	Observations
Mrs. O'C.	R.	Head	Forceps	M	—
,, —	L.	,,	Natural	F	Ascertained by stethoscope before birth
,, C.	L.	,,	Craniotomy	F	Funis prolapsed, pulseless, passages very small
,, S.	L.	,,	Natural	F	—
,, H.	R.	,,	Forceps	M	—
,, —	L.	,,	Natural	F	Ascertained by stethoscope before birth
,, M.	L.	,,	,,	F	Manual interference for great hæmorrhage
,, M.	R.	,,	Forceps	M	—
,, D.	L.	,,	Natural	F	Three female children, single placenta
,, R.	R.	,,	Forceps	M	—
,, B.	R.	Hd of breech	Natural turning	M	Males (two), single placenta
,, R.	R.	Cross-birth	Turning	M	Boy; dead
,, D.	L.	Head	Craniotomy	F	Hydrocephalic
,, Tr.	R.	Breech	Brought down feet	F	Considerable hæmorrhage
,, Sw.	L.	,,	Born before seen, manually, I believe	F	Born dead

I give the above table for what it is worth, not very much I am aware; were I to lay down dogmatically that the placenta is always attached to the left side of the fundus, or of the uterus, in cases where the child is a female, and as invariably to the right side of that viscus, when the child is a male—I only say that in my experience I have, up this found it to be always the case, and give such instances, that they may turn the attention of others to investigate the matter more closely. It is an old saying, that men endeavour to believe to be right what they think to be right. It seems such an easy solution of the matter that the right ovary should be intended for the production of male and the left for that of female children; it leads me to such a long train of speculation on the causes of a woman having only sons, caused by atrophy or other diseases of the left ovary, or *vice versâ*; it opens up such a field for the stethoscope in determining the sex before birth, and thereby modifying the treatment of cases of contracted pelvis, cases which might be delivered naturally if the child were a female, which would require instrumental interference if it were a male;—that I am to a certain degree prejudiced by the facts I have collected. I hope that the profession may deem my remarks worthy of further investigation, and either refute or confirm them on their merits.

To turn from a subject which is still *sub judice*, I hope I may be allowed to say a few words on a more practical matter; and before I begin the subject I must state that, though I performed the operation in perfect ignorance that any one had done it before me, I disclaim all right to have been the first to do so. A medical gentleman in Passage, co. Cork, performed the operation long before me, as I heard through a mutual acquaintance of ours; I therefore give him all the honour due to priority. I found in some cases where I could not turn, either through the uterus having contracted over the child, or, as happened in one case, from unusual resistance from the soft parts of the mother, I could accomplish the delivery in the following manner:—

I applied steady traction to the arm which, as in those cases, usually protrudes from the vagina, until I had the shoulder down as far as I could bring it; I then allowed the uterus to contract for some short time, I then found that the child was gradually turned, so that the breech presented, and I then easily brought down the feet and completed the delivery. In this I imitiated what usually happens when Nature expels the child by that process usually called "spontaneous expulsion," first accurately described by Dr. Douglas. By traction on the arm, I brought down the shoulder so as to protrude entirely, together with part of the thorax; the uterus then exerts its power on the lower half of the child's body, for as the head is fixed it can have no power on it. To explain: suppose the uterus to exert its power on a body of the shape of the letter U, one leg of which is lower than the other, and immovably fixed; it is plain that the other leg, if the U be a flexible body, must be forced down, and a little power exerted at the angle or head will materially help the action of the uterus, and the movable leg of the U will be expelled.

Thus, by pulling on the arm of the child,you double it, for the head being fixed against the pubis, every effort which extrudes the shoulder makes it more in the shape of a U. The expelling force of the uterus is applied to the legs and buttocks; the latter of which rest on a sliding plane, the sacrum, the buttocks gradually slide down; by applying one's fingers, as is usually done in breech cases, you further assist Nature, and the rest is easily accomplished.

I do not know how the gentleman to whom I have given the honour of priority performs the operation, as I have not the pleasure of knowing him; but, such is the plan I have adopted, and up to this I have found it signally successful.

A CASE OF SEVERE GUNSHOT INJURY OF THE ELBOW-JOINT IN WHICH THE ARTICULATION WAS PRESERVED.

By J. HORNSEY CASSON,

Late Senior Surgeon to Lord Blantyre's Mission to the Turkish Army in Asia.

On the morning of September 10th, last year, when returning home from a slight engagement at the village of Jala, on the plain of Kars, as I passed the camp of the Lesghian Circassians, I was hailed by an orderly of Ghazi Mehemet Pasha, better known as the son and successor of Schamyl, the warrior chief and prophet, to know if I would kindly come and see a wounded Circassian officer. I went into one of the head-quarter tents, and found there a young officer, Mustapha Bey, a cousin and staff officer of the Pasha, who had got a bullet wound *somewhere* in his right elbow-joint. Attending upon him I found a wild looking old Circassian, who was sucking hard at the wound in the vain hope of thus extracting the ball, the safest and simplest method he assured me of performing the operation. After this interesting experiment had been continued for some time, until the operator was thoroughly exhausted with his labours, without, I regret to say, his efforts being crowned with the success they merited, the mollah, or priest, was called into consultation, but by this time the Pasha, who was present, had requested me to interfere. I did so on condition that I should have the officer removed to my ambulance. When he arrived there I put him under chloroform, and then I found that a good deal of sucking and enchantment would have been required to remove the bullet. For some time I could not find it either with finger or probe. There was considerable bulging out laterally of the two condyles of the humerus, and it was evident that some body was impacted in the splnit shaft between them. I enlarged the opening made by the entrance of the

bullet, and extracted a number of pieces of bone, several of them covered with articular cartilage. The ball had fractured the head of the radius as well as the coronoid process of the ulna, and had also carried off a large piece of the external condyle, which was impacted together with the bullet in the hollow shaft of the humerus, and had in its entrance into that cavity, fractured the posterior shell of the bone, forming an obvious protrusion about two inches above the point of the elbow. I made a slight incision over this point through the tendon of the biceps in a line with its fibres, and was thus able to insert my finger and push down the fragment of bone, together with the bullet and a portion of clothing which it had carried before it, within reach of the extracting forceps. The bullet had spread out like a mushroom, and had greatly comminuted the majority of the fragments of fractured bone. The olecranon was fractured, but was retained in position by the tendons and ligaments.

Following what may be considered the invariable rule of military surgery, the proper thing to do would have undoubtedly been to make a complete resection of the joint. I had not the patient's permission, however, to this proceeding, neither had I anything in the shape of a proper splint at hand for the after-treatment of a resection; so I had to content myself with carefully removing all the comminuted fractured bones, washing the cavity well out with carbolised water, inserting a drainage tube, and expecting nothing more favourable than anchylosis, putting up the arm as well as I could at the most useful angle, and in a state of semi-pronation. The wounds I dressed with carbolised glycerine, an application I found most useful in many other cases, and the whole joint I enveloped in marine lint. For a few days there was a great amount of healthy suppuration, which soon abated. After ten or twelve days' rest, I found on examination that there was a certain amount of what seemed *articular* motion, of which the elbow was still capable, and accordingly every two or three days I employed, very carefully and gently, slight passive movement, which each successive time caused less pain. The wounds healed favourably, and in six weeks after the injury I had the satisfaction of assuring myself that there was free movement of the joint, with even a little power of rotation of the forearm; and I have no doubt that the patient, if he has escaped the further perils of the war, is by this time able to use his arm as well as ever. When I parted with him at Kars, at the end of October, he was able to make a few Turkish characters with a pen.

The case seems to me to be of interest as showing that even in very severe injuries of the elbow-joint, movement may be preserved without having recourse to complete resection, and, as I believe in this case, without absorption of the articular cartilage which was left. Some years ago, my old friend, and honoured tutor, Campbell de Morgan, removed the fractured bones from the elbow-joint of a boy at the Middlesex Hospital, without resecting the joint. In this case also the recovery of very complete movements of the articulation was the result.

Clinical Records.

HALIFAX UNION INFIRMARIES.

Short Notes of Cases.

By THOMAS M. DOLAN, L.R.C.P., L.R.C.S. Ed., &c.,
Surgeon to the Infirmaries, Physician to the Halifax Fever Hospital, Yorkshire.

THE wards of a poorhouse infirmary do not afford on an average such an interesting class of cases as those of our voluntary hospitals, but they do open out a wide field for practical work, and for the solution of many of the problems of disease. Though a large number of our patients suffer from chronic diseases, as chronic bronchitis, chronic rheumatism, old-standing liver disease, &c., about which there is little inviting and little new to be written, yet we have also a large number the victims of acute disease in all its forms, and we have oftentimes a most varied selection of obscure and complicated cases, which have drifted into a poorhouse, after passing through the hands of the private practitioner, the club doctor, the infirmary or dispensary surgeon, and the out-door Poor-law medical officer. We are often enabled to furnish the closing details of cases the symptoms of which have puzzled the collective wisdom of the staff of some of our best institutions, and had we the discretionary power we ought to have, of making *post-mortem* examinations, such details might be completed in a more satisfactory manner. Unfortunately, the L. G. B. has not sanctioned our application on this point, though I have no doubt the time will come—and in this I am encouraged by the improvements in modern workhouses—when it will be a matter of astonishment that we had ever to ask for such an essential privilege. It is difficult to understand the grounds of refusal, considering we have so much greater discretionary power over life; but as the L. G. B. has decided, we must only patiently work and wait until some sudden gleam of the importance of the power comes across the official mind. The truest economy of Poor-law medical relief consists in placing the Poor-law medical officer in the full possession of every power, enjoyed by his *confrères* who are attached to voluntary hospitals; in assimilating the management of workhouse infirmaries to the general principle of hospitalism, both as regards suitably constructed buildings and wards, amply ventilated, &c., with baths, lavatories, water-closets conveniently and hygienically situated, &c.; in a word, in contributing all those essentials which are deemed necessary in all voluntary well-organised institutions. It is needless to say, the medical officer should have all medicines supplied to him, and this seems such a fundamental principle that one would almost expect that it would have long since been made a compulsory requirement by the L. G. B. Pauperism and sickness are synonymous, and hence the great importance to society of not only a sufficient staff of Poor-law medical officers, but of a staff placed under the most favourable conditions to arrest, control, and cure disease. If the rates are taxed by the illness of a patient from an acute disease, then the truest economy is to restore that patient to health as soon as possible, for neglect will convert a temporary illness into a chronic one, with a corresponding lengthy drain on the local relief list. Hence it is only fair to expect to have properly remunerated medical officers, with the fullest facilities for the discharge of their duties.

As regards *post-mortem* examinations, it has been urged that poorhouse infirmaries were not designed for the advancement of science or medical knowledge; but as they are intended for the cure of disease, it must follow that everything tending to advance our knowledge of medicine must also help in assisting the primary object for which they exist. On the value of *post-mortems* towards this object there can be no doubt. Those who are familiar with the history of the Poor-law are aware that workhouses are filled with a different class from the one they were meant for; in fact, the word workhouse is a misnomer—they are in the majority of towns, large hospitals, supplementing the General Hospital, and in many towns supplying part of the hospital accommodation. Oppert lays down this rule, a town of 50,000 inhabitants need not have a hospital for more than 150 patients, supposing there is a *Union infirmary for* 50 *beds.*

My experience shows that in some cases the inverse ratio exists. The voluntary hospital consisting of the smaller number, the union of the larger number, of beds; as for instance, the Halifax Infirmary will accommodate 70 patients, the Union Infirmary, 240: actual number on the present date in use (Feb., 1878) 225. So that supposing Oppert's law to be the true one, we have here a violation of it, and not by any means a singular one. Again,

as the infirmary is chiefly devoted to surgical cases, say, at least, 50 of its beds, there cannot be accommodation for the average proportion of medical cases there ought to be in a town like Halifax, of 50,000 inhabitants. This is one anomaly. There is another much more striking. The Infirmary is well and ably officered, it has

1. A House Surgeon.
2. An Assistant House Surgeon.
3. Two Consulting Surgeons.
4. Four Visiting Surgeons.
5. Two Visiting Physicians.

Having an important out-patient department, this staff is not excessive; but in striking contrast with the excellent medical provision made at the infirmary, are my own Infirmaries which have only one medical officer, not even resident. Hence, the patient who accepts the voluntarily aid of the infirmary, has the advantage of select advice from many sources, whilst the poor man, who is often unable to be admitted through want of room, has to seek advice, and admittance to the union infirmaries, where he can only have the medical aid of one, for there is no provision made under the Poor-law code for consultations, excepting in grave emergencies, as the outbreak of an epidemic of fever, &c. So much that has been deemed impossible has become possible, that we may be sanguine enough to look forward to a different organisation in the management of poor house infirmaries.

In paying a "a toll to science," it is easy to see from the following instances how our efforts are hampered by the restrictions imposed upon us. Cerebral localisation is a subject of great interest, and the *post-mortem* room can throw great light upon it. Amongst numerous other patients I have three upon whom I would like to perform an autopsy in case of death, in order to confirm the accuracy of the diagnosis established during life:—

1. Amelia Smith, æt. 45, admitted September, 1874. Paralysis of lower extremities, aphasia.

2. Jane L., æt. 29, admitted 1877. Paralysis of organs of speech only.

3. George S., admitted 1868, from the result of a fall. Imbecility, with a persistent desire to keep walking round in a circle.

It has been said that the elevation of the position of poorhouse medical officers must come from themselves; and in this I perfectly agree, for it must necessarily come to pass, if we discharge the duties of our office with earnestness, zeal, and the same scientific spirit exhibited by our *confréres*, who are attached to voluntary hospitals. We have an equal field, and still more, we are paid for doing work which they discharge voluntarily, though, of course, they look for what has been an injury to our profession—indirect payment. These remarks may not be deemed out of place, as they are solely dictated by my desire to point out some of the anomalies and imperfections of the Poor-law system, with the hope of their being remedied. This can only be done by the freest ventilation, by means of that great power, the medical press, and by our persistently laying before those who have the reins of office, *not our grievances*, but the claims of our patients, and of society.

CASE 1.—*Supposed Case of Fever, with Abscess in Right Groin, really a Case of Strangulated Hernia—Spontaneous sloughing and discharge of Fæcal matter through the Wound—Recovery.*

Giovanni B., an Italian organ boy, æt. 17, was admitted into the Halifax Poorhouse, July 1873; he was supposed to be suffering from typhoid fever; had not been under the care of a medical man. When seen by me, in the afternoon, he was very feverish, tongue dry and furred, pulse hard, wiry, temp. 102—complained of great pain over abdomen. Bowels were confined, and there had been very distressing vomiting. On examining abdomen, I found the cause of all his symptoms in the shape of a seeming abscess in the right groin, which I diagnosed to be strangulated hernia. The parts were swollen, tender, and inflamed, and seemed ready to burst. I returned with my friend, Mr. Hodgson Wright, senior surgeon, Halifax Infirmary, in order to relieve the strangulation by the knife, but it was unnecessary. We found the parts had given way, the contents of the bowel were discharged through the opening, part of the gut protruding in a sloughing condition.

I need not detail all the particulars of subsequent treatment, except he was placed on a most liberal diet, with eggs, brandy, port wine, &c., and Nature, which had done so much towards relieving him, completed her own work, and in six weeks he left the hospital, almost perfectly well. The action of the bowels was established *per vias naturales*.

I had a somewhat similar case in private practice, after an operation for strangulated inguinal hernia, also seen by the above-named surgeon.

CASE 2.—*Ovarian Disease—Dropsy—Discharge of nearly half a gallon of pus—Recovery.*

Wells, Annie, æt. 35, admitted June 1871, suffering from ovarian dropsy; she was in a wretched debilitated condition, and seemed as if she could not live long—her limbs were wasted to an extreme degree, whilst the abdomen was swollen, looking larger by contrast. There seemed but one indication to fulfil, viz., to supply nourishment. She had no pain, or tenderness on pressure for the first fortnight, when some symptoms of tenderness developed, for which I ordered warm applications. About June 25th, there was a small painful point, about half an inch below umbilicus; this gradually became red and inflamed, so that I thought it advisable to puncture it, when some pus flowed out, and on introducing a large trocar, the large quantity of nearly half a gallon of pus was discharged. She was in a very prostrate condition for some time, but rallied, and was discharged in September, 1877, in a condition to resume work, though she still presented signs of the emaciation previously mentioned.

CASE 3.—*Ovarian Tumour—Single Cyst—Tapping—Recovery.*

Emma H., æt. 37, admitted in 1873, suffering from long-standing disease of the eyes; she had also a swelling, about the size of a cricket ball, in the right lumbar region, which sometimes gave her pain, but to which she did not attach much importance. It subsequently become larger and caused her both a considerable degree of pain, and difficulty of moving about, so that she had to be confined to bed. There being evident symptoms of fluid, I tapped it with a large trocar, from which flowed about a pint and a half of thick, ropy, viscid fluid. She recovered speedily. There has been no return of the fluid. She is at present in poorhouse. She was sent for the ophthalmic disease, in 1877, to the Bradford Eye Hospital, where one eyeball was extirpated, the other eye being so far improved by the treatment that she was able to go about by herself.

(To be continued.)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE last, and annual, meeting of this Society was chiefly occupied with the financial and other business of the Society, the delivery of the President's address, and the presentation of the Marshall Hall Memorial Prize to Dr. John Hughlings-Jackson for his investigations into the pathology of the nervous system.

It appears that the receipts exceeded those of the previous year by about £100; but the year having commenced with a deficiency, instead of the usual balance in hand, the available income was slightly less. The balance in hand was £33 19s. 3d. The total number of Fellows has risen from 651 to 665.

The committee on Membranous Croup and Diphtheria

was still engaged in sifting the material in hand, and their final report would soon be made public. Some change was made with regard to the period of the meetings of the Society, and it was now recommended that the meetings should be held from the fourth Tuesday in October to the second Tuesday in June.

With respect to the library, 443 new works were added last year, and the new catalogue now in progress would probably be in the hands of the Fellows in the course of the year.

The PRESIDENT then called upon Dr. Hughlings-Jackson to come forward to receive the diploma of the Marshall Hall Prize, and addressed him in the following terms:—"Dr. Hughlings-Jackson, I could have wished that, for this night at least, the chair might have been occupied by another than myself, so that you might have received your well-won honour from the hand of one who had himself gathered laurels in the same field as you. But as this cannot be, I have at least the satisfaction of assuring you how much I am your debtor for the light you have thrown on my path in the daily practice of my profession; how often I have found your doubts worth more than many another man's assertions; how, even when I have hesitated to adopt your conclusions, it has been with the feeling that probably you were right and I was wrong—that your keener insight had shown you clearly facts, the outline of which seemed to me still blurred and indistinct. Though all the Fellows acquiesce in the justice of the Council's award, it is yet, perhaps, fitting that I should mention the three chief grounds on which that award was made:—1st. Your contribution to the increase of our knowledge of aphasia, and to the increased certainty of that wonderful discovery by which we are now enabled to localise the power of intelligent articulate speech in a certain district of the brain. 2nd. Your careful clinical observations on epilepsy, and the light you have thereby thrown on many points connected with the structure and functions of the brain. 3rd. Your researches with the ophthalmoscope—that instrument by means of which we see through the eyes, as through windows, to the brain. I hope, in time, we may arrive by its means at something approaching that certainty of diagnosis which auscultation has enabled us to attain in diseases of the chest. In handing to you this diploma, which records your selection as the first Marshall Hall prizeman, I need not urge you to continue your investigations with the same diligence as heretofore, for 'the labour we delight in physics pain;' but do it with the same absence of self-seeking as has characterised your work hitherto, and you will continue to enjoy still the rare good fortune of praise without detraction, of honour without envy."

Dr. HUGHLINGS-JACKSON, in receiving the diploma, briefly replied, thanking the President and the Society for the very high honour conferred upon him, an honour which, above all things, would stimulate him to further exertion.

The result of the ballot for officers and Council for 1878-9 was as follows:—President—Dr. Charles West. Vice-Presidents—Dr. William Wood, Dr. Richard Quain, Mr. Cooper Forster, and Mr. John Wood. Treasurers—Dr. William Wegg and Mr. John Birkett. Secretaries—Dr. James Andrew and Mr. Timothy Holmes. Librarians—Dr. George Johnson and Mr. Savory. Other members of the Council—Drs. Barnes, Begley, Handfield Jones, Octavius Sturges, E. Symes Thompson, Spitta; Messrs. Morrant Baker, H. H. Hayward, Berkeley Hill, and A. B. R. Myers.

Literature.

FERRIER ON THE FUNCTIONS OF THE BRAIN. (a)

THAT great epochs make men and not men the epochs, may be accepted almost as a truism; one of the creations of the present epoch in medicine has been Dr. Ferrier. His book must be considered as marking a great epoch, though it cannot be said to have caused it. The thoughts of scientific men interested in the brain, had begun to concentrate themselves for many years past on the convolutions. The functions of the spinal cord, and of the great central ganglia, or at least one of them, the striatic body, were well known, but that of the convolutions could only be guessed at. While *thought* as a whole was believed to be performed by the grey matter of the convolutions, it began to be suspected that that part of thought comprised under volition and perception might be differentiated in connection with the several organs, to form what have been termed *volitional and sensory centres*, and that all thought in connection with each organ must take place in a special centre assigned to it in the grey matter of the convolutions, and that in these centres the brain *willed* that certain actions should be performed.

Anatomy and pathology were, as is generally the case, the first to indicate this; physiology subsequently demonstrated the truth of the theories formed from a knowledge of anatomical facts. Dr. Hughlings-Jackson gave it a certain basis by his exact clinical and pathological observations, in which he associated certain disorders of motility with lesions situated in the cortex of the hemispheres; not that he was the first or the only one to observe this association, but to him the credit is due of drawing attention prominently to them.

Dr. Broadbent in his wonderfully laborious and elaborate papers on the course of nerve fibres in the brain (which we think have never been sufficiently appreciated, perhaps on account of the extreme difficulty of following them) very distinctly enunciates the theory of localisation of function in the convolutions. In a summary of his previous papers, published in the *Journal of Mental Science*, April, 1870, he wrote as follows: "It is at once obvious that these super-added convolutions will be the convolutions most characteristic of the human brain, and will constitute the difference between one brain and another. The sensations transmitted upwards from the several centres must first impinge upon those parts of the grey matter in which the fibres from the sensory tract or ganglia end; so, again, whenever volitions may be originated, the downward starting point of the motor impulse must be in some convolutions connected by fibres with the motor ganglion or tract. These convolutions, then, which receive central fibres, and are bilaterally associated by the c. callosum, will constitute the perceptive centres of Dr. Bastian, and *centres for the emission of volitional or ideo-motor impulses.* (a) But the perception of sensation and the emission of motor impulses are psychical operations of the simplest character, and are common to man and the lower animals. The higher and more complex operations of combining and compressing perceptions, the formation and elaboration of ideas, are thus almost by way of exclusion assigned to the super-added convolutions; and it can scarcely be considered fanciful to see in the withdrawal of the nerve cells engaged in these intellectual operations from immediate relation with the external world, and in the intricate association of different parts of the surface, conditions adapted to the function attributed to them." If Dr. Broadbent had known, when writing this passage, all the facts subsequently demonstrated by experimental research, he could not have more correctly defined the functions of the cerebral convolutions. These pathological and anatomical facts were supplemented by kindred physiological ones by Fritsch and Hitzig, who proved that the cortex of the brain was susceptible of stimulation by electricity, and, moreover, that centres ruling over the movements of certain groups of muscles existed in the cortex, and could be exactly localised.

Before Ferrier entered into the field of research therefore, the fact of "localisation of function" in the convolutions, was recognised by many, and fairly supported by facts; it was, however, far from being universally or even generally accepted. Ferrier, as it were, took charge of the newly-born fact, and nursed it through its babyhood,

(a) "The Functions of the Brain." By David Ferrier, M.D., F.R.S. London: Smith, Elder and Co., 15 Waterloo Place. 1876.

(a) The italics are our own.

the most dangerous period of its existence, and now by the publication of his book, has turned it adrift as capable of maintaining itself, and the rough world of every day observation must decide whether the young fact is strong enough in truth to live or not.

Dr. Ferrier's work purports, as he expresses it to be, "a systematic exposition of the bearings of my own experiments on the functions of the brain." These had already been brought before the scientific world in various original papers by the author, in the West Riding Reports, the Transactions of the Royal Society, the Philosophical Transactions, and elsewhere. Besides the simple record of the results of his experiments, Dr. Ferrrier has added a general review of the functions of the cerebrum from the standpoint of his own experiments, and has endeavoured to form a physiological basis for the science of psychology.

Even his strongest opponents must admit that Dr. Ferrier has produced a work of which scientific medicine has every reason to be proud. That it is the result of most careful and laborious experimental research, and deep, clear thought, must be the impression conveyed to all his readers. As to the truth of the opinions it advocates, and even of the facts recorded, many will be sceptical probably for years to come; further and widely extended observation can alone decide the question finally. Although the book has been for some time before us, the difficulty of reviewing it has seemed constantly to increase, with the more just appreciation of the importance and magnitude of the subject of which it treats. More time for thought and further observation seemed absolutely necessary before venturing to express any decided opinion upon it. While we feel convinced of the truth of localisation of function in the cortex of the brain, still we feel more and more the necessity of further research on many of the points investigated by Dr. Ferrier, and on others which he has been compelled to leave untouched. We do not propose to consider all the points which present themselves for discussion in connection with cerebral localisations, but rather to confine ourselves to briefly indicating the main outlines of the work, and one or two of the most important questions in relation with it. It commences with a very short—perhaps too short—sketch of the structure of the brain and spinal cord, including the shortest possible allusions to some of the most recent views on the subject. The reflex functions of the spinal cord are next considered by the light of previous and well-known experiments; and in the same manner the functions of the medulla oblongata are passed in review. So far, Dr. Ferrier merely records the work of others, and adds no new facts. It is with the brain itself he has chiefly occupied himself. He now passes on to consider the functions of the cerebellum and corpora quadrigemina; but before doing so, devotes a chapter to the consideration of equilibration and locomotor co-ordination. This chapter is purely theoretical, and though the theory the author propounds is ingenious, still we think he fails to prove it. By this theory locomotor co-ordination is regarded as a reflex act, the result of stimulation of sensory nerves, the most important sensory stimuli producing it being tactile, visual, labyrinthine, and perhaps visceral impressions, acting reflexly, or, as Dr. Ferrier expresses it, by "asthetiko-kinesis" upon a co-ordinating centre in the cerebellum, or corpora quadrigemina, and producing the necessary movements for co-ordination and equilibration. One of the main arguments to which Dr. Ferrier trusts to prove this theory, is founded upon a supposed fact to which we should take the gravest exception, namely, that the want of co-ordination in locomotor ataxy is due to loss or impairment of tactile sensibility; in other words, that impairment or loss of sensation is a necessary accompaniment, or indeed a forerunner, of locomotor ataxy. This is a statement which we do not think is borne out by clinical experience. On the other hand, we should say that it was far more common for loss of sensation to follow, rather than precede, ataxy. It is true that we cannot conceive of ataxy except as motor efforts unrestrained or uncontrolled by sensation. This, however, does not necessarily imply that the sensory nerve cells can no longer receive or recognise sensory impressions. The whole sensory tract may be complete, it is only neccssary that the communication between sensory cells and motor cells should be cut off, the communication through which involuntary reflex acts are produced. These may be destroyed while sensation remains intact; subsequently the disease may invade the sensory cells and centres. Such an hypothesis as this appears to us more consonant with clinical facts, and we think it the one most generally accepted.

The next chapter, devoted to the consideration of functions of the corpora quadrigemina, or optic lobes, is full of interest as a *résumé* of the investigations of others, as well as of those of the author, with regard to the result of destruction and irritation of these bodies. It is certain that they have other functions besides that of receiving retinal impressions, and Longuet is quoted as pointing out the presence of well-developed corpora quadrigemina in animals in whom the eyes and optic tracts are rudimentary. The experiments of the author by means of destructive lesions of the corpora quadragemina, agree in their results with those of Serres, Goltz, Vulpian, and McKendrick, and he shortly sums them up as "producing blindness, paralysis of irido-motor and some oculo-motor reactions, disorders of equilibrium and locomotion, and, in frogs, and, apparently, in other animals, annihilation of certain forms of emotional expression." The optic lobes are said to be especially sensitive to stimuli of all kinds; the results obtained, however, are complex and unsatisfactory; they "are mainly of a reflex nature, and depend on the transference of irritation of sensory to motor centres and tracts." They produce movements of the head, trunk, and extremities, if severe, trismus and opisthotonos, together with dilatation of the iris and vocalisation, the latter, especially, if the testes are excited.

Danileusky has found, and his results have been confirmed by Dr. Lauder Brunton and the author, that "electrical irritation of the interior of the corpora quadrigemina causes a great rise in the blood-pressure, with slowing of the heart and amplification of the pulse waves. The respiratory rhythm is also altered in a marked degree, irritation causing a deep inspiration followed by prolonged and powerful expiratory efforts." Valentin and Budge describe yet another result, namely, a direct influence on the viscera, causing contractions of the stomach, intestines, and bladder. In short, it appears to us that irritation of the optic lobes produces reflex actions of all motor nerves, both voluntary and sympathetic. This probably is the result of their widespread connections with other parts; by their means the eyes are placed *en rapport* with all parts of the body; hence the rapid reflex movements produced by visual impressions.

Dr. Ferrier next passes on to consider that crux of physiologists and physicians—the cerebellum—on the functions of which he throws much light. Flourens long ago stated as the result of his experiments on the organ that it ruled over the co-ordination of muscular movements. Though the results of Weir-Mitchell, Vulpian, Philepaux, and others do not entirely bear out the observations of Flourens, still they all agree that certain disorders of locomotion are induced by injury or disease in this locality. Majendie discovered that division of the middle peduncle caused rotation of the body on its own axis towards the side on which this peduncle had been cut; he also observed certain movements of the eye-ball which corresponded with these movements of rotation of the body. These movements of the eyeball were first observed by Purkinge, in 1827, as occurring in man when a galvanic current was passed through the cerebellar region, and lately were more completely studied by Hitzig in the same manner. The movements of the eyes are accompanied by corresponding sensations of vertigo, in which the external objects appear to move in the opposite direction to that of the eyes. Dr. Ferrier has performed a large number of

experiments on the lower animals to demonstrate both the results of irritation and of destruction of certain portions of the cerebellum; by these, which are in perfect accord with the experiments of others already referred to, he demonstrates that there are certain centres in the cerebellum which maintain the equilibrium of the body, and oppose tendencies to overbalance or fall in certain directions. Thus, irritation of the anterior part of the middle lobe produces backward movement of the head and extension of the trunk and limbs, together with upward movements of the eyes; these movements he regards as counteracting a seeming rotation forward on the horizontal axis—that is, an actual tendency to rotate forwards produces these movements by exciting this centre in the cerebellum, and thus the movement of falling forward is counteracted and arrested; the truth of this is further proved by the results of destruction of the anterior part of the middle lobe, when the tendency to pull forward is no longer counteracted by the action of this centre, and the animal, consequently is constantly falling in this direction. Exactly the reverse of this holds true of the posterior part of this middle lobe, irritation of which produces forward movements of the head and downward direction of the eyes, which antagonise a tendency to fall backwards; after destruction of this centre equilibrium is no longer maintained in this direction, and backward falls result. The centres contained in the lateral lobes are more complex, and the results less certain, it depending on the exact spot injured, whether falling to the same or to the opposite side results.

"Lesions of the cerebellum while interfering with the mechanical adjustments against disturbance of the bodily equilibrium, do not cause paralysis of voluntary motion of the muscles which are concerned in these actions." Dr. Ferrier accepts Vulpian's explanation of the fact that lesions of the one side of the cerebellum are often associated with hemiplegia of the opposite of the body, namely, that "the hemiplegia is not the result of the cerebellum lesion as such, but of compression of the subjacent tracts of the pons and medulla." Lesion of the cerebellum produces a certain amount of derangement of equilibrium on the same side, giving rise to vertigo and unsteady gait; the results of experiment appear to indicate that this can in some measure be overcome or supplemented by the conscious effort of the cerebral hemispheres. The intimate connection of the auditory nerve with the cerebellum through the rectiform bodies, and the remarkable influence of lesions of the semicircular canals upon equilibration, as demonstrated by Flourens, are pointed out by Dr. Ferrier as further proof of the functions of the cerebellum; lesions of the superior semicircular canal corresponding in their results with lesions of the anterior part of the middle lobe of the cerebellum; of the posterior vertical canals with the posterior part of the same lobe; while lesions of the horizontal canals correspond with lesions of the lateral lobe. The intimate connection between certain movements of the eyes and the corresponding centres in the cerebellum have already been referred to; the blindness which so frequently accompanies cerebellar disease is attributed to the impeded return of venous blood from the increased intercranial pressure, leading to choked disc and subsequent atrophy of the optic nerve; this, however, is a purely mechanical result, and has no special relation to cerebellar disease. It is, moreover, suggested as probable that the other special senses, as well as common sensation, are all correlated in the cerebellum with certain motor adjustments connected with equilibration; but on these points no experimental data have been obtained. There are no facts in support of the hypothesis that the cerebellum is the seat of the sexual appetite or rules over the reproductive functions. These results of physiological experiment explain and perfectly agree with the staggering gait and intense vertigo, with a tendency to fall to one side, frequently seen in cases of cerebellar disease.

The author now passes to the consideration of the functions of the cerebrum, and it is with these researches that most of us are now familiar. A chapter is devoted to the explanation of his method of investigation and to its defence; in this he meets the many objections that have been raised to his results, explaining the effect of "extra-polar conduction," and proving conclusively that it is not a cause of fallacy in his observations. It would be out of place here to enter into a discussion of the truth of the theory of cerebral localisation, even if our space would permit us to do so; for ourselves, we firmly believe that, as a principle, it has been established, although as yet but few of the centres can be pointed to as localised, with absolute certainty. The next chapter is devoted to detailing the results of electrical irritation of the various convolutions of the cerebrum in monkeys, dogs, jackals, cats, rabbits, guinea-pigs, rats, pigeons, frogs, and fishes; and also to the results of stimulation of the corpora striata and optic thalami. Throughout the whole series movements on the opposite side of the body could be produced by excitation of the hemispheres; while as low in the series as rats, various movements could be localised to certain areas; all these motor areas being grouped together in a similar manner to that observed in the highest form of animals, namely, on each side of the fissure of Rolando, and in the area occupied by the ascending frontal, ascending parietal and postero-parietal lobule of the human brain, and which is now commonly described as the motor area.

After thus detailing the phenomena produced by electrical irritation of the cortex, Dr. Ferrier remarks that "the mere fact of motion following stimulation of a given area does not necessarily signify a motor region. The movements may be the result of some conscious modification incapable of being expressed in physiological terms, or they may be reflex, or they may be truly motor in the sense of being caused by excitation of a region in direct connection with the motor parts of the crus cerebri. The method of stimulation by itself is incompetent to decide these questions, and requires to be supplemented by localised destructions of those areas, stimulation of which is followed by definite motor manifestations."

The method employed to effect these localised distinctions of brain matter have been chiefly the actual cautery, occasionally excisions. By means of these methods, Dr. Ferrier proceeds to investigate, first the sensory, and afterwards the motor centres. These investigations of the sensory centres we consider by far the most important of any of the investigations detailed in this work, because they are so completely new and original. Many, if not all, of the motor centres had already been established with considerable accuracy by the pathological investigations of Hughlings-Jackson, and the experiments of Hitzig and Fritsch; but previous to these investigations by Dr. Ferrier, no researches of a physiological or pathological nature had in any way indicated the localisation of the special senses. These important results must, therefore, be considered peculiarly his own; they still, however, require the confirmation of pathological observations.

The first centre dealt with is that of sight, which is localised in the angular gyrus (pli courbe), destruction of this convolution producing complete, though only temporary, loss of vision in the opposite eye; if the convolutions on both sides be destroyed, the loss of sight becomes permanent. The movements of the eye produced by electrical irritation of this convolution are thus proved to be reflex in character. It is remarkable that destruction of this centre produces complete loss of vision in the opposite eye, while lesions of chiasma produce hemiopia; this would seem to confirm the recent investigations of Biesiadecki and others, which appear to show that total decussation of the optic nerves takes place in the optic chiasma; but Dr. Ferrier adopts the hypothesis propounded by Charcot, which supposes that those fibres which pass along the outer side of each optic nerve, and do not decussate in the chiasma, decussate afterwards in the corpora quadrigemina, by that means complete decussation of the whole of both nerves is obtained.

Perhaps among the most beautiful of his demonstrations

are those careful observations by means of which the "auditory centre" is localised to the superior in temporo-sphenoidal convolution. In this case, again, reflex movements are induced by its electrical stimulation corresponding to those produced by an excitation of the auditory nerve; the keen appreciation and recognition of the meaning of these movements led the investigator to anticipate loss of hearing as a result of the destruction of this centre.

The "tactile centre" is localised to the hippocampal region, which Dr. Ferrier has taken to include the hippocampus major and uncinate convolution. Although the special centre for tactile sensation has never before been arrived at, yet as the author justly remarks, it has received valuable corroboration from the investigations which have been made, especially in France, localising the production of hemianæsthesia to lesions situated in the posterior part of the internal capsule. The occurrence of hemianæsthesia of cerebral origin was first pointed out, we believe, by Demeaux of Paris, in 1843, by Türck, of Vienna, in 1859; it was confirmed by Jackson in 1866; Vulpian and Charcot prove the same by autopsies; Veyssiere in 1873 proved it experimentally by division of these fibres, and exactly localised it. Picnet, Pitres, Raymond, and Bernhardt have all since quoted cases in support of this exact localisation. Charcot, Landolt, Raymond and others, have pointed out that the nerves of special sense, particularly of sight, are affected together with the hemianæsthesia, if the disease is in the brain, but if in the crura, then the special senses are not affected. But the seat of sensation cannot be in the fibres of the posterior part of the internal capsule themselves; it is evidently in some part above them, to which they are leading, and our author says, that this part is discovered to be the hippocampal region, and nearly the whole of the temporo-sphenoidal lobe, and angular gyrus, for in these parts he finds the several sensory centres; whether these be the exact centres or not, future observations will prove. In the meantime we think that it may be fairly taken as demonstrated, that the grey matter of the convolutions to which the fibres above described lead, *must* be the sensory centres. We have dwelt thus much on this point, because it seems that the whole question of cerebral localisation is involved in it; for if one centre can be localised in the convolutions, why not others?

The centres for taste and smell are localised together in the subiculum cornu ammonis, but it has not been yet possible to differentiate between them. It is pointed out that the sense of smell is lost on the same side as the lesion, and cases of right hemiplegia, with anosmia and aphasia, are referred to, in which the loss of smell was found to occur in the left nostril. Although in the cases of hemianæsthesia previously mentioned, smell is described as diminished on the same side as the loss of sensation, and the opposite to that of the lesion, Dr. Ferrier explains this by quoting Majendie, who found that smell was lost when by reason of division of the sensory branches of the fifth, the sensibility of the nostril was completely abolished.

The results of destruction of the occipital lobes are chiefly negative; the animals upon whom this operation had been performed exhibited, however, a complete loss of appetite for food, although all their bodily functions were performed as naturally as before, and in all other respects they appeared to be in good health. From this and certain anatomical considerations, Dr. Ferrier is inclined to think that these lobes are the seat of visceral sensations. Moreover, on theoretical grounds, and from a consideration of its intimate relations with all the sensations, he suggests that the centre for the sexual appetite might be localised midway between visceral sensations and the centres for the special senses, namely, in the occipito-temporal convolutions.

The localisation of the motor area to the neighbourhood of the fissure of Rolando, as above-mentioned, the experimental proof of which the author now proceeds to detail, is well supported by pathological facts, which are day by day multiplying. Hughlings-Jackson, Charcot, Lepine, Gliky, and many others have contributed, accurately observed, and described cases in support of this; while Nothnagel, Hitzig, Fritsch, Schiff, Hennann, Carville, and Duret have all contributed experimental evidence to the same effect, although they do not all agree in their explanation of the results obtained.

It is a fact remarked by all observers that the motor paralysis resulting from these cortical lesions is almost invariably of a transient character, and, moreover, that the lower the class of animal under observation the more rapidly the paralysis disappears. The law of *suppliance* adopted by Flourens, Longuet, and Vulpian, by which the duties of the centres of one hemisphere are taken up by those of the other, has been demonstrated, we think, beyond doubt to be false, and Dr. Ferrier declines to accept it. That of *functional substitution*, propounded by Carville and Duret, and accepted by Charcot, by which centres of similar function are developed around the one destroyed, is reduced by Dr. Ferrier almost to an absurdity, and satisfactorily disposed of. He would explain the difficulty in another way: he adopts Broadbent's hypothesis of the connection between the motor centres and the compensatory action of the one after lesion of the other, which occurs in the case of all bilaterally associated movements. This theory may be extended to the bilaterally associated cortical centres; but even then it does not account for the more transient nature of the paralysis in dogs than in men. Dr. Ferrier points out, however, the much more automatic character of the movements in the dog than in man, and that they are, therefore, much more under the control of the corpora striata, by means of which alone most of them can be performed; in fact, if we understand him aright, he describes the movements produced after paralysis from cortical lesions, as being automatic and bilaterally associated movements carried out by the corpora striata; a view which seems to us very satisfactorily to overcome the difficulty.

The views of Schiff, Nothnagel, and Hitzig respecting the function of the cortical region, and the result of their destruction or mobility, are briefly enunciated, and we think satisfactorily disposed of; in connection with them, Dr. Ferrier enters deeply into the discussion of the so-called "muscular sense," and of what it really consists; whether as maintained by Brain, Wündt, Weir-Mitchell, and Hughlings-Jackson, there exists a sense of effort in the motor nerves, or the cells from which they take origin, and, in other words, a centrifugal sensation which "coincides with the outgoing stream of nervous energy," as Brain expresses it; or whether, on the other hand, the sensations are centrepetal, and belong to common sensation. To the latter cause Dr. Ferrier attributes it; he regards it as a combination of the sense of effort, associated with involuntary fixation of the chest walls, and of common sensation in the muscles, joints, ligaments, &c. These pages are among the most interesting in the book, but space will not allow us to reproduce his arguments.

Irritation of the posterior part of the middle and inferior frontal convolutions produces movements of the eyes and head which appear to indicate attention, and at this spot Dr. Ferrier anticipates that the power of attention and concentration of thought may be localised; anterior to this the brain affords no experimental evidence of its functions, except that after its removal, monkeys, formerly highly intelligent, become dull and inattentive; in this region it is suggested that the intellectual power is chiefly located, and the imperfect development of the brains of idiots in this region is adduced as an argument in favour of this view.

With regard to the recent writings of Dr. Brown-Séquard against the theory of cross-paralysis and any attempt at cerebral localisation, Dr. Ferrier denies that any of the very large number of cases collected by that writer have been recorded with sufficient accuracy to satisfy the requirements of scientific evidence, and he urges that the whole weight of clinical experience is against these views; although these exceptional cases may even be admitted to number hundreds (a fact by no means

proved), yet the cases confirming the rule of cross-paralysis number thousands. In these remarks we fully agree with the author; indeed we cannot but consider that a study of the recent papers of Dr. Brown-Séquard on this subject affords but a sory contrast to the laboriously minute and accurate observations of other recent writers; observations which have done so much to unravel the entangled web of cerebral physiology. Although it is true all is not yet known, that much still remains to be explained, and that many recent observations mey be erroneous; yet it is not by miserably loose and inaccurate records of questionable facts, that knowledge is to be advanced, or the truth arrived at. If Dr. Brown-Séquard wishes to advance the cause which he advocates, he must give us carefully recorded facts, observed by means of all the aids to accurate observation introduced within the last few years, not loose statements made twenty or thirty years ago, with an utter obliviousness of both macroscopic and microscopic cerebral anatomy.

Passing on now to the basal ganglia, or "ganglia of interruption," the corpora striata and optic thalami, the evidence procurable by experiment is open to many objections, owing to the difficulty of reaching them. Although much discussion still remains as to the functions of the thalami, that of the striate bodies is tolerably evident; they undoubtedly are in connection with the motor tracts of the crura; their irritation causes contraction of the muscles on the opposite side of the body, and their destruction paralysis of the same muscles. Dr. Ferrier believes, and we think his grounds of belief sufficient, that the optic thalami are connected with the fibres of the tegmentum, or sensory tract, and that they are connecetd with the nerves of all the special senses, except the olfactory, and also of common sensation of the opposite side of the body. Cases in which disease of the optic thalamus is found without loss of sensation, are probably due to the lésions not being sufficiently extensive. To explain the affections of motility produced by lesions of the optic thalamus, we must remember the intimate associations between sensory and motor impulses in all reflex and automatic movements are produced chiefly in the spinal cord; the automatic and bilaterally associated movements are chiefly produced by the basal ganglia; movements due to special acts of volition requiring conscious effort are produced by the centre of the cortex. Automatic acts, therefore, which require the mutual co-operation of motor and sensory ganglia, namely, corpora striata and optic thalami, are very liable to be interfered with if this co-operation be prevented by lesion of one or other of these ganglia; thus, in the dog and lower animals, whose movements are chiefly automatic, much paralysis ensues on the destruction of the optic thalamus, while in monkeys or men, whose actions are more frequently the result of volition, the paralysis is not so constant or so severe. The same considerations, as previously pointed out, account for the more permanent nature of lesions of the cortex in man, and the incomplete and very transient paralysis resulting from them in the dog.

It will be well here to enumerate the signs of hemiplegia due to lesions of the cortex, as distinguished from that produced by lesions of the corpus striatum. These are stated by Charcot as follows:—

1. The paralysis is not so extensive, more localised, and more often affects upper instead of lower limbs; it is gradual in its occurrence and not preceded by a fit of apoplexy.
2. The paralysis is incomplete and fleeting.
3. If there is aphasia without paralysis, the lesion is almost certainly cortical; if with paralysis, then certainly central. Occasionally, however, this paralysis may be complete and permanent, and yet due to cortical lesion.

Dr. Ferrier next proceeds to discuss the hemispheres psychologically. He points out that while the sensory centres are the seats of conscious sensation, they are also the "organic register of special sensory experiences," or of the memory of sensations. Thus, if an eye is destroyed, or its nerve divided, sight is lost, but memory of past visual experiences remains; but if the corticle centre for sight is destroyed (*i.e.*, the angular gyrus) the memory of sight is also lost.

In this most interesting and suggestive chapter many valuable suggestions are offered and inferences are drawn from facts, which throw great light on psychology. It is thought probable that each of the various viscera are represented in the cerebral convolutions—probably in the occipital region—and that they may give rise in their varying conditions of health, or the reverse, to feelings either pleasurable or depressing. While the lower animals are in great measure mere "conscious automata," and start in life almost independent of their cortical centres, and require but little education, we must be educated by experience, chiefly of sensory impressions at first, till, in time, we add motor experiences stored in our cortical motor centres, and this opens up the way to new acquisitions termed sensori-motor acquisitions; thus, "our ideas of form are mere revived optical impressions, which are properly limited to colour, but optical impressions, combined with ideal ocular movements"—for example, the sweep of the eyeballs, or the circumduction of the arm and head in following a circle. Speech may be regarded as such a sensori-motor acquisition. In this a cohesion or nexus is formed between two sensory elements, sound and vision, and one motor articulation; intimately combined with these another motor cohesion may be found in writing. The effect of disruption of this cohesion by destruction of one motor element, articulation, is seen in aphasia, when the memory of past motor experiences stored in one convolution—the third left frontal—is lost by destruction of the convolution, just as the memory of sight may be lost by destruction of the angular gyrus. A most excellent description is given of this interesting condition in all its varied forms.

The theory of "inhibition" is well explained, and its great importance and widely extending connections demonstrated. In proportion to its development do actions lose their impulsive character; it "forms the essential factor of attention," and "constitutes the organic basis of all the higher intellectual faculties."

The two concluding chapters of the work are devoted to a diagramatic summary of the preceding investigations, and to a short account of cerebral and cranial topography; the latter affords a concise and lucid account of the cerebral convolutions, and will prove of immense advantage to those readers not previously acquainted with the more recent anatomical descriptions of the convolutions.

After the reception that has been accorded to Dr. Ferrier's work, any praise from us would appear feeble; on the other hand, however, let us caution our readers not to be carried away entirely with the brilliant results and ingenious hypotheses of Dr. Ferrier, giving to them a blind adhesion, without waiting for further facts; these are now fast pouring in, and another year or two will probably enable us to speak much more confidently on many points. Already the functions of the cortex, as a whole, have been in a great measure demonstrated; hemiplegia and hemianæsthesia from cortical lesions must be admitted by most pathologists, but of the localisation of cortical centres for the special senses, we still want further proof. Concerning intellectual functions, we can at present only vaguely generalise, although Dr. Ferrier has gone far towards giving even these generalisations a material basis. Many of our most accurate observers and brilliant intellects are now striving to settle the great question of localisation or non-localisation of function in the brain. We anticipate most valuable results from the method adopted by Prof. Charcot, that of studying cerebral lesions in brains hardened in such a manner that the course and distribution of nerve-fibres can be traced in them; by this method we are sure to obtain many new facts and explain many apparent inconsistencies in cerebral pathology.

Dr. Ferrier has promised a new work on the diseases of the brain, which we await with no little interest; in it we shall doubtless find many observations on the human brain to corroborate his experimental researches on those of animals. In the meantime we would earnestly impress

upon every observer the extreme importance of the utmost accuracy and care in making and recording any observations on cerebral lesions and the symptoms produced by them; indeed, so great a responsibility now attaches to any such records that far better would it be that they should be left undone than be made carelessly, or without a sound knowledge of the anatomy of the brain. Every case now recorded is liable to be quoted as evidence by either party; thus, one man's ignorance may overthrow the results of another's knowledge, and by false evidence an untrue verdict may be obtained.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 13, 1878.

DR. BALLARD'S REPORT ON EFFLUVIUM NUISANCES.

IN the Supplement to the Sixth Annual Report of the Local Government Board, containing the report of the Medical Officer of the Board, we have an interesting series of papers, reports, and memoranda on various subjects connected with the progress of sanitation. In this voluminous Blue-book there are two or three papers on vaccination, vaccine establishments, &c.—an abstract of the medical inspections made in 1876 with regard to the incidence of disease on particular places—papers on hospital hygiene by Mr. Netten Radcliffe—a memorandum on the progress of the Levantine Plague in 1876—and official memoranda on precautions against scarlatina, on local arrangement relating to infectious disease, on re-vaccination, &c. But by far the greater part, and by far the most important feature of this "Supplement," is the long and very able report of Dr. Ballard, on the Effluvium Nuisances which arise in connection with various manufacturing and other branches of industry, and especially with regard to the effect upon health of each such industry, and to the degree in which each nuisance can be prevented. Some idea of the laborious and extensive inquiry which Dr. Ballard has made into this subject may be gathered from the fact that his report, although but the first instalment of the results of his labours, takes up one hundred and seventy pages of the volume before us. It has been, says Dr. Seaton, the great aim of Dr. Ballard to establish his practical conclusions on a sufficient basis of observation, and towards that end no pains have been spared by him to carry out the object he had in view. The present division of his report treats of nuisances arising from the keeping of animals, and from those branches of industry in which animal substances are principally dealt with. It will be followed in due time by other divisions, in which will be fully considered the nuisances arising from branches of industry in which mineral, vegetable, and other substances are chiefly concerned. The task imposed upon Dr. Ballard was no ordinary one, as may be seen by glancing at the list of places visited, the number of institutions and factories examined, as well as from the patient and laborious examinations he made at every place he visited, and from the full and careful description he has given of the results of his inquiries. The report shows that the investigation was conducted with much skill and judgment, and with a mind entirely free from prejudices or preconceived opinions of any kind. He neither exaggerates nor underrates the injurious effects of effluvium nuisances upon the health of those who are exposed to them, and he is very careful not to draw inferences from insufficient data, or imperfect observation.

Few are aware of the highly offensive effluvia which are given off from certain branches of industry. The most offensive are those which arise from refuse animal matters, and the most disgusting of all are the effluvia from the process of gut-scraping and the preparation of sausage skins and catgut, the preparation of artificial manures from "scutch" (the refuse matter of the manufacture of glue), and the melting of some kinds of fat. Manufacturing businesses which deal with vegetable substances only rarely give rise to disgusting effluvia. The most offensive are those in which effluvia are thrown off during the boiling of linseed oil, the manufacture of palmitic acid from cotton oil, foots, or palm oil, and of some kinds of varnish. Among the trades which deal with materials of a mineral nature, the most offensive are those which have to do with the manufacture of ammonium sulphate or chloride, and other processes in which there is a copious evolution of hydrogen sulphide, also those which arise from gas-making, and the distillation of tar. And yet it was difficult to determine exactly to what extent offensive trade effluvia are to be regarded as injurious to health. Dr. Ballard, and his predecessor, Mr. Simon, agreed that any valid statistical investigation into this question was quite impracticable, and that the only method which could be adopted consisted in inquiries addressed to individuals, to members of the profession, and especially to medical officers of health. The question, too, was a very important one; for considering that many of these offensive businesses are great sources of private and even national wealth, and considering that many of them perform a function of some sanitary importance by using up materials that might otherwise be wasted and become a far greater nuisance than the factory which made use of

them; it was very necessary to avoid exaggerating the extent to which these effluvia injured the public health. The term "injurious to health" may mean that some kind of functional disturbance is set up by exposure to the offensive effluvia, and which being repeated, causes an appreciable impairment of the general health; or it may mean that persons so exposed are more deeply and more definitely damaged in health; that their lives are shortened or pursued in chronic ailment, &c. Now with regard to the more slight and functional derangements of health, Dr. Ballard says it is remarkable and instructive how one particular group of symptoms appears to be the most prominent of those resulting from exposure to offensive trade effluvia, and how uniformly this group turns up, whatever difference there may be chemically, in the nature of the particular effluvia. This group consists of loss of appetite, nausea, or vomiting, diarrhœa, headache, giddiness, faintness, and a general sense of depression and *malaise*. And since, continues the writer, these different kinds of effluvia have nothing in common except their offensiveness, it may be inferred that the above symptoms have their origin in the impression they make on the senses. Effluvia, therefore, may be said to be injurious to health, "when, by repetition of the functional disturbances referred to, bodily strength wanes, when habitual lassitude usurps the place of habitual energy, and when, with this, the general feeling of mere enjoyment of living, languishes." But when the point is to prove that even serious disease is occasioned among people who are only living in the neighbourhood of these "offensive businesses," that is to say, by the diluted form in which trades effluvia reach persons outside works, we find that there are many difficulties in the way, and that we have to rely upon very imperfect evidence, and upon *à priori* considerations. A very common argument with manufacturers is that it is impossible to believe that the offensive effluvia from their works can injure the health of persons outside, because their workpeople, who are exposed to them, far more than outsiders, have very good health. Dr. Ballard meets this argument by saying that the workmen are not so healthy as they are represented to be; that many of them do fall ill, or "go upon their club," or seek some other occupation; that, moreover, in the best conducted works special care is taken to protect the men from the effluvia to which they are exposed; and that the workpeople are mostly of the age and sex which offer the greatest resistance to the operations of the ordinary causes of disease. Nevertheless, we are inclined to think that there is more in the manufacturer's argument than Dr. Ballard will allow, and we say this upon the evidence which the writer himself advances in another part of his report with regard to the insalubrity of one of the most offensive businesses he visited. Speaking of gut-scraping and gut-spinning establishments, they are, says Dr. Ballard, the most intolerable of nuisances. "Within the workshops the stench is inconceivably horrible; few persons unaccustomed to it could bear to remain for a single minute in some scraping rooms I have visited, and I myself have had a difficulty to restrain vomiting and to carry on the inquiries I was bent upon. . . . . It spreads from the workshops all round the neighbourhood, and often gives rise to such loud complaints that local authorities in some towns have insisted upon entire removal out of them." And yet so little evidence is there that such putrid animal effluvia injuriously affect the public health, that the several health officers Dr. Ballard questioned on the subject, were unable to furnish him with any evidence either that septic diseases prevailed more in such neighbourhoods than in other districts, or that there was more general sickness, or that zymotic diseases prevailed more, or were more more fatal. This is certainly a very significant fact, especially when we consider that two of the worst establishments of the kind were not situated in the open country, but in the slums of Whitechapel, and in a crowded district of Islington, respectively. It must, however, be admitted that some derangement of the general health must be in many cases a consequence of exposure to these offensive effluvia, although the real cause of such derangement may escape detection. Considering the many other causes of disease that are at work in the neighbourhood of these establishments, it must be very difficult to "gather together a sufficient basis of unquestionable facts and duly to differentiate the influence of concurrent scorbutic conditions." In discussing the question on deductive principles, and reasoning from Mr. Simon's great and truthful axiom of all public and private sanitation, that "filth produces disease," it is obvious that trade effluvia is one element of the atmospheric salubrity of towns, and that trade effluvia of septic origin are unquestionably dangerous, and a fruitful source of disease. There are, moreover, certain spreading diseases the contagium of which may probably be developed under the influence of some kind of effluvia. Erysipelas, and its congener, puerperal fever, is one of these, and some observations induce Dr. Ballard to think that diphtheria may be one of them.

We need scarcely say that various means have been adopted to prevent or minimise these nuisances; and the tendency of the exhaustive inquiry to which we are now drawing attention is towards establishing this point, that all, or nearly all, the trades now so offensive from the diffusion of effluvia may be so carried on as not to cause offence at all, or only offence of such a trifling nature as may well be tolerated by persons who live in communities. As to the different sources of origin of effluvium nuisances, and the general principles of preventing them we must refer the readers to Dr. Ballard's excellent Report; but with regard to the prospects of sanitation in this direction, we may, in conclusion, remark that it is commonly found in practice to be as much to the interest of the manufacturers as of the public that the emanations from offensive processes should be arrested. It is an unquestionable truth that the use of due means to prevent the evils in connection with certain industrial establishments often turns out to be in a variety of ways conducive to the prosperity of the proprietors of these establishments.

THE DENTAL BILL.

THIS measure may, we are glad to observe, be numbered with the unhonoured dead. The House was counted out on the evening when its second reading was set down, and had it not been thus disposed of it would, probably, have been rejected by the House. The Royal College of Surgeons of Edinburgh—one of the bodies named in the

Bill as ready to undertake the licensing of dentists—petitioned Parliament in the following words :—

That your petitioners, having carefully examined and discussed the proposed Dental Bill of 1878, entitled, "A Bill to Amend the Laws relating to Dental Practitioners," are of opinion that certain amendments are necessary to be made on that Bill, which amendments they have on different occasions, and in various communications, submitted to the Dental Reform Committee.

That these amendments are in substance that the title or designation of "Surgeon," used either alone, or in combination with any other word or words, ought to be conferred exclusively on those persons who possess the diploma of surgeon as registrable under the Medical Act of 1858.

That the assumption of such title by any other persons is inconsistent with the terms of the 40th section of that Act.

That it is quite unnecessary and uncalled for, as well as inexpedient and injurious, that such a title should be used or taken by such dentists as are not also at the same time registered as surgeons under the Medical Act.

That your petitioners' reasons for addressing your Honourable House in this wise, on these matters, are—

1st. That the prohibitory clauses of the Medical Act of 1858 seem to have been found inadequate for preventing the use of the word "Surgeon," in the designation assumed by unqualified persons as above adverted to, and that an opportunity now exists for rectifying this deficiency.

2nd. That the general public will be unable to distinguish between dentists who are, and those who are not, surgeons, should the terms of this Bill remain unaltered.

3rd. That the object of elevating dentistry to a higher position, as set forth by the promoters of this Bill, would be frustrated by its enactments here alluded to, since instead of encouraging those practising dentistry to become also surgeons, it would enable them to acquire the title and status of surgeons, through another and subordinate qualification.

That your petitioners have explicity stated these considerations to the Dental Reform Committee, on more than one occasion ; and have urged the interference with the rights, privileges, and interests of duly qualified surgeons, which the present terms of the aforesaid Dental Bill entail. They have also shown that the title of dentist alone, and a certificate of fitness to practise as such, is all that a Dental Bill ought to contemplate, but these suggestions have not been acceded to.

May it therefore please, &c.

(Signed) PATRICK HERON WATSON, M.D.,
Edinburgh, March 1, 1878. President.

It is well that the profession has seen the necessity of speaking out, for, had it treated the subject with as much *nonchalance* as the Medical Council and some of the Colleges have done, its members would assuredly have found themselves ranked side by side with every prescribing druggist in the kingdom, for we learn that on Friday week a deputation from the Chemists' and Druggist' Association waited upon Sir John Lubbock to urge the modification of some of its clauses. The deputation pointed out that it would be a great hardship upon the public, as well as upon the trade, if chemists and druggists were not allowed to practise dentistry. The deputation strongly urged that chemists and druggists should be allowed to extract teeth, &c., adding that in many country districts there were no dentists. Besides, it was urged that chemists and druggists had vested interests which ought to be respected, and that, apart from the discretion of the registrar, it ought to be compulsory for them, if desired, to be registered. In reply, Sir John Lubbock said the object of the Bill was not to interfere with simple operations, which no doubt were very useful and very necessary. The Bill would not prevent operations of the kind mentioned if persons liked to submit themselves, though the practice was to be discouraged. The object of the Bill was to prevent persons holding themselves out as specially qualified dentists when such was not the case. As regarded the term "practising dentistry," he would rather not give a definition. He quite agreed with the deputation that the vested interests of chemists and druggists should be respected, *and he would endeavour to modify the clauses as far as possible, to fall in with the views of chemists and druggists.*

We are sorry to be obliged to remark that the Edinburgh College and most of the journals which represent our profession have contented themselves with defending, what they conceive to be the interests of medical men, and express their willingness that the Bill should pass, if the words which were supposed to interfere with those interests were struck out. We cannot take that ground, nor could we, in the public interest, tolerate a measure which would cause a host of totally ignorant and ludicrously incompetent pretenders to be recognised as legal practitioners in dentistry. We desire to see a registration of dentists, not only of competent and educated dentists, and it is not enough for us that surgeons should be participators in the registration unless it be worthy of their status as gentlemen and men of education.

Notes on Current Topics.

The Army Medical Department.

IT is at least satisfactory to observe that Mr. Gathorne Hardy has awoke to the conviction that the unpopularity of the Army Medical Service is "unsatisfactory." It has taken some years of vehement representations to achieve this result, and it might very likely, have been some years still before it would have been achieved, but for the imminence of war, the ridiculous inadequacy of the medical service of the army, and the bidding of only 19 candidates for the 40 commissions offered to the profession. The *status quo* is vividly described by a military correspondent of one of the daily papers.

"There is no use concealing the fact further that Mr. Hardy is becoming convinced at last that the present system of unification has utterly collapsed, and that to hope for an improvement to manifest itself in the condition of the Army Medical Service under the existing regulations is to hope for a thing which it is out of all reason to expect. The Duke of Cambridge is known to have been for a length of time at variance with Sir William Muir, the Director-General, and other officers of that worthy gentleman's staff, as his Royal Highness is simply disgusted—to use a strong but appropriate term—with the way in which matters have been carried on by the officials in Whitehall Yard. People, therefore, are beginning to ask themselves what the upshot will be of the present difficulty. Medical candidates cannot be obtained to fill vacancies in the department for love or money, as the professors at all the

medical schools make a point of cautioning those under their instruction against allowing themselves to be tempted by the bait offered as an inducement to them to accept service. Sir William Muir and his subordinates certainly have earned a most unenviable reputation for themselves, and I see no hope for them, now that the knell of unification has been so unmistakably struck by the result of the recent entrance examination, following closely as that defeat has done upon the very disgraceful disclosures in connection with the death of the bugle-major of the 3rd Battalion Rifle Brigade at Woolwich. It may be reasonably anticipated that Sir William Muir will tender his resignation, which would, of course, be accepted, and other members of his staff might be expected to follow suit. Then comes the question, who will succeed to the Director-Generalship? Rumour names Surgeon-General C. A. Gordon, M.D., C.B., principal medical officer at Madras, who is admitted on all hands to be by far the ablest man Mr. Hardy has at command, and who is simply idolised in the service. So popular is Dr. Gordon, so straighforward in his dealings, and so professionally capable, that it is a regular fight among medical officers going to India to get posted in his Presidency, where all is contentment and perfect harmony. Dr. Gordon's appointment to Whitehall Yard would be the signal for an entire change of feeling among the members of the medical profession."

The Royal College of Surgeons in Ireland has again addressed a remonstrance to the authorities. It memorial is as follows :—

To the RIGHT HON. GATHORNE HARDY, M.P., *Her Majesty's Secretary of State for War.—*

The Memorial of the President, Vice-President, and Council of the ROYAL COLLEGE OF SURGEONS IN IRELAND,

Humbly Sheweth—That your memorialists, upon the 3rd of June, 1875, officially expressed to Her Majesty's Government their conviction that, unless active steps were taken to amend the condition of the Army Medical Department, "serious public inconvenience would be felt in consequence of there being a deficiency of properly educated surgeons for the service of the army," a state of things which your memorialists regret to learn has come to pass.

Your memorialists beg to state that, in pursuance of charters granted to them by Her Most Gracious Majesty, and Her Royal predecessors, they have "provided a sufficient number of properly educated surgeons for the army;" but your memorialists find that, with hardly an exception, these gentleman will not take service in the medical department as at present organised.

Your memorialists, therefore, feel that they would be deficient in their duty to the Crown, and to the public, were they not to call your attention to these facts, and again urge Her Majesty's Government to take such measures as will tend to restore the army medical service to its former position in professional estimation and public favour.

(Signed), ROBERT MACDONNELL, *President.*
PHILIP CRAMPTON SMYLY, *Vice-President.*
J. STANNUS HUGHES, *Secretary.*

Royal College of Surgeons in Ireland,
Dublin, March 5th, 1878.

Queen's University in Ireland.

OUR notice of the election of examiners last week was in error. Dr. J. W. Moore, Physician to Cork Street Fever Hospital, was chosen examiner in materia medica, not in medical jurisprudence as therein set down. Professor Hodges, of Belfast, is the new examiner in the latter subject.

Pauper Lunatics.

A FEW days ago, a deputation, representing Leeds, Birmingham, and several other large towns, had an interview with Mr. Sclater-Booth to ask the Government to give, with regard to the maintenance of pauper lunatics, the same amount of relief to the unions as was given to county asylums generally. It was represented that so long as payments in the nature of subsidies were made in respect of pauper lunatics in asylums, similar payments in respect to the same class of paupers maintained in special wards of workhouses should be made in proportion to the cost of maintenance. In reply to the deputation, Mr. Sclater-Booth stated that the sum which was voted in 1875-76, estimated to pay a subvention of 4s. a head for lunatics in asylums, amounted to £330,000 per annum; the amount to be found in the Civil Service Estimates for the current year was £385,000, showing an addition of £55,000 in four years. The object they had in restricting the grant to the patients in asylums was that ratepayers, through their guardians, had no control whatever over the expenditure in respect of which the subvention was made. The lunatics were removed to the asylum, and kept at an expense which no pauper could be maintained at in the workhouse. It had been said that the effect of the operation of the grant was to stimulate the removal of imbeciles and chronic cases into asylums which ought to be retained in workhouses. This was probably the case; for the Commissioners had, during the last five years, urged the removal of lunatics from workhouses into asylums, and it had been found out lately that there were many inmates in the pauper lunatic asylums who might fairly and reasonably be retained in the workhouses. It would also be difficult to reduce subvention now paid in aid of the lunatics in asylums, for the weekly charge of them was tending rather to increase than to diminish. Mr. Sclater-Booth drew attention to a remarkable state of things existing in the metropolis. In London there were two large establishments for the treatment of chronic imbecile cases, and although 5,000 such cases were maintained in the asylums, the cost per head was something like 7s. a week. They would at once see what an immense charge would be made upon the rates if it were determined to extend to lunatics in anything but regular asylums the subvention of 4s. In London alone it would amount to £40,000 a year. In the Bill before Parliament dealing with the subject altogether, provision was made for dealing with the difficulty in a reasonable and effective way. It was proposed in the County Boards Bill to provide a machinery by means of which a separate asylum might be constructed for the treatment of such cases in respect of which the charge might be spread over a cluster of unions.

No doubt, as was admitted by Mr. Sclater-Booth, it would be only just to assist those unions which had provided especial accommodation for pauper lunatics. But it is evident that whatever arrangements are made no encouragement must be held out to union authorities to keep in their houses lunatics who are only fit for special asylums. On the other hand, it would be a hardship to the poor patient and his friends if he were to be sent to an asylum far away from his home, when he could be just as well managed, and perhaps be more likely to

recover, within the walls of the union workhouse. Much might be left to the discretion and advice of the medical officer of the union, so that a careful selection might be made of those who were to be sent to asylums, and those who might remain in the workhouse.

Hospitals and the Hospital Saturday Fund.

THE report of the Hospital Saturday Fund, just issued, states that the total amount collected was £5,786 19s. 6d., of which eighteen per cent. was absorbed by necessary expenditure; the sum distributed was larger by £250 than any former year, and the institutions claiming to participate more in number. The Distribution Committee ventures to think the great principle of the movement has been attained, namely, that of enabling those who participate in the advantages of medical charities to contribute something towards their support, and to take an interest in their management. It is further believed by the Committee that if these principles were thoroughly appreciated by the working classes, the £5,000 would, in future years, become £10,000, £20,000, or even £50,000, "a consummation devoutly to be wished." The Committee make some suggestions to hospital authorities, and one or two of which, it is thought may be worthy of consideration; first, the large amount of valuable time that is wasted by the working classes in the waiting-rooms for out-patients, and in their having to go to a particular part of London during the most important hours of the day. This applies more to special than to general hospitals, inasmuch as there are general hospitals now existing in most parts of London, although they are only open (except for accidents and very urgent cases) as a rule in the middle of the day. In some few instances, too, it has been met by special hospitals opening for the relief of patients on one or two evenings a week. This, however, is but a partial remedy, and the committee ask whether it would not be possible for hospitals that are much frequented to open branches in various parts of London. The additional expense would be very slight—no increase in the cost of management would be incurred, by opening at different hours no further staff would be necessary, and for the small rent of a couple of rooms an infinite boon would be conferred upon the working classes. The second point is the desirability of having more homes for the reception of persons recovering from sickness; and thirdly, the desirability of having more convalescent institutions, or homes for the reception of patients recovering from sickness, and which shall receive those living in poor and crowded houses, and requiring further time, rest, fresh air, and good-living, to ensure a good recovery. Awards, we are told, were made to provident dispensaries, because the Committee believes institutions of the kind should be encouraged, but as to "hospitals for the well-to-do," these seem to be scarcely needed; for with a large amount of statistics before the Committee "the multiplication of new hospitals will only lead to large, needless, additional expenditure, already very high, both in management and maintenance."

DR. NICHOLAS WHISTLER COLAHAN has been appointed to the vacant Chair of Materia Medica in the Queen's College, Galway, vacant by the promotion of Dr. Pye to the Chair of Anatomy.

Sanitation at Carlisle.

AT the weekly meeting of the Health Committee of the Carlisle Urban Sanitary Authority, held on the 1st inst, the medical officer reported that during the week 27 deaths have been registered, including two from zymotic diseases, namely, 1 scarlatina in Union Street, and 1 typhoid in Silloth Street. The death-rate is equal to to 42 per 1,000 per annum. In the coresponding week last year there were 18 deaths, including one from whooping-cough, and the death-rate was 28 per 1,000 per annum. The report proceeded to point out that although the death-rate seemed exceedingly large only two were from preventable diseases, and 18 were directly referrable to the remarkable weather we are now and have been experiencing. As it was a year and three-quarters since there was such a death-rate as 42, and as weekly mortality returns were calculated to mislead, he thought it was right to mention the highly gratifying result of sanitary work in Carlisle as a matter of fact and experience. In 1874—the first year of legalised action—our death-rate was 33 per 1,000; in 1875 it was 29 1-5th; in 1876 it was 25; and in 1877 23 per 1,000. There was no reason why they should rest there, as in the course of 22 weeks in the latter half of 1876 our rate was six times as low as 11 per 1,000, and they might try to keep it down to that, and as much below, as an ill-built and perhaps overcrowded town would permit.

At the meeting of the Rural Carlisle Sanitary Authorities, the report was far from satisfactory. The Inspector reported 10 cases of scarlet fever in two houses, which were so dilapidated that some of the sleeping-rooms had no windows. In another house, there had been 5 cases of typhoid fever, which appear to have originated in the bad state of the water used for drinking purposes. Moreover, at a place called Stanwix, the wells appear to be in a very unsatisfactory condition. Nevertheless, the authorities do not seem to make any haste to remedy the evils brought under their notice. The suspected water is only roughly analysed, and the chairman very properly asks, "Is it not a case in which the water ought to be thoroughly analysed?" They also, as in many other places, have a habit of letting things "stand over for a month," and of course while sanitary improvements are conducted in this leisurely manner, more cases of fever break out, and the death-rate is proportionately increased.

Undertaker's Commissions.

A FEW days ago "a medical man" sent to the *Echo* the following letter, which shows the temptation to which some members of the profession are exposed, and to which we are afraid many of them give way:—

DEAR SIR,—In returning the profession my sincere thanks for the liberal patronage and recommendations which I have received from them for the last ten years, I beg respectfully to intimate that, owing to my largely-increasing business, in future, instead of remitting cheques half-yearly as hitherto, they will now be sent regularly every quarter.

Furthermore, in reference to silk hatbands, &c., I have made arrangements, when they are returned in future, to allow the full value of them, and place the same to the credit of the account.

I would also here advise, when favouring me with your

recommendations, that you will as soon after as possible send me your card with name of deceased, so that there may be no mistake made in crediting you with the same. I also deem it necessary, in recommending or sending servants, that you will warn them against making any mistake in the name and address, as there is another establishment within a few doors of me with which I have no connection whatever.

I beg to remain, dear Sir, yours respectfully,
J. W.

We have no reason to doubt the *bonâ fide* nature of this communication, as it is well known that many medical men so far forget themselves as to receive from undertakers a commission or douceur in consideration of their recommendation. Not very long ago a medical friend of ours was offered two or three guineas under the above circumstances, and the undertaker appeared quite surprised when the offer was refused. He went so far as to say that some medical men made "a nice little thing" out of these commissions, but we hope, for the credit of the profession, he was grossly exaggerating the practice of which he was speaking. Nothing, perhaps, should be more revolting to the feelings of a respectable medical man than the idea of making capital out of the death of his patient. And yet we are afraid that there are some who condescend to such mean and mercenary conduct, for such letters as the one we have just quoted could never be circulated were there no practitioners ready to take the bait presented to them.

Diphtheria and Bad Drains.

Dr. Tripe, Medical Officer of Health for Hackney, on Friday reported to the district Board a serious outbreak of diphtheria at Upper Clapton, 12 cases having occurred and 6 deaths, at the Common, Warwick Road, Clarence Road, and Lea-Bridge Road. A personal inspection of the houses in the affected localities by Dr. Tripe showed that in every case but one the overflow pipes to the cisterns were connected with the drains, and the water-pipes also, so that the sewer gas could readily obtain admission into the dwellings. At one large house not fewer than five pipes emptied themselves into the drains without being trapped, so that sewer-gas came up the waste of a fixed wash-basin whenever the plug was taken out.

We have no doubt that, if a thorough house-to-house inspection were made, a similar state of things would be found in a large percentage of the houses visited. This outbreak of diphtheria at Hackney shows the necessity of the medical practitioner making inquiries about the drains whenever he comes across cases of this disease.

The Seamen's Hospital, Greenwich.

Not long ago we drew attention to this valuable hospital, and to the great claim it had upon the charity of the public. We are, therefore, glad to see, from the 57th Annual Report just issued, that the institution is receiving all the support it deserves. The total income last year was £11,653. The average number of beds occupied throughout the year has been much in excess of any previous one. In the past six months nearly 200 beds have been constantly occupied, whereas, the daily average number of beds so engaged during the previous three years was 166. A notable feature in the income of the hospital is the comparatively large amount received from annual subscriptions. These have more than doubled in the last three years, and during 1877 nearly £400 is new annual subscriptions, and £3,000 in donations have been obtained. The local Flower Mission, which has been recently organised by the deputy chairman, has been a great success. The patients take a real interest in the work, and become much attached to the flowers, which they carefully husband throughout the week until a fresh supply is forthcoming. That a few pictures in the wards of our different hospitals would be a great acquisition has long been felt, and, as regards the Seamen's Hospital, upwards of 100 framed pictures have been received in response to a letter on the subject, which a few months ago the chairman publishad in the newspapers.

We need scarcely say that we hope this Institution will go on and prosper, for on no class of patients, should the charity of the public be more generously bestowed than upon our seamen, whose life, as Mr. Thomas Brassey, M.P., remarked, is at best but one of "danger, privation, and hardship."

Dr. Seaton on Re-Vaccination.

We have always attached much importance to re-vaccination, and therefore we are glad to see there is a memorandum on the subject in the recently issued Report of the medical officer of the Local Government Board. Generally speaking, remarks Dr. Seaton, the best time of life for re-vaccination is about the time when growth is completing itself, say from fifteen to eighteen years of age, and persons in that period of life ought not to delay their re-vaccination till times when there shall be a special alarm of small-pox.

We are strongly of opinion that there would be a great deal more re-vaccination if the family medical man always made a point of drawing the attention of parents to the necessity of their adult children being re-vaccinated. We feel certain that, as a rule, medical men neglect to do this, little thinking how, by insisting upon the repetition of the operation, they have it in their power to starve, and, therefore, to weaken the force of any future epidemic of small-pox. It is not generally known that provisions for re-vaccination are made in the 8th sec. of the Vaccination Act, 1867, &c. Under these provisions re-vaccination is now performed by all public vaccinators, and, so far as is not inconsistent with the more imperative claims for primary vaccination, any person coming within the terms of those provisions may, on applying to the public station of his district, obtain re-vaccination free of personal cost.

A New Marking-Ink.

There are few inventions, or improvements on inventions that are so acceptable to the general public as those which supply a domestic want. This marking-ink, or *Mather's Nigrine* as it is called, appears to us superior to any other kind of marking-ink. One great advantage it has over all others is that no preparation or heating is required after writing with it. It can, moreover, be used with any kind of pen; it becomes blacker with repeated washing; and it cannot be removed by any chemical means. Neither acids nor alkalies will efface the impression of this ink, which will even stand boiling in solutions of cyanide of potassium, caustic potash, bleaching

powder, and other destructive agents. We have no doubt a good deal of chemical skill and ingenuity have been exercised in the manufacture of this simple article, and we feel sure that there is not a household which will not experience the advantage of using it in preference to any other kind of marking ink.

Small-pox and Vaccination Prosecutions.

Last Friday Earl Percy asked the President of the Local Government Board whether it was a fact that, according to some statistics he quoted, small-pox had been much on the increase since 1862, and, if so, to what he attributed the increase in this source of mortality, and whether he contemplated taking any fresh steps to arrest it. To this Mr. Sclater-Booth replied that the increase in the mortality from 1867 to 1876 was due entirely to the epidemic which broke out in 1871, and lasted to 1872; for the remainder of the eight years the mortality was below the average.

Mr. Hopwood then put the question "whether the President of the Local Government Board was aware that Charles W. Nye, of Chatham, had been prosecuted eight times for not having his children vaccinated, and whether, in view of this and other like cases, the Government would support the Bill of the hon. member for South Durham, or propose some other remedy." Mr. Sclater-Booth denied that two of this man's children had died from vaccination, as was alleged, and he said that no alteration of the law was necessary, provided the local authorities would use reasonable discretion.

We have more than once given our opinion respecting these petty prosecutions of the opponents of vaccination, and all we have to say now is that it is to be regretted that this question of vaccination prosecutions should be so often cropping up instead of being finally settled. For, as the law stands, either, through the "reasonable discretion" of "the authorities," the irrepressible anti-vaccinator will gain his point, and defy the law, or the authorities must persist in a species of petty persecution which seems to be neither dignified nor successful.

The Surgical Aid Society.

We have more than once had occasion to direct attention to the questionable charity of the Surgical Aid Society, and to the manifest inconsistency of compelling maimed and crippled invalids to submit to a wasting and fatiguing canvass for letters. A case in point came before the city magistrates last week, which peculiarly illustrates the indefensible system pursued by the Society.

Sir Robert Carden having made some severe remarks on the Surgical Aid Society (after a complaint made by Jacob Smith, who lost a leg in the Indian Mutiny) the treasurer and secretary attended at Guildhall to offer an explanation. They stated that when Smith applied for a limb they decided that he should have one; but after a "long correspondence with the Charity Organisation Society," that body reported that he was an impostor. Sir Robert Carden said that the man's statement was that he applied to the Surgical Aid Society for an artificial leg, and that he had a great deal of trouble to get the required number of letters to get it, and that he had to come up to London to get it repaired. That the Society told him that he must get ten more letters before he could have his leg returned to him, and that when he got those letters his leg would be sent to Dover to him, and that he wanted money to carry him back to Dover. The magistrate strongly condemned this system of compelling poor people to get a number of letters, as many as forty being sometimes required, and said he could not understand the benefit of such a society.

The Medical Society of London.

The one-hundred-and-fifth anniversary of the Medical Society of London, was celebrated on Friday evening last, at the Grosvenor Gallery Restaurant. The chair was occupied by the President, Dr. George Buchanan, who was supported on his right by the President of the College of Physicians, Dr. Risdon Bennett, on his left by the President Elect, Professor Erasmus Wilson, F.R.S., and by a very large muster of the Fellows of the Society. The various toasts of the evening were interspersed by some excellent singing, contributed by Dr. L. S. Forbes Winslow, Dr. E. A. Semple, Dr. Cooper Key, and other members of the Society. Dr. Bennett responded in elegant terms for the Medical Corporations, and Mr. John Gay for the College of Surgeons. The evening passed off pleasantly enough, with the exception that the ventilation of the room was felt to be anything but agreeable.

Charing Cross Hospital.

Considerable dissatisfaction has been expressed on the part of some of the Governors of this hospital on account of the action taken at the general meeting by certain members of the body, who on personal grounds alone, carried, by a small majority, a resolution to extend the term of office of the senior surgeon. The gentleman in question has already enjoyed an additional period of five years beyond that contemplated by the rules of the hospital, to the disparagement of the junior members of the staff, who have a right to expect promotion.

Arrangements are being made at Paris for the erection of a fitting monument to the late Claude Bernard. The initiative has been made by the *Société de Biologie*, of which Bernard was one of the founders, and over the meetings of which he has presided during the past eleven years. The committee appointed for the purpose contains prominent names from all the leading scientific institutions of Paris.

The Borth fasting girl was on Wednesday, accompanied by her aunt, removed from Borth into the infirmary at Aberyswith, at which institution she is attended by Drs. Roberts, Gilbertstan, Jones, and T. Harris. Since she has been confined to her bed, and has, according to what is alleged by her relatives, eaten nothing, she has not only grown out of the clothes she used to wear, but actually increased in weight. On Thursday, however, the medical men in charge of the case very properly administered to the "fasting girl" a quantity of milk by force.

Ruhmkorff, who recently died in Paris, at the age of 74, was a native of Hanover, and in 1844 brought out his first invention, a thermo-electric battery. In 1850 he pro-

duced the splendi instrument with which his name is connected, called the Ruhmkorff Coil, and which at once acquired European fame. For this invention he was rewarded by a medal and decoration at the Exposition of 1857, and in 1858 h · eceived the prize of 50,000 francs (£2,000) at the French Exhibition of Electrical Apparatus.

THE Marshall Hall Quinquennial Memorial Prize, which was founded for the encouragement of researches into the pathology and physiology of the nervous system, has been awarded by the Council of the Royal Medico-Chirurgical Society to Dr. Hughlings Jackson, than whom few have done more honest and laborious work in this department of medicine, and whom we heartily congratulate upon the honour.

ST. PETERSBURGH still enjoys the unenviable reputation of being the most unhealthy city in the world. The last official weekly return gives the death-rate of this city at 57 per 1,000 of the population, the corresponding rate in London and New York being considerably less than one-half, namely, 24 per 1,000. Even the notably unhealthy cities, Calcutta, Turin, Naples, Alexandria, Bombay, are a long way below St. Petersburgh with a death-rate of 36, 38, 39, 40 and 41, respectively.

THE mortality last week in the four principal cities of the United Kingdom was in London 24, Glasgow 24, Edinburgh 27, Dublin 33 per 1,000 of the population. Of the large towns in the second category, Portsmouth stood lowest with 16, and Norwich, Brighton, Plymouth, and Liverpool highest with 30 deaths per 1,000 of the population.

WHOOPING-COUGH and small-pox continue to be the most fatal diseases in London at present. Of the former 112 died last week, and of the latter 54, being the highest number in any week but one since June last. During the last six weeks 267 fatal cases of small-pox were registered in London, whereas but one occurred in the whole of England in the same period.

THE Fothergillian Gold Medal of the Medical Society of London for 1878, has been awarded to Dr. J. Milner Fothergill. The subject was "The Antagonism of Therapeutic Agents." The Silver Medal for the best paper read before the Society, during the last session, was awarded to Dr. Julius Althaus for a paper on "Disease of the Anterior Cornua of the Cord."

THE first of the Gulstonian Lectures at the Royal College of Physicians of London will be delivered on Friday next, at 5 o'clock, by Dr. Ferrier, who will conclude the course on Wednesday and Friday in next week, at the same hour and place. The subject chosen is "The Localisation of Cerebral Disease."

A PUBLIC meeting on behalf of the Building Fund of the North-Eastern Hospital for Children was held at the Mansion House, yesterday (Tuesday), by permission of the Lord Mayor, in aid of the Building Fund for a new wing to contain 50 beds, on the freehold site in Hackney Road.

MR JUSTICE DENMAN has presented the sum of £900 to the University College Hospital, Gower Street, being his share, less expenses, of the amount realised by the sale of Serjeant's Inn.

Correspondence.

GUMMI RUBRUM IN THE TREATMENT OF DIARRHŒA, DYSENTERY, ETC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read in "Squire's Companion to the British Pharmacopœia" of the therapeutic effects of the gummi rubrum, and being in a district where diarrhœa and dysentery are very prevalent, I was led to try it in cases where other remedies had failed, and from the general success attending its use, I have adopted it in all severe cases, after inflammatory symptoms had subsided. I have this Spring used it in twenty-seven severe cases with the most satisfactory results, in the following manner—

℞ Pulv. gummi rubrum, gr. ij.
Aq. ad ʒj.

Mix thoroughly, take three times a day in port wine ʒss., the wine covering the bitterness of the mixture.

Trusting that the foregoing may assist in bringing into notice a valuable remedial agent which seems to be but little known, I have the honour to remain, Sir,

Yours faithfully,
T. M. SHERIDAN.

Charley's Creek, Queensland.

Medical News.

University of Dublin.—At a meeting of the Senate, held on March 5, the following degress were conferred :—

BACHELOR IN SURGERY.—Ulysses Arthur Daly, Thomas Frederick Fogarty, Clemens Mallins, Edward William Wood White, Alexander George Young.

BACHELOR IN MEDICINE.—Henry Lawrence Cox, Edward James Cowen, Constantine Richard Egan, Ulysses Arthur Daly, James Dunn Day, Abraham Cowley Malley, James Acheson M'Cullagh, William Cox Neville, Alexander Pentland, William Craven Rockliffe, Charles H. Tench, Alexander George Young.

MASTER IN SURGERY.—Cedric Herbert Hurford, Rogers Wetherall Gore Taylor.

DOCTOR IN MEDICINE.—Jas. Alexander, Ephraim M'Dowell Cosgrave, George Gibson, John Arthur Irwin, William Craven Rockliffe.

Presentation to Dr. Muter.—On Wednesday, the 6th March, the present major and minor students of the South London School of Pharmacy, met their respected director, Dr. Muter, at the conclusion of the chemical lecture, and presented him with an address expressing their respect for him as a teacher, and their warm feeling towards him personally. The address was accompanied with the gift of a magnificent silver and crystal epergne, most tastefully loaded with fruit and flowers. The presentation was to have been made on the doctor's birthday (27th February), but owing to a delay in the production of the inscription, &c., it had to be deferred. Dr. Muter who was much moved, replied in a few feeling words, and the proceedings terminated with hearty cheers again and again, as he retired, almost bending under the weight of the splendid present.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt. Subscribers who pay in advance will oblige by remitting, at the reduced rate of One Guinea, during the present month.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MEDICAL WITNESSES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—You will much oblige me by answering the following question in the next issue of your influential journal,—viz. :—

I am attending a man who has been assaulted, and he summoned me as a medical witness to the Petty Sessions' court. Am I bound to attend without a fee, or, if I do, am I bound to give evidence without one?

I enclose my card, and remain,

Sir, your obedient servant,

J. A.

[The law as to medical witnesses is undecided. If the case be a criminal prosecution you must attend if served with subpœna, and your only remedy will be to appeal to the court and object to be sworn as to matters of professional opinion. As to matters of fact you must testify as any other witness would be obliged to do. If the case be a civil action the subpœna has not the same force, but if you disregard it you are theoretically liable to an action in case it is shown that the case was lost for want of your evidence. It is generally quite impossible to prove this.—ED. M. P. & C.]

MRS. VICTORIA C. WOODHULL.—Our contemporary, the *Philadelphia Medical Times* notices "that the notorious Mrs. V. C. Woodhull, who is now starring London and other large cities, has a very appreciative hearer in the London *Medical Examiner*. The theme of her lectures appears to be a congenial one, namely, 'Procreation.'" Our Philadelphia contemporary "trusts that she will meet with a measure of success which shall induce her to *tarry* among our British cousins." We hope our American contemporary does not take the paper quoted as representing in any way the profession of these Isles. But one other medical journal noticed Mrs. Woodhull's lectures at all, and that to condemn.

MILITIA ARMY MEDICAL DEPARTMENT.—We observe from the Official Army List that Surgeon-Major R. J. Magee, of the Kilkenny Fusiliers, having completed 20 years full pay service entitles this officer to the relative rank of Lieutenant-Colonel, in accordance with the Royal Warrant of 1876.

THE "ECHO" AND THE MEDICAL STUDENTS.—Dr. W. T. Greene, referring to our strictures of the *Echo* on the above subject, thinks that the profession can afford to ignore the slanders of the costermonger's halfpenny organ, which are, in his opinion, best met by silent contempt; for recognition, even in reproof, by a respectable journal only seems to encourage the *sans culottes* of the daily press to further efforts of scurrilous invective against the profession.

SPINAL CURVATURE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your review of my work on "Spinal Curvatures," in your number for December 19th, 1877, the following passage does me an injustice:—

"We presume that Sayre was unaware of Dr. B.'s existence, but we think it right to mention that Dr. Bryan was house-surgeon in Bellevue Hospital, the Institution with which Dr. Sayre is prominently connected in New York."

At the time of Dr. Bryan's experiments I *was not* connected with the Hospital.

My book was sent to the press in December, 1875, and published in January, 1876, some *three months* or *more* before I ever heard of Dr. Bryan's name in connection with the matter, and of course I cannot be blamed for not referring to him in *it*.

Respectfully, your obedient servant,

285 Fifth Avenue, New York, Feb. 20th, 1878. LOUIS A. SAYRE.

MR. HAY.—You appear to have brought your investigations to a very satisfactory point. We will report later on.

WOMEN DOCTORS.—Our correspondent's letter on this subject is not written in a style which will add weight to the argument. We regret, therefore, to be obliged to decline it.

Mr. G. B.—The subject is treated in a very exhaustive manner in the *Veterinary Journal*.

MR. WATSON would probably get the information from the Secretary of the Society in question.

COMMUNICATIONS, Enclosures, &c., have been received from—Sir Michael Hicks Beach, Bart., Colonial Office. Mr. Haynes Walton, London. Mr. Rivington, London. Mr. Drake, London. Dr. Moore, Dublin. Mr. Shepherd, London. Dr. Peirson, Scarborough. Dr. Marlett Boddy, Camberwell. Dr. Langdon Down, London. The Registrar-General. Dr. Griffith, London. Dr. Kennedy, Dublin. Mr. O'Grady, Dublin. Dr. Stretch-Dowse, London. Mr. Cripps Laurence, Bayswater. Prof. See, Paris. The Secretary of the Meteorological Society. The Superintendent of the Manchester Hospital for Sick Children. Dr. Dolan, Halifax. Mr. P. Le Neve Foster, Society of Arts. Mr. Jabez Hogg, London. Mr. Copland, Notting Hill. Dr. Mulholland, Cootehill. Dr. Berry, Mallow. Dr. Byrn, New Ross. Dr. Duncan, Lintona. Dr. Bennett, Clonakilty. Dr. Boyle, Omagh. Dr. Garde, Timoleague. Dr. O'Hunlan, Castlecomer. Dr. Kingland, Lisbane. Dr. Crosall, Newry. Dr. Johnston, Bessbrook. Dr. Sharkey, Ballinasloe. Dr. Hamilton, Dublin. Dr. Frier, Waringstown. Dr. Kenny, Leek. Dr. O'Shaughnessy, Newcastle West. Dr. Lever, Gowran. Dr. Isdell, Dublin. Dr. Mullally, Templemore. Dr. Swan, Abbeyleix. Dr. Borthistle, Clonevan. Dr. Spencer, Dublin. Dr. Auterson, Magherafelt. Dr. Jagoe, Bandon. Dr. Darley, Coolock. Dr. Dickson, Ballynahinck. Mr. Eherle, Easingwold, Yorks. Dr. Williams, London. Dr. Louis A. Sayre, New York. Dr. Clare, Leeds. Dr. James Adams, Ashburton. Dr. Sheridan, Queensland. Dr. Ogle, Derby. Dr. Cunningham, Calcutta. Dr. D'Orsey, London. Dr. Elliott, Carlisle. Mr. H. N. Hall, London. Dr. Greene, Peckham. Dr. Bartle, Liverpool. Mr. Faulkner, London. Dr. Dewar, London. Dr. Dudgeon, London. Dr. Dudfield, Kensington. Mr. Worth, Nottingham. The Registrar, Royal College of Physicians. Mr. Hay, Hull. Mr. Carswell, Belfast. Prof. Tichborne, Dublin. Mr. Squire, London. Dr. Habershon, London. Dr. Johnson, London. Dr. Lewis, Calcutta, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Lectures on Medical Jurisprudence. By Francis Ogston, M.D. London: J. & A. Churchill.

A Lay Sermon on Clubs, and their Doctors. By James Moore, M.D. London: J. & A. Churchill.

Lessons in Laryngoscopy, Rhinoscopy, and Diseases of the Throat, 2nd Edition. By Prosser James, M.D. London: Baillière, Tindall, and Cox.

Aids to Surgery. Part I. By George Brown, M.R.C.S. London: Baillière, Tindall, & Cox.

The Physiology of Constipation. By C. J. Harris, M.R.C.S. London: Baillière, Tindall, & Cox.

Indigestion and Diet. By John Dewar, L.R.C.P. London: Hardwicke & Bogue.

The Human Eye; its Optical Construction. By R. E. Dudgeon, M.D. London: Hardwicke & Bogue.

The London Water Supply. By C. M. Tidy, M.B. London: J. & A. Churchill.

A Handbook of Therapeutics. Sixth Edition. By Sydney Ringer, M.D. London: H. K. Lewis.

Diagrams for the Record of Physical Signs.

Transactions of the Obstetrical Society of London. Vol. XIX.

Telephones, Old and New. By Prof. Barrett, F.R.S.E.

The Sixth Annual Report of the Medical Officer of Health Local Government Board.

Malaria and Struma. Bp L. P. Yandell, M.D., Louisville, U.S.A.

Medical Report of the Liverpool Seamen's Dispensary for 1877.

A Villa Hospital. By Francis Vacher, F.C.S.

VACANCIES.

Dartford Union.—Medical Officer to the Workhouse. Salary, £85, with the usual extras. Applications before the 16th inst. to J. Hayward, Esq., Dartford, Kent.

Dunfanaghy Union, Falcaragh Dispensary.—Medical Officer. Salary £100. Election, March 22.

Lincoln General Dispensary.—Medical Officer. Salary, £150, with furnished apartments, &c. Applications to the Secretary before the 16th inst.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary, £150, with board, &c. Resident Medical Officer. Salary, £250, with board, &c. Resident Medical Officer for the Fever Hospital—Salary, £200, with board. &c. Resident Medical Officer to the Convalescent Hospital—Salary, £150, with board. Applicants must address the Chairman of the Board for either post, accompanied with testimonials, &c., on or before March 31.

Sligo Union, Carney Dispensary—Medical Officer. Salary, £120. Election, March 13.

West Sussex Infirmary, Chichester.—House Surgeon. Salary, £80, with board, &c. An additional £20 is allowed for the duties of Secretary. Applications to the Secretary before March 30.

Worksop Dispensary, Notts.—Resident Surgeon. Salary, £220, with furnished apartments, &c. Applications to the Chairman of Committee by the 22nd inst.

APPOINTMENTS.

BARLOW, W. H., M.D., Consulting Physician to the General Hospital and Dispensary for Sick Children, Manchester.

BROWN, G., M.R.C.S.E., L.S.A., Honorary Surgeon to the Booksellers Provident Institution.

COLAHAN, N. W., M.D., M.Ch., Q.U.I., Professor of Materia Medica, Queen's College, Galway.

GIPPS, A. G. P., M.R.C.S.E., a Junior Resident Medical Officer to the Royal Free Hospital.

GREENWOOD, M., M.R.C.S., House Physician to the London Hospital.

HOWITT, T., F.R.C.S.E., Honorary Consulting Surgeon to the Lancaster Infirmary and Dispensary.

HUGHES, J., F.R.C.S.E., Medical Officer to the Police Force, Carmarthen.

KENNEDY, H., L.R.C.S.I., Lecturer on Anatomy at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin.

MCJANNET, F. M., M.B., C.M., Medical Officer of Health for the Parish of Campsie, Stirlingshire.

MCNULTY, J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Killala Dispensary, Killala Union.

PHILPOT, J. H., M.D., M.R.C.S.E., an Attending Medical Officer to the Royal Pimlico Dispensary.

PICK, T. P., F.R.C.S.E., a Surgeon to St. George's Hospital.

STIRLING, E. C., M.B., F.R.C.S.E., an Assistant Surgeon to St. George's Hospital.

Deaths.

CAMERON.—On March 1, at West Kilbride, James Cameron, L.R.C.S.Ed., of Methven.

CORBETT.—On March 6, at 8 Lansdowne Road, Dublin, J. Henry Corbett, M.D., late Professor and Examiner in the Queen's University.

CRICHTON.—On March 3, at Sonachan, Lochawe, Argyllshire, N.B., Charles Crichton, Surgeon, aged 78.

CURRAN.—On March 3, at Mansfield, Notts, J. W. Curran, L.K.Q.C.P.

EVEREST.—On Feb. 28, at Rainham, Kent, of pleurisy, William Bentham Everest, M.R.C.S.E., aged 84.

JOHNSTON.—On March 3, at Bangor, co. Down, Henry M. Johnston, L.R.C.S.I., formerly of Belfast, aged about 50.

RIMINGTON.—On Feb. 21, at Hastings, William Ballantine Rimington, Surgeon, aged 68.

SMITH.—On Feb. 22, at Kinderton, Cheshire, Thomas Bower Smith, M.R.C.S.E., aged 41.

IRISH POOR-LAW INTELLIGENCE.

LIMERICK.

OPEN STREET DRAINS.

Mr. Corbett read a letter from the Local Government Board acknowledging the receipt of the minutes of the previous meeting, containing a notice of motion for that day fortnight in the following terms:—"That where surface drains are, and can be made, available for sewerage purposes, the utilising of these by the owners of house property, will meet the requirements of the sanitary committee," and in reference thereto, the Local Government Board think it right to observe that the use of open channels for conveying sewage matter in the ordinary meaning of that term, cannot be practised with safety, and that, notwithstanding any implied section, such as contained in the notice, any person using open channels for the purpose of conveying sewage matter would still be liable for the consequence of creating, continuing, and maintaining a nuisance.

Mr. Bernal said that Mr. Cronin's notice was purely opposed to law.

SEWERAGE OF THE IRISHTOWN DISTRICT.

Dr. Barry (consulting sanitary officer) submitted a report, which contained the following:—

With regard to surface drainage for sewerage purposes, I would altogether exclude it from my recommendation. If, by surface drainage it is meant to be conveyed that the channel courses of our streets are to be made the receptacles for the most intolerable nuisance, then I cannot conceive any more retrograde movement in sanitation. I would submit one or two recommendations which I consider necessary to the sanitary condition of this district. As it appears there are 100 houses in this district without pipe-water, steps be taken to encourage or compel its introduction. That, as there are about 15 privies in 96 houses having yards, attention be at once directed to their serious deficiency.

KILDYSART UNION.

RED TICKETS.

Dr. Blackall, adverting to a red ticket which he received, said that any one having land or trade is bound to pay a fee, and wanted to know whether the patient was a man entitled to relief or not.

Mr. Hennessy—Although this man has land, he is very poor.

Dr. Blackall—He is possessed of some land, and has a son a good tradesman.

Chairman—It is perfectly right that a ticket should be cancelled if it is right to do so, and Mr. McMahon tells you that he has a lease of his land, and that disqualifies him.

Mr. Cannon (to the issuer of the ticket)—You should know the people in your district who wants relief, and if you issue a red ticket you ought to state that he is a poor man, but illegally entitled to get a red ticket.

Dr. Blackall said that as far as he knew there was no exact definition for those who are to get relief; but people who have lands, trades, &c., are exempt from getting relief.

WATERFORD GUARDIANS.

The Kilmackevogue Dispensary committee reported that a meeting of the committee had been held, at which they resolved to direct the relieving officer to provide a temporary medical officer, at three guineas a week, to perform the duties of Dr. Cane, who was unwell.

A letter was read from the relieving officer, stating that, in compliance with the order of the committee, he had called upon several medical gentlemen in the city, all of whom refused to act upon the terms, except Dr. Cutlar, who consented on condition of receiving £1 additional for car hire.

It was decided that the report of the committee be adopted, Dr. Cutlar to be appointed without any remuneration for car hire.

LIMERICK UNION.

Alderman Myles, Hon. Sec., read a letter from Dr. Carey, one of the dispensary medical officers, in which he wrote: "I regret to say I am very ill and sick, and I enclose a certificate from Dr. Delander. I would recommend Dr. Malone as my substitute, but don't know if he will act. That's a matter you must arrange yourselves. Of course I have no objection to any other doctor whom you may appoint." Dr. Delander's certificate was to the effect that Dr. Carey was confined to bed with extreme debility. He believed he could not discharge his duties as medical officer without danger to his life. He found Dr. Malone in charge of the dispensary, who informed him that he attended that day to oblige Dr. Carey, but that his own practice would not permit him to discharge the duties, and that he could not attend any more. He (Alderman Myles) then appointed his own son at three guineas per week, until the next meeting of the Committee. It was now for them to confirm his action.

Mr. Lenihan—I thought it was our duty to appoint a substitute during the illness of Dr. Carey, and that that duty lay in the hands of the Committee.

Mr. Cronin—That was my impression too.

Mr. Lenihan—I did not think the appointment lay with an individual.

Chairman—The appointment has not been made at all yet.

Alderman Myles—I was placed in an emergency, and if I had not appointed my own son the business could not have been done.

Chairman—We are indebted to Alderman Myles for his prompt action in the matter.

Mr. R. McDonnell had no doubt the arrangements made by Alderman Myles would be sanctioned by the Committee. He believed he was speaking the feelings of every one present in saying that they all regretted the circumstances under which they were met. Dr. Carey was an old and respected friend who was well known to them all for many years. His services to the institution in which they were assembled could not be over rated. He knew himself from long experience and from his conversations with poor men, how kind, gentle, and forbearing he had always been in his treatment of the poor.

Mr. Gaffey proposed that Dr. Meehan, if appointed, be paid at the rate of £100 a year.

Alderman Myles—I beg to resign the office of hon. secretary, and request that you will appoint somebody else.

Chairman—I am sorry to hear our hon. secretary make such an announcement.

Mr. Lenihan—I don't suppose that anything I could say would induce Alderman Myles to alter his determination, but I must say independent of any consideration, that if we lose his services as our acting secretary, we will lose the spirit and the right arm of this business.

Alderman Myles—I never knew before that when a hon. secretary stepped in in a case of emergency, and when he acted according to the best of his judgment, that a slur would be cast upon him. I won't throw away my labour on people who don't appreciate it.

Alderman Synan—We all appreciate what you have done.

Alderman Myles—Thank you for nothing. I won't give my services for nothing any more.

Dr. O'Sullivan—I had a conversation with Alderman Myles to-day, and I believe that, independent of what has occurred to-day, he would not retain the office.

Alderman Myles—My son would not be a candidate for the permanent office of dispensary doctor, for his practice would not allow him. He would not look for such a beggarly appointment.

Dr. O'Sullivan—I wish to God I had a beggarly appointment now.

Alderman Myles—If I knew what was to take place I would not have taken the trouble that I did.

Rev. Archdeacon Hare proposed that the unanimous thanks of the meeting be tendered to Alderman Myles for his past services, and that they should express their deep regret that he had seen fit to resign. Passed.

THE SANITARY STATE OF NAAS.

THE following letter from Dr. J. Smyth was read :—

"GENTLEMEN,—I beg to report to you the disgraceful state of many of the lanes and some of the outlets of the town of Naas. They are almost habitually polluted by nuisances of the most disgusting kind. As an instance, I would particularly mention the lane leading from Poplar Square to the Sallins Road, through which a large portion of the Catholic congregation pass on their way to and from the church.

"I have also to report to you the neglected condition of the locality known as the Fair Green, which at times is almost impassable. The only attention I ever see shown to it is by the residents of the adjoining houses, who gather the filth into heaps, and after some time remove it to the rear of their wretched dwellings, where it remains poisoning the atmosphere for months until disposed of. This can hardly be called a legitimate industry.

"The next matter I have to submit to your consideration is the existence of a structure in the very centre of the leading thoroughfare of the town, the outside of which is used, especially on fair and market days, as a public urinal. Twelve months ago I represented the nature of the evil to the commissioners, without, however, any good result. The unsightly building remains, and is still the occasion of nuisances, moral and material, which are an outrage on decency and an injury to the public health.

"Lastly, I have to complain of the custom which prevails in many portions of the town of making the street the receptacle for slops which are more nasty than nice, together with house refuse of all kinds. I would recommend the sanitary board to publish notices strictly prohibiting this very objectionable practice, and warning offenders that the penalties of the law will be strictly enforced against them.

"I cannot help remarking how much it is to be regretted, both for the comfort and sanitary well-being of the residents in Naas, that the important duty of scavenging the streets and lanes of the town is so persistently ignored. The condition of these during a large portion of the year is really shameful, and is certainly an encouragement to the commission of nuisance by the ignorant and poor.

"I remain, your obedient servant,

"JOSEPH SMYTH, M.D."

Chairman—Whose duty is it to cleanse those places? Is it the duty of sanitary authority or of the towns commissioners.

The Clerk—There was a letter on a similar subject from the Local Government Board which I will read :—

"SIR,—The L. G. B. acknowledge the receipt of your letter inquiring how the sanitary condition of the town is to be ascertained, and how the streets are to be cleansed, and from what source the funds for the purpose are to be provided.

"The duty of cleansing the streets is not, in the opinion of the L. G. B., transferred to the board of guardians by the Public Health Act, and therefore, as pointed out in that circular, the powers of the town commissioners in this respect continue in force, and are to be carried into execution by the same authority and in the same manner as if the Public Health Act had not been passed.

"B. BANKS."

The board made an order that Dr. Smyth's letter and the correspondence be forwardad to the Naas town commissioners.

WATERFORD UNION.

LOCUM TENEMS.

THE following was read :—

"Sir—The Local Government Board acknowledge the receipt of minutes of proceedings of the guardians on the 27th ult., from which it appears that Dr. Cutler has been appointed at a remuneration of three guineas, to act for one week as temporary substitute for Dr. Cane, Medical Officer of the Kilmackevogue Dispensary District, and at a similar remuneration for Dr. Whitty, Medical Officer of the Ullid District, who have both been granted leave of absence in consequence of illness; and the board desire to state that under the circumstances set forth, they will not object to this arrangement, but should either medical officer require an extension of leave of absence, a substitute should be appointed, who will devote all his time to the duties of one district.

By Order.

B. BANKS."

MAINTENANCE OF DISPENSARY PATIENTS IN HOSPITAL.

THE following was read :—

"Local Government Board, Dublin,
19th February, 1878.

"SIR,—The L. G. B. acknowledge the receipt of your letter of the 11th inst., and of its enclosures, in which you inquire whether the guardians can pay a sum of 18s. to to the Governors of St. Mark's Ophthalmia Hospital, Dublin, to defray the cost of the maintenance in the hospital of a man named Edward Mullen, who, it appears, was sent direct to the institution by Dr. Healy, and had not

been previously an inmate of the workhouse; and, in reply, the L. G. B. desire to state that medical officers of dispensary districts have no power to send patients requiring treatment to hospital at the expense of the Poor-rate; and the power conferred on the guardians in this respect is limited under the provisions of section 7 of the Act 25 and 26 Vic., cap. 83, to those cases of inmates of the workhouse. The board of guardians accordingly are not in a position to apply the Poor-rates to defray the expenses incurred in the present year.

"The enclosures to your letter are returned herewith as required. By order,

"B. Banks."

Mr. Dowdall—I was speaking to Dr. Healy about it, and he said he would pay the amount himself.

R. O.—The boy's father is well able to refund the money himself.

KILLALA DISPENSARY.

At the meeting of the Killala board of Guardians on Saturday, Dr. McNulty, the medical officer of the workhouse, was unanimously and cordially elected medical officer of the Killala dispensary district, in the room of Dr. Joseph Atkinson, who has accepted a medical appointment in England, and has gone to reside there.

BALLINA UNION.

SALARY AS APOTHECARY TO THE DISPENSARY MEDICAL OFFICER.

The Chairman said the resolution of the dispensary committee, increasing Dr. Scott's salary in consideration of his undertaking the duties of apothecary, came before them. He proposed that the recommendation of the committee be carried out.

Mr. Knox seconded it.

Chairman—The dispensary meeting was a very large one, and they gave the matter very full consideration, and we should have no hesitation in carrying out their recommendation.

Mr. Coolican—As additional duties are imposed, we should not ask Dr. Scott to undertake them without paying him for them.

Mr. Walshe asked did such an arrangement as was now proposed exist in any other union?

The Clerk was not aware.

Mr. Knox said Dr. Atkinson had held the appointment of apothecary since the formation of the union, and that on his demise it was proposed to abolish that office and give the compounding to Dr. Scott at an increase of salary.

Mr. Walshe understood dispensary medical officers took office on the understanding that they were to compound their own medicines.

Mr. Knox.—Dr. Scott would have done so had not Dr. Atkinson been in office when he was appointed.

Mr. Walshe said it would be making a bad precedent if medical officers were to be paid for compounding their medicines. If they were not adequately paid for the discharge of their duties as a whole, why not their salaries be increased? but they should not be paid for compounding the medicines for themselves, as that was not done elsewhere, and would be establishing an inconvenient precedent.

The Chairman said this board was not going to make a precedent. If Dr. Scott resigned tomorrow, his successor would be appointed in the ordinary way; it was only because additional duties were being imposed on Dr. Scott that his salary was to be increased.

Mr. Walshe did not object to pay a medical officer well, if the effect of that would be that the medical officer would look closely after the medicines, see that they were kept from damp, and in a condition fit for the poor people they were intended for. The doctors thus looking after their medicines would result in a great saving to the ratepayers, more than the increased salary which might be paid to them.

The Chairman concurred in Mr. Walshe' observations, and having put the question declared that the board adopted the resolution of the dispensary committee, unanimously giving Dr. Scott £30 a year in consideration of his undertaking to compound the medicines.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1878.

February 2nd.—Jackson, James, Cara, Clows, co. Monaghan, M.B. Univ. Dub. 1875, Lic. 1874 and Lic. Mid. 1876 R. Coll. Surg. Irel.

16th.—Hamilton, John Robert, 4 Ulster Terrace, Stillorgan Park, co. Dublin, Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K.Q. Coll. Phys. Irel.

20th.—Redmond, Joseph Michael, 126 Sandford Road, co. Dublin, Lic. R. Coll. Surg. Irel. 1876, Lic. 1878, and Lic. Mid. 1878, K. Q. Coll. Phys. Irel.

21st.—Leary, Edward George, Minore House, Drumclones, co. Monaghan, Lic. R. Coll. Surg. Irel. 1876, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

21st.—Armstrong, John Henry, 44 Lower Leeson Street, Dublin, M.B. Univ. Dub. 1876, Lic. R. Coll. Surg. Irel. 1877.

27th.—Arthur, Thomas Francis, Thomas Street, Waterford, Lic. R. Coll. Surg. Irel. 1876, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

NORTH DUBLIN UNION.

ABUSE OF DISPENSARY RELIEF.

The following letter from Dr. Speedy was read:—

Dublin, 1st March, 1878.

Gentlemen,—I have again to report for your information that the tickets for dispensary relief in No. 3 Dispensary District are, in many instances, issued indiscriminately, and, in addition, the practice of filling and signing tickets by deputy has become quite common. This latter system is, I am informed, illegal; fearing that some mistake will ensue, detrimental to the deserving sick poor, I consider it my duty to place the subject under your notice. The enclosed are a few out of several tickets received in February. I have reason to believe that the practice is not confined to one or two wardens of the district.

For future guidance I would respectfully ask a ruling on this point.

My colleague and I both complain of persons well able to provide medical advice and medicine obtaining dispensary tickets.

The enclosed are two tickets recently issued, being good examples of this abuse. Catherine D——, whose husband rents the house, rated at £12 a-year, has £1 5s. 0d. weekly from the railway, besides 3s. 6d. a-day pension, and, in addition, money in the funds; in this case the *medical officer of the railway was in attendance upon this patient* when the dispensary medical officer was called in. Upon the matter being represented to the guardian who had issued the ticket that gentleman cancelled it.

The other ticket was for a man, Thomas D——, occupying the house, rated at £8. He was a cab owner, kept a cow, and had house property upon the Royal Canal. His own messenger stated that he *had seven houses*, and admitted his ability to pay. Of that I am perfectly assured. The patient expressed the opinion (not an uncommon one) that as a ratepayer he was entitled to dispensary relief.

In both these cases the individuals have had medical advice and medicine most improperly. So far as cancelling tickets it is very little use, because, in the majority of instances the patient has been attended to before the committee can meet, as in above examples.

It will be unnecessary to cancel the ticket in the latter case, as the man died this week. I am reluctant to trouble the committee on these matters, but do so on principle. I have always endeavoured to do my duty

towards the sick poor, and am not, I think, unreasonable in my views, but, assuredly, the above are typical examples of the way in which the Medical Charities Act is abused.

I am, Gentlemen,
Your obedient servant,
ALBERT SPEEDY.

The Chairman of North City
Dispensary Committee.

A discussion arose, in the course of which Mr. O'Brien (Local Government Inspector) explained that it was clearly illegal for tickets to be issued by any person but the guardians themselves or those wardens empowered to do so. He (Mr. O'Brien) had heard many complaints similar to that now made by Dr. Speedy, and the abuse was not confined to the city, but was prevalent in the rural districts. The custom of wardens leaving tickets with their assistants or clerks to fill up and issue was most decidedly an abuse which was most reprehensible, and which ought to be at once discontinued.

Dr. Speedy's letter was marked read.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAR. 2, 1878.

Total registered deaths in Dublin and suburbs*	... 198
Ten years average of same week	... 185
Excess of mortality above average	... 13
10 weeks ratio of deaths Rathmines	22·9 per 1,000
" " " " Donnybrook†	26·2 "
" " " " Blackrock	18·8 "
" " " " Kingstown	19·7 "
" " Entire Dublin District	31·2 "
COMPARATIVE RATIOS—London ...	23·9 "
" " Glasgow ...	23·8 "
" " Edinburgh ...	27·4 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Extirpation of the Left Kidney.

FROM an excerpt in *La Presse Medicale Belge* (taken from the *Bérliner Klin.*, No. 24, 1877) we learn that Professor Langenbeck has recently performed this operation in a woman thirty-four years of age. Immediately on admission into the Saint Lazarus Hospital, Berlin, the patient entreated the physicians to relieve her of a very painful tumour which began to appear in the left lumbar region eighteen months before. On inspection there was nothing particular to be seen, but on palpation a tumour could be recognised, sensible to pressure, hard, smooth, rounded, about eight centimetres in length, slightly movable, and apparently seated in the mass of lumbar muscles. The professor and his assistant having examined the urine and found it in a healthy state, rejected the diagnosis of cancer of the kidney in favour of a malignant tumour seated in the muscular structures and in the inter-muscular connective tissue of the region affected. The operation was considered to be both feasible and urgent.

Langenbeck made an incision extending from the border of the twelfth rib as far as the root of the ilium, and parallel to the vertebral column. Having divided the sub-cutaneous cellular tissue and the superficial layer of muscles, he reached one extremity of the tumour. He succeeded in separating with his finger this portion of the surrounding tissues; but at a greater depth the adhesions were so great that they could only be isolated from the tumour by using the bistoury and scissors.

When the tumour was almost completely separated, there was found fixed to its centre a sac, formed by a white cord of the size of the common carotid artery. The depth at which this cord was situated rendered its ligature a laborious operation. After the wound had been thoroughly explored in case any part of the tumour should be left behind, it was removed by the ligature, and, contrary to expectation, no hæmorrhage followed. On examining the tumour, the section of a duct was exposed with thick walls, without any contents, and in which a good sized bougie could enter for the distance of fifteen centimetres. It was the ureter and the left kidney in a degenerated state. The result of the operation was most satisfactory, and a month afterwards the patient left

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February* 9, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, FEB. 9, 1878. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	33	188	198	22	53	7	4	2	...	4	8	2	4	4	70
BELFAST . .	20,687	182,082	31	113	107	23	21	4	3	2	2	1	5	3	2	...	31
CORK .	13,816	91,965	33	35	59	6	23	...	3	...	..	2	...	2	...	1	18
LIMERICK .	8,509	44,209	29	20	25	2	8	...	...	...	...	...	...	...	...	...	13
LONDONDERRY	21,865	30,884	25	29	15	4	1	...	...	...	1	...	...	2	...	...	...
WATERFORD .	17,209	30,626	51	22	30	6	5	...	2	...	...	4	...	...	...	...	11
GALWAY	21,358	19,692	32	3	12	1	5	...	...	..	...	...	...	...	...	...	5
SLIGO . .	30,835	17,285	18	4	6	1	2	...	...	..	...	...	...	1	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 20, 1878.

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THE LOCALISATION OF CEREBRAL DISEASE.

BEING THE

Gulstonian Lectures delivered before the Royal College of Physicians of London.

By DAVID FERRIER, M.D., F.R.S.

(AN ABSTRACT).

The question to be discussed, was that of whether there was a localisation of function in the different parts of the brain, and whether, therefore, the symptoms of a lesion would vary with its locality? That, as yet, there was no general agreement on the subjects, except as to a few propositions, some of which were even now contested. Our knowledge of the nervous system was behind that of other organs. There are several reasons for this, two of which are: (1), our knowledge of the morbid anatomy of the nervous system is far from being coextensive with that of its pathology; and (2) from the delicate organisation of the brain, there is a natural and continual tendency to believe that interference at any one point must tend to general functional disturbance. We can, therefore, only speculate on the intimate molecular changes which lie at the root of neuralgia, epilepsy, convulsions, &c. It was not always clear, by the inductive method of agreement, as to whether the connection was that of causation or coexistence, and it is liable to be frustrated by a plurality of causes. Organic alterations cannot always be demonstrated in an organ functionally disordered. That certain symptoms can only be causally associated with a certain lesion, unless they occur together more frequently than chance can account for. Diseases of the brain must be looked at from physiological as well as psychological aspects. Disease which produces change in the intellect, may not be accompanied by motional and sensory changes, and disease affecting motion and sensation may not affect the intellect. Beyond the great fact that the brain is the organ which is directly or indirectly diseased in insanity we are yet in the most profound state of ignorance regarding the intimate pathology of the condition. *Post-mortem* examination of the brains of the insane reveals various morbid conditions, but with the exception, perhaps of general paralysis of the insane, we have yet to find out whether there are any morbid appearances specially characteristic of special forms of mental derangement; or whether there is a definite relation between the locality of a lesion, and the symptoms observed. We cannot even be sure that the changes discoverable are the cause or the result of the disease. Until the morbid changes discoverable in the brains of the insane are translatable into their subjective significations, we cannot have a concrete or incorporate mental pathology, as distinct from mere speculation. From the fact that large portions of the brain cortex may be disorganised without causing very evident mental disturbance, and from the further fact that any one portion of the brain may be destroyed with a like negative result, the conclusion has been drawn that there is no localisation or differentiation of function, but that such part of the encephalon is a micro-encephalon capable of itself of performing all the functions appertaining to the whole. Inasmuch as a whole hemisphere may be destroyed without manifest impairment of the fundamental powers of mind, the conclusion is obvious that one hemisphere is sufficient; but there is no evidence that the same parts in both hemispheres may be destroyed without mental symptoms. It may be functional even if a unilateral lesion can occur without mental consequences if the observations made were sufficiently minute and exact, and if we had a means of accurately gauging the mental condition. The assumption that observations made on the lower vertebrates may be applied to man without qualification has done much to propagate errors and discredit that which is, after all, the sheet anchor of accurate biological and therapeutical research. The facts of clinical medicine are not sufficiently taken into account by some physiologists, and the frog-and-pigeon physiology has done much harm. It has been asserted by a distinguished authority that the theory of cross-paralysis which has been taught since the days of Aretæus is neither an

absolute rule nor an approximative generalisation. So far as we know, it is true, with the exception of some 200 cases which have been collecting since all antiquity. It is not occurring now. The great preponderance of evidence is in favour of the view of cross-paralysis. It is within the region of possibility that it may not exist in some cases, just as the viscera are sometimes transposed. It would seem that the pyramidal strands are developed subsequently to the hemispheres, and that they form the path of *voluntary* motor impulse and of secondary degenerative changes in consequence of lesions of the motor part of the brain. The localisation of functions of the brain of modern time is essentially a new growth. Hughlings-Jackson was the first to indicate the motor functions of certain convolutions, irritation of which was the cause of unilateral convulsions. The late Dr. Bright had arrived at a conclusion that unilateral convulsions, where consciousness is retained, are due to a lesion in the opposite hemisphere, and in this he was followed by Dr. S. Wilks. Hughlings-Jackson observed that convulsions were not due to transmitted influences, bnt to discharges. In the motor regions the grey matter is the essential part, as proved by the experiments of Fritsch and Hitzig. It has been asserted that it is impossible to localise the irritation, but this is not so. The recent researches of MM. Frank and Piètres have shown that the theory of physical conduction to subjacent ganglia, is altogether untenable. The grey matter reinforces excitations. With respect to the conclusions drawn from extirpation of the cortex, there is a want of unanimity among physiologists. This is owing to the fact that the results of experiments in different orders of animals are not strictly comparable with each other, or directly applicable to man. After the removal of a portion of the cortex, all movements below the purely voluntary, are more or less intact, as being more or less independently organised in the lower centres. The only essential effect of cortical lesions is paralysis of truly voluntary motion, or motion involving conscious discrimination. Thence though a dog's paw may not be paralysed as an organ of locomotion, it is permanently paralysed for all purposes for which it is used as a hand. As physiological experiments demand strict topographical accuracy, it is essential the same be observed in the case of disease in man. From deficiency in this respect most of the older records of cerebral disease are valueless. Physiological experiment at present is far ahead of pathological knowledge, and but for experimental physiology pathology would not have succeeded in establishing much beyond general indications.

Lesions of the frontal lobe are not accompanied by motional or sensorial disturbances in monkeys. Many clinical cases are on record of both sudden and slowly progressing disease of the perforated lobes without paralysis of either sensation or motion. The lecturer then gave details of the famous American crowbar case, where a crowbar an inch-and-a-quarter in diameter, and three feet and seven inches in length, and weighing thirteen and a quarter pounds, was driven under the zygomatic arch, and through the left frontal region, with a distinct orifice of entrance and exit. Photographs of the bar and of the skull were exhibited. After the man had recovered from his temporary surprise, he walked up a long flight of stairs and gave a distinct account of the accident. He lived twelve years afterwards, and died in epileptic convulsions. The only change in him was a mental one. From being a steady, industrious, hard-headed foreman, he became quite unfit for his place. He was capricious, vacillating, and demoralised. He was, as it were, a boy in full possession of his passions. In fact, he was morally deteriorated, and his friends said he was not himself at all. Lesions made in the frontal lobes of monkeys were followed by a distinct diminution of their intelligence and curiosity, and of their faculty of attention; and they were either motionless, or their movements were purposeless, and merely restlessness. Similar lesions on man were followed by like symptoms, and by the impairment of attention, so far as they have been observed.

RUPTURE OF THE TENDON OF THE GLUTEUS MAXIMUS. (*a*)

By ROBERT McDONNELL, M.D., F.R.S.,
President of the Royal College of Surgeons, Ireland.

The patient, he said, had been seen by several members of the Society, and might be regarded as one of more than usual interest, inasmuch as he had not met with any surgeon in Dublin who had seen an example of the accident, and had not been able to find anywhere a recorded account of it. The history of the case he now desired to lay before the Society was as follows:—

Martin Brady, æt. 63, a farmer, was admitted into Steevens's Hospital on the 26th of December, 1877. The family history was favourable, there being no trace of hereditary or of syphilitic taint; the patient had never suffered from eruptive or any acute disease, had been of temperate habits, and had always enjoyed excellent health. He was a tall fine-looking man, hale, and remarkably well built, and was about 6 feet 2 inches in height. The account which he gave of the accident was exceedingly graphic. It appeared that he was accompanying one of his own carts home from a field. The cart was heavily laden behind, light on the horse's back. To prevent the cart toppling backwards he ran to catch hold of the long shafts projecting from behind when passing through a gateway, but the strain being overwhelming the cart was thrown back, and he was brought violently down to an almost sitting position, and then made a strong effort to throw the cart forward, the man being exactly in the position which was calculated to put the greatest strain upon the gluteus maximus muscle. At that moment the patient stated that he felt as if he had received a severe blow from a stone and heard a sharp snap, which he described as like a clap of the hands. He immediately experienced acute pain about the fold of the left nates, which so disabled him that he fell on the ground. Having limped about for the space of an hour he was obliged to return home, took to his bed, and remained unable to work, and in considerable pain for some days. There was extensive swelling and ecchymosis; he was "black and blue from the waist down to the ham." He was confined to bed for six weeks, at the end of which time, the swelling having disappeared and the pain subsided, he was able to get up, but found he had quite lost the use of the leg, and felt, on movement, a stinging pain down the back of the thigh and in the skin. He was seen shortly after the accident by the local medical practitioner, who, however, did not pursue any treatment. Although the accident occurred on the 5th of October it was not until the 24th of December that the patient came under observation at Steevens's Hospital. There could no longer be any doubt as to the nature of the accident. In the gluteal region the gluteus maximus on the side of the injury was soft, flabby, and, in fact, completely paralysed; while on the other side it stood out prominently, was plump, strong, and well developed. The difference to the eye was very striking. Besides, however, the paralysis of the gluteus maximus muscle, near to the insertion where the muscle joins its tendinous expansion from the line of the great trochanter and the linea aspera, there was a thickened welt indicating the place where the process of union was commencing to take place. Accompanying these symptoms there was a marked paralysis of the limb. That palsy was much more complete as affecting the extensor muscles of the leg. He could not raise his toes, and in attempting to walk he tripped, but to obviate the inconvenience arising from this the patient devised a bandage which went round his neck and extended down to and raised the toes off the ground. Observing the paralysis of these muscles so markedly, it occurred to me that the sciatic nerve had been injured; but on examination, it was found that all ordinary sensibility was quite perfect. The patient could

(*a*) Read before the Surgical Society of Ireland. The discussion will be found on page 233.

distinguish readily heat and cold, and felt normally the compass points applied to any part of the lower limb. Besides, the muscles of the posterior part of the limb were not paralysed to the same degree. As to the extensor muscles of the thigh, he could raise the limb and kick with it violently and strongly. The account which the patient gave of the accident itself, as to the hearing of the snap, and the impression that he had received a sudden blow upon the limb, coincided with the account which patients gave of ruptures of tendons elsewhere. He hoped to have been able to exhibit a photograph of the gluteal region of the patient, but he was accidentally prevented from doing so. He had searched through the works in which ruptures of tendons were alluded to, but had failed to find any account of the rupture of the tendon of the gluteus maximus muscle, and although that was so very powerful a muscle, they could easily understand why the rupture of that tendon should not be very common. It was rare, he fancied, for persons to be in the exact position in which the patient in this case was, and to put such an immense strain upon the muscle in the way in which the tendon was most likely to give way. The circumstances of the accident he had described, were just such as would put the greatest force and strain upon the muscle. It appeared so far as one could make out from careful examination, to have torn at the part where the tendinous expansion and the muscular fibres meet. The commonest form of ruptured tendon met with, was that of the tendo-achilles, but it did not appear in the recorded account of that accident, that that tendon gave way with any great constancy at any point. Boyer had described a case in which rupture of this tendon occurred on each limb in the same patient, yet at a different part on each side. In the last case of rupture which came under his observation, the accident occurred rather high up, and was evidently a rupture at the part where the tendon and the muscular fibres meet. However, there did not appear to be any exact rule with regard to the place where the muscle would give way. A remarkable case was reported by Mr. Tufnell, in the Proceedings of the Pathological Society for 1862, in which a soldier of the Scot's Greys, met with the curious accident of having his thumb bitten off, and the tendons dragged out from their attachments, and in that case, they gave way at the part where the tendons were attached to the muscle. In cases where the tendons were artificially torn from the muscles, after death, the usual place of rupture is at the junction of the muscular and tendinous part. In Mr. Tufnell's case, the accident occurred in this way:—A loose horse being in the barrack-yard at Newbridge, the patient ran before him to prevent his passing out through the gate, standing with both hands and arms held out. The animal as he darted by, made one snap at his hand, and, seizing the thumb in his teeth, amputated it in an oblique direction, through the metacarpal bone. Hardly a drop of blood escaped, and the line of incision was so regular that nothing required to be done but to shorten the bone with nippers, and close in the edge of the wound by adhesive plaister. Cold lotions were laid over the arm, and the man rapidly recovered without the slightest ill consequence, beyond the loss of the member thus suddenly detached.

Mr. Tufnell exhibited the specimen at the Pathological Society. At the top of the joint, the tendons were pulled out very much, as cooks took out the tendons of the drumstick of the turkey, by tearing it away from its muscular fibres. While on the subject of the rupture of tendons, he should like to allude to a case which they had under observation some years ago in Steevens's Hospital. It was a case of injury not frequently met with, yet in this instance, occurring on both sides, rupture of the tendinous expansion of the quadriceps extensor cruris above the patella. A man named Edward Walsh, 62 years of age, a hale, well-built farmer, was admitted to hospital on the 22nd of December, 1866. The patient was sent up to Dublin to be placed under his (the President's) care, by Dr. Richard Walsh, of Ballinakill, twelve weeks after the accident had happened. In the course of a struggle with a restive horse, he was knocked over into a drain, and in making an effort to recover himself, he heard a snap, and the left leg gave way under him. Being a man of strong will, he jumped upon the good leg, and made another attempt to master the horse, but he was again knocked down, and then the other tendon gave way. Immediately after the accident, he placed himself in the hands of a celebrated bone-setter in the locality, and he recommended exercise, and the limb was subjected to passive motion. When he came under notice at Steevens's Hospital, twelve weeks afterwards, there could be no doubt about the diagnosis. When the limb was bent, the end of the femur projected so obviously, that its outline could be seen, but when the limb was straightened, the fingers could be pushed above the patella, so as to go into the inside of the joint; in fact, the inside of the joint could be examined with nothing intervening but the skin. A small portion on one side of the tendon of the vastus externus alone remained untorn. He need scarcely say, that that patient coming to the hospital twelve weeks after the accident, and having been subjected to treatment, the very reverse of that suitable to the case made a very imperfect recovery. He was able to walk by the aid of sticks, and wore splints made to keep his limbs straight. That patient left hospital on the 3rd of February following, not much improved. Another case of rupture of a tendon occurring among his patients at Steevens's Hospital, was an instance of rupture of the long head of the biceps. That occurred in a man named Peter Langan, 40 years of age, who was admitted to hospital on the 18th of April, 1868. The notes of the case were taken by Dr. Ward, who was then his (the President's) resident, and who was now M.P. for Galway. In making violent exertion to reach something under his bed, the patient gave the arm a twist, and immediately felt something give way. When the patient came under observation at Steevens's Hospital, any attempt at flexing the arm was accompanied by remarkable fulness, and one could feel the tendon of the long head in the bicipital groove running down under the finger. A careful examination failed to find any rupture of the short head.

The way in which the belly of the muscle was thrown into prominence at that part, left little doubt that the tendon was ruptured there. They must, however, always remain in doubt about these cases, and they also knew that a consequence of chronic rheumatic arthritis, as Mr. Adams had carefully pointed out, the biceps tendon would become frayed and eroded away, and finally give way, and became adherent in the bicepital groove. In that patient, however, there was no chronic rheumatic arthritis, and therefore, they could not attribute the giving way of the tendon to that affection. Boyer relates a case of rupture of the ligamentum patellæ, which seemed to be a rarer form of accident than the rupture above the patella. The case Boyer gave, was that of a young man, twenty-five years of age.

The snap or rupture of a tendon seems to be very constantly accompanied by a sensation, as if the patient had received a smart blow or kick. The common French name for the supposed rupture of the tendon of the plantaris longus, is *Coup de fouet*, so much does it give the patient the idea of a smart blow from rod or riding-whip.

As to such cases as that he now spoke of, and as they did not meet with such cases often, they must be treated on general principles. The patient had been kept quiet, but allowed to move about with the limb straight, so as to keep the ends in apposition. He was now able to walk a good deal better than when he entered hospital. The paralysis of the limb had very much improved, and the patient was now able to walk very well with one stick. The complete paralysis of the muscle was remarkable, and looked almost like an effort on the part of Nature to take tension off the muscle, to allow it to remain passive and quiescent while union is going on. He (the President) said in conclusion, that he would be very glad to hear from any member who might have had an opportunity of seeing that case, whether he knew of any recorded case of the

kind. He (the President) had not himself been able to light upon any recorded case of rupture of the gluteus maximus. He was also happy to say that Mr. Colles, Mr. Richardson, and Mr. Tufnell, and others, had seen this case as one, if not unique, at least of unusual occurrence.

Clinical Records.

JERVIS STREET HOSPITAL, DUBLIN.

Case of Poisoning by Aconite—Recovery.

Under the care of Dr. MELDON.

(Reported by Mr. J. S. DUIGENAM, Resident).

On Thursday, the 7th of February, a gentleman, J—— McG——, twenty-two years of age, came to Jervis Street Hospital, and produced a bottle labelled "Liniment—poison." He stated that about five minutes previously, he had taken about two ounces of it. On examining the bottle I came to the conclusion it was aconite. He drank the liniment at 9·30 a.m. A few moments afterwards, the occurrence of severe gastric pain led him to discover his mistake. I immediately gave him an emetic with castor oil, ordered coffee, and sent for Dr. Meldon, the surgeon on duty. By this time, he complained of a burning pain in the stomach, œsophagus, mouth, and tongue, tingling sensation in the fingers, feet, and lips; his pupils were very much dilated, the lips swollen, and the extremities cold. Dr. Meldon arrived at 10·15 a.m., and ordered brandy, coffee, charcoal, and ammonia. The coffee, which I previously had prepared, he got at once, subsequently the brandy, animal charcoal, and ammonia. Owing to the vomiting, however, very little of these remedies was retained.

At 10·30 he complained of blindness, which was immediately followed by tetanic spasm, and then complete insensibility. The lips were now kept wet with brandy, and ammonia held to the nose, and in a few moments sensibility returned, and the patient was able to speak. Five minutes later, the pulse became quick and weak, and another tetanic spasm, more violent than the last, was followed by apparently total failure of the heart's action, and complete insensibility, during which the respiration was invisible, and death seemed inevitable. Dr. Meldon now administered an enema of brandy, while Dr. Kilgarriff commenced artificial respiration, and Dr. Hughes applied the galvanic battery. Fully five minutes were thus spent before the return of colour to the lips gave hopes that all was not yet over. A few minutes more, and he was able to swallow a few drops of brandy and ammonia. He was able to speak at 11·5 a.m., but was very weak. Several times during the next few hours artificial respiration was had recourse to. Dr. Meldon prescribed frequent enemata of equal parts of brandy and beef-tea, which were given during the day.

At 1 p.m. the pulse was only forty a minute; the pupils were widely dilated, and vomiting and diarrhœa continued, and the tingling sensation was still present in the hands and feet. A mixture was now ordered by Dr. Meldon, consisting of ether, camphor, ammonia, brandy, mucilage and water. At 1·30 p.m., he asked for a little porter, which I gave him, and which remained on his stomach, and everything which he subsequently took he retained. The tingling sensation first left the right hand and foot about six o'clock on Thursday night, and on Friday morning, only a trace was felt in the fingers of the left hand. He left the hospital on Friday night, the 8th inst., quite recovered.

Dr. Meldon, in his remarks to the students, pointed out the great difference of symptoms observed after poisoning by aconite. In some cases, the pupils have been contracted; in others, as in this, widely dilated; in some, as long as the patient retains consciousness, he can walk, as in the present case; in others, loss of power of the legs is one of the first symptoms. In some cases, no convulsions have been noticed. These differences of symptoms have even been observed when the patients have eaten of the same variety of the drug, generally when the root has been mistaken for horse-radish. Many of these differences, in Dr. Meldon's opinion, arose from the quantity of the poison taken. He also drew attention to the great difference between the root of aconite and horse-radish, as shown in the following table, taken from Mr. Bentley's paper in the *Pharmaceutical Journal*, vol. xv., p. 450, April 1856.

ACONITE.	HORSE-RADISH.
Form.—Conical in form, and tapering perceptibly (and rapidly) to a point.	*Form.*—Slightly conical at the crown; then cylindrical or nearly so, and almost of the same thickness for many inches.
Colour.—Externally coffee coloured, or more or less of an earthy-brown colour.	*Colour.*—Externally white, or with a yellow tinge.
Odour.—Merely earthy.	*Odour.*—Especially developed upon scraping, when it is very pungent and irritating.
Taste.—At first bitter, but afterwards producing a disagreeable tingling numbness.	*Taste.*—Bitter or sweet according to circumstances, but very pungent.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

STONE IN THE BLADDER.

The last meeting of this Society was distinguished by the large attendance of fellows and visitors, and the great interest taken in the paper of Sir Henry Thompson, which embraced a summary of his experience of 500 cases of operation for stone in the bladder, up to January, 1877. The calculi from each of these 500 cases were exhibited. The 500 cases were adult males, the great majority being from 50 to 70 years—the mean age 61½ years. The published experience of Cheselden, Marineau, Brodie, and Fergusson was given. The sum of similar cases treated numbered 422. Of these 422, 69 were fatal, or 16½ per cent.—*i.e.*, 1 in rather more than 6 cases. Of the 500 cases in question, 422 were by lithotrity, and 78 by lithotomy. The number of individuals operated upon was 420, several of the lithotrity patients being operated upon twice, a few three times. In all cases a considerable interval and evidence of fresh formation, mostly a newly-descended uric-acid calculus, had existed. Small phosphatic concretions, although removed by lithotrity, had not been reckoned as stone in the bladder. The chemical constitution of the calculi was as follows:—Uric acid, 313; phosphatic, 99; mixed, 81; cystic oxide, 1; pure phosphate and carbonate of lime, 2; phosphatic calculi formed on foreign bodies, 4. The mortality, accepting almost any death occurring within six weeks of the operation, was as follows:—In 422 cases of lithotrity, 32 deaths, or 1 in 13 cases; in 78 cases of lithotomy, 29 deaths, or 1 in 2¾ cases. Total, 500, with 61 deaths, or 1 death in 8½ cases. The causes of death, which were given in each case, were tabulated, compared, and contrasted in the two operations, with inferences thereupon. Accidents met with in operating by each mode were detailed, and the manner in which they were dealt with. The general inference was arrived at that it was unwise to apply, as a rule, lithotrity to any stones above moderate size; and if any calculus is sufficiently large to require what is known as the fenestrated instrument, it is better to employ lithotomy. The author had not employed such an instrument during the last ten years.

After the President had returned thanks to Sir H. Thompson, and complimented him upon his valuable and instructive paper,

Mr. CADGE (of Norwood) called the attention of members to the result of his experience, and to his opinion of these operations. He said that the 500 cases cited were remarkable for their successful results, as well as for showing the increase of

specialism, the division of labour in the profession. Mr. Cadge then entered into the respective statistics of the two operations, and said that of all persons above 50 submitted to lithotomy, 31 per cent. die; while only 8 per cent. of those submitted to lithotrity are fatal; and that according to Sir H. Thompson's experience of the two operations the effect of lithotrity has been to reduce the mortality of all cases over 50 from 31 to 12 per cent. His experience, which amounted to 230 operations, tallied closely with that of the author. Of 104 adult cases, 20 per cent. died; of 86 lithotrity cases, 8 died, or 1 in 10¾. But then, while recurrence after lithotomy was rare, it was very common after lithotrity; and Mr. Cadge put great stress upon the fact that this recurrence is one of the serious defects of lithotrity, and is due in the large majority of cases to minute portions having been overlooked. Another serious defect is the cystitis, and the continued vesical irritability and phosphatic deposit not unfrequently left after lithotrity. Sir H. Thompson has described this as unavoidable, and as the price paid for greater security to life which lithotrity affords; and he thinks it is due to the injury done to the mucous membrane by sharp fragments of stone and by continued instrumentation, and also to chronic retention of urine, which is apt to come on during lithotrity in old people. A more frequent cause, however, is the sacculated condition of bladder so frequently produced by prostatic enlargement. A calculus descending from the kidney into such a bladder is not passed, owing to the obstruction to the outflow by the enlarged prostate, but augments there. Lithotrity is resorted to, some of the fragments hide themselves in the recesses of the mucous membrane, and either set up acute inflammation which extends to the peritoneum and quickly ends fatally, or, more frequently, the bulk of the stone is removed, the patient is much improved, but a fragment or two secrete themselves in the sacs and produce chronic cystitis, encysted stone, and phosphatic deposit. It is the most frequent cause of those "scores of cases" which Sir H. Thompson has mentioned of cystitis and phosphatic deposit in old people. Thus, then there was after lithotrity a much larger class of cases which neither die nor recover than what obtains after the other operation, so that some may think that this fact almost counterbalances the greater security to life which lithotrity undoubtedly affords. His own experience convinced him that with all its drawbacks lithotrity was in careful hands capable of saving many lives, and a great boon to suffering humanity.

Mr. WEST (of Birmingham) who came from the neighbourhood of South Staffordshire, a district where much stone prevails, remarked that out of 139 cases at the Wolverhampton and Staffordshire Infirmary the mean mortality was 1 in 12·14, for cases under 40 years 1 in 16·2, and between 40 and 80, 1 in 11·5. In certain districts children were the chief sufferers, in others, adults; and he believed that many of the latter came up to London to be operated on. The cases of lithotrity, as a rule, did well, if the stone was early dealt with.

Mr. MACNAMARA referred to his practice in the N.W. provinces of India, where the number of cases of stone is very large indeed. Lithotomy had been the operation he had almost invariably performed, and he was glad to hear Sir H. Thompson say that in his last 100 cases he had reverted more to that operation than hitherto since the introduction of lithotrity. In this operation a free incision was, according to his experience, far safer, and attended with less injury to surrounding parts than a small one. When the stone was large he was in the habit of crushing it before performing lithotomy.

Sir J. FAYRER drew the attention of Sir H. Thompson to a work by a successful native lithotomist, which contains the details of 248 cases with 17 deaths.

Sir JAMES PAGET, after congratulating Sir H. Thompson for the brilliant results of his practice, said that he must confess to a general feeling in favour of lithotomy over lithotrity. A comparison of the two operations should be made with a full consideration of the incomplete and unsatisfactory results of lithotrity, often with months and years of suffering, and sometimes with recurrence of the stone. Then when to this be added the fact that at Sir Henry Thompson's hands the operation had received almost every improvement it could well have—compared with those of the present day Civiale's instruments are rough and unwieldly,—he thought that the operation was now performed under the best conditions possible, and that it was doubtful if we could look for its further improvement for some time to come. But there was scope for further improvement in lithotomy to ensure better results, especially in the after-treatment of cases. It does not admit of antiseptic treatment, but we recognised in the present day conditions of erysipelas and cellulitis as sources of danger after the operation, conditions misinterpreted in the past as "peritonitis after lithotomy," or "urinary infiltration," with no reference to their septic origin. The aim of after-treatment was definitely directed to prevent such conditions arising. Again, in past times, the operation would be undertaken on patients the state of whose liver and kidneys would now be regarded as contra-indicating it. Taking all these circumstances into consideration, he doubted if the mortality from lithotomy at the present day would be found so much larger than that after lithotrity; and, for his own part, were he to begin an active surgical life again, he would begin with lithotomy, and reserve for lithotrity only those few cases in which the calculus could be got rid of in two or three sittings. He felt sure that the mortality from lithotomy could be reduced by one-half.

After several other members had made a few remarks, which want of space will forbid us to notice Sir HENRY THOMPSON thanked the Fellows for the attention they had given to his paper. He said the relations between the two operations was by no means antagonistic. The real fact was that they were complementary to each other—allies, not enemies. Lithotrity was the handmaid of lithotomy, and each did work to which the other was incompetent, and in this view only could their respective merits be estimated. He would allude to what had fallen from Sir J. Paget, who, among those present, had perhaps most strongly declared for lithotomy; yet even Sir James thought lithotrity applicable to all those calculi which might be disposed of in two sittings. Well, that was a distinct position. The only question relative to it was one of degree; was the line to be drawn there, or was it to be drawn a little further in favour of the crushing operation? He thought lithotrity was still preferable where the stone might be crushed at three, or at most four, sittings. Beyond that he was not, as a rule, prepared to go, and at that point he should mostly prefer to cut. But then this introduced a very important subject. He agreed with Mr. Napier that the real want was the early discovery of stone, and this it had been a leading object of his life to teach. Every calculus ought to be found when it was of that size for which the two sittings would suffice to crush. Very rarely indeed was it not associated with symptoms which clearly showed its presence. Then, as to the question of the recurrence of stone, it was not fair, nay, more, it was not true, that the recurrence was due in all cases to the operation of lithotrity. For example, when a uric acid stone re-appeared some years after an operation for crushing, no one could for a moment suppose that this proceeding could be held accountable for the new product. What happened when lithotomy was the only operation? And what happened in the cases of diseased bladders which now lived to discredit lithotrity? Why, the patient in either case often succumbed to the cutting operations, and did not live to produce a third or even a fourth stone.

SURGICAL SOCIETY OF IRELAND.

THE Seventh Meeting of the Session took place on Friday evening, March 1st. The President of the College, Dr. ROBERT MCDONNELL, F.R.S., in the chair.

The minutes of the previous meeting having been read by Mr. B. Wills Richardson, Hon. Sec., and confirmed, the President vacated the chair, which was taken by Mr. Colles, senior member of Council of the Society present.

The PRESIDENT then made a communication to the Society, on the subject of a case of

RUPTURE OF THE TENDON OF THE GLUTEUS MAXIMUS,

which will be found on page 230.

The CHAIRMAN said the case was certainly a very extraordinary one, especially when it was connected with the paralysis, and whether rupture of the tendon would go to produce that it was very hard to understand. Certainly the patient's foot dropped as if the muscles had lost all their power. The flattened nates were very remarkable, for the muscle was almost gone, it was so very much wasted. The rest of the limb seemed to keep its shape very well.

Mr. H. G. CROLY said he had not had an opportunity of seeing the case, the facts of which the President had communicated to the Society, nor did he (Mr. Croly) know of any recorded case of rupture of the tendon of the gluteus maximus. But it struck him that the paralysis might be explained in this way: that the great violence which was necessary to rupture so powerful a tendon, might also have stretched or partially torn the sciatic nerve, as the distance from the nerve to the tendon was not great. Of the rupture of other tendons, to which the President had alluded, he (Mr. Croly) had seen a few examples. About two years since, he had a case of rupture of the ligamentum patellæ. A gentleman in jumping off a car, fell and ruptured the ligamentum patellæ. He got a kind of splint made for him of vulcanised india-rubber—a kind of imitation of the ligamentum patellæ—and that enabled the patient to get about very well, but he was still very much disabled. Some time ago, he had a case of rupture of the tendo-achilles in a man who was thrown out of a baker's cart. On examining the man, he could find nothing wrong with his ankle, but on putting his finger behind the tendo-achilles at its narrowest part, there was a decided gap. The tendon subsequently united very well by proper appliances, keeping the parts in position. This winter he had a case of rupture of the plantaris. The patient was a clergyman, and on going up the steps of his church, he turned round suddenly to see if anyone had given him a blow of a stone in the calf of the leg. As he saw no one near him, he rubbed his leg. Subsequently, he consulted a medical practitioner, who gave him a liniment to rub on the leg, which, however, continued very painful. He afterwards consulted him (Mr. Croly). From the cases he had seen of rupture of the plantaris tendon, he thought the tendon generally ruptured about four inches up from the os calcis, and not at all near to the belly of the muscle. Of course that was a well-known accident in ballet-dancers.

Dr. BARTON said he had lately met with a case which illustrated some of the points to which the President had referred in his account of his very remarkable and interesting case; a case undoubtedly, as in cases about the hip-joint, where the symptoms were very puzzling. The case to which he (Dr. Barton) now wished to allude was a very interesting one. The facts were as follow:—A man was engaged cleaning a window at a house in Merrion Square, not far from his (the speaker's) own house, and had only just stepped out on the window stool when he fell off. He was very soon on the spot, and saw the man, who was then suffering from concussion of the brain. He was evidently in great pain, and only partially alive to impressions. When moved, he referred the pain to the right gluteal region. He examined the spot immediately afterwards, and there found swelling, which appeared to him to be ecchymosis, about the size of a closed fist at the gluteus maximus muscle on the right side. The man was admitted the same evening to the Adelaide Hospital, where there was ample opportunity afforded him (Dr. Barton) of examining him from day to day, and taking notes of his case. In the course of two or three days, the patient recovered from the other injuries, which were not very serious, and then the injury to the hip was plainly to be demonstrated. He could not stand without good firm support. Upon the right leg he could not stand at all, and immediately he put it under him it gave way at once, and the man cried out with pain. On examining him behind, they saw, as the President had remarked in his case, only in a different degree, the same flattening of the nates. Although the gluteus maximus was not atrophied, it had lost its tone, and the lower edge no longer stood out, but was almost flattened. As he attempted to stand, the patient was pressed to try and throw the muscle into action, but it would not be thrown into action: it remained flat, while the other side stood out in marked contrast. And then as one stood beside him, and asked the patient to perform the various motions of the limb, while he could flex and extend tolerably well, and without pain, the rotation outwards was the one motion which he could not do. He could rotate inwards without any pain, but the moment he rotated outwards it gave him pain. He had many of the symptoms of a case of inflammation of the hip-joint. Dr. Barton said he argued from that there had been some rupture of the rotators outwards; the fibres had been ruptured, and it occurred to him, therefore, to test the fact whether the gluteus maximus tendon had been ruptured. He thought, however, as the case went on, that it was pretty plain that the tendon itself had not been ruptured; at least, we could feel the tendon gliding over its insertion pretty well. But, perhaps some of the fibres of the gluteus maximus, or perhaps a portion of the muscular structure where it was attached to the fascia had given way. It also occurred to him, whether some of the rotators outwards had not been ruptured; but that of course could only be conjecture. The case went on very satisfactorily. Rest was the only treatment adopted, and that had succeeded. The patient had gone to the Convalescent Home, and he was now able to walk about with a strong stick. He had not seen him for a week or two, but when he left hospital, he was gradually regaining power in the ruptured muscles of the hip. The President's case, and also the one he (Dr. Barton) had alluded to, together illustrated the rupture or injury of muscular structures about the hip, and he thought showed that it could occur in different degrees, and that, perhaps the muscular structure was also more or less engaged as well as the tendon. In Dr. M'Donnell's case, it appeared that the tendon was more directly engaged; but of course they had not the advantage of a demonstration on that point. It might be that the muscle was considerably torn in the first instance also. In his (Dr. Barton's) case, the ecchymosis was evidenced afterwards by the discolouration, which had been gradually and slowly absorbed. He felt that the Society was very much indebted to the President for bringing forward his case, which was one of great interest.

Dr. MAPOTHER said he had listened to the account of the President's case with very great interest indeed. It seemed to him that the President had admirably described the mechanism of which the accident had occurred. He had also shown that the position of the man at the time was a very unusual one; otherwise, they might suppose that the gluteus maximus, which was enormously developed in the human subject, for the purpose of preserving the erect position, would be more frequently ruptured. He thought, as the President mentioned in the detail of his case, the absence of ecchymosis in the ridge or near the great trochanter which the President had described, would seem to show that it was formed by the ruptured tendon. There was no doubt, that during life, tendons ruptured much more frequently than

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The PRESIDENT—Pardon me. There was extensive ecchymosis.

Dr. MAPOTHER—But still, there was a ridge.

The PRESIDENT—Yes; a distinct ridge.

Dr. MAPOTHER continued to say that ruptured tendons were much more frequent during life, while after death, on the contrary, muscles gave way very easily. It was an interesting fact worth mentioning, that at the time of death muscles gave way just at the point of junction between the tendon and the muscle. He remembered reading of a case in the reports of the Surgical Society for about the year 1840, of rupture of the long tendon of the biceps, described by Dr. Bellingham. It was considered a most unusual occurrence at that time, and in that case there was an absence of rheumatic change in that tendon. The accident occurred in a young man, and was caused by sudden concussion. As to the accident mentioned by the President, in which he said he hoped for the union of the divided tendon, the prospect of that appeared to be not very favourable. It was not likely that any extensive fibrous matter would be thrown out to unite the fibrous tendon. He happened to know twelve or thirteen years ago, of a case of rupture of the tendon of the quadriceps muscle above the patella. That occurred as a gentleman was walking down high steps. They knew, as in Dr. Douglass's case, that generally in those cases the fall was backwards and not forwards.

Dr. HENRY KENNEDY said that in the course of his life he was cognisant of three cases in which it was said that the plantaris had given way. It was remarkable about those cases that the persons were young, and the accident occurred while they were dancing. They had the idea that they were struck from behind—rather an unpleasant idea, especially when there was a person standing close beside. In those cases the recovery was exceedingly slow. With one of those cases he had a great deal to do, and he certainly recollected that the strapping treatment gave most labour, and that it occupied many weeks before they recovered. The accidents were referred to the gastrocnemius muscle, where the muscle became tendinous. It was more probable that some of the fibres of the gastrocnemius had given way. Might he allude to an accident which occurred to a famous dignitary of our own city? In that case he believed that the muscle separated from the tendon above the patella on both sides. On one leg the accident was very severe indeed, and this leg is very much worse than the other. It was exactly such an accident as the Presi-

dent had so well brought under the notice of the Society that evening.

Dr. BIGGER remarked that there was one point in the case brought forward, which would receive a curious illustration from a circumstance which occurred in the practice of Mr. Carmichael. A man who had an aneurism of the gluteal artery sat down upon a knife, and the knife perforated the artery. He was not sure whether the case was published or not, but he was sure that certain circumstances of it bore out some of the points mentioned by the President. After that man was operated upon and the artery tied, and after he had recovered from the injury, he, for a very long time, dropped all his toes, and had very great difficulty in trying to walk. He (Dr. Bigger) did not believe in that case that any nerves of any size were injured, but pressure on the sciatic nerve might have caused the inability to raise the toes of which he had spoken. The patient recovered perfectly, however, after several months.

Dr. CHARLES BENSON mentioned a case of what at the time he believed to be a rupture of the plantaris which occurred to himself one day. He was walking quickly along one of the by-streets of the city, when he thought he felt a blow at the back of the leg, which he was quite sure had been given by a stone or a stick, and he looked about to see who had struck him, but he could not see anyone. He at once concluded that his plantaris was ruptured—an injury he had so often read of and had sometimes seen. He called a cab and returned home as quickly as possible, and, as well as he could, and laid himself up for, as he supposed, a very long nursing. He had crutches for moving about, and had his leg bandaged up carefully. The blow felt pretty high up—certainly about midway between the heel and the ham. He was greatly delighted, however, after four or five days—certainly before the end of a week—on trying how he could walk, to find that he could do so as well as ever. There was scarcely the slightest inconvenience, so he concluded that the plantaris could not have been ruptured. He was sure it was such a case as the President alluded to, where some of the fibres of the gastrocnemius muscle—some fibres of that kind had been ruptured, probably high enough up to be at the part where the muscles and the tendon unite. Some of the fibres in that place gave way probably, and most likely it was only the tendinous fibres next the muscle. There was no appearance of extravasation and ecchymosis observable in the part at the time, and he was greatly delighted that the alarm which he felt was perfectly groundless.

Mr. B. WILLS RICHARDSON had really nothing to say, except to confirm the observation of the President as to the remarkable condition of the patient—at least, he (Mr. Richardson) only saw him at a late period after the accident. The gluteus maximus was much wasted, and the leg was in that peculiar condition to which the President had alluded. He (Mr. Richardson) had no doubt whatever that rupture had taken place in the gluteal region, and, as the President saw the case not very long after the accident, and, from his description of the ridge that corresponded to the tendon, he (Mr. Richardson) could only conclude that the rupture must have been in that locality.

The PRESIDENT said, in reply, with regard to the observations of Mr. Croly about the paralysis depending upon some rupture or injury to the nerve, he could not adopt that view for the reasons he had already given. He thought that if the nerve were in any degree torn, or blood effused into its texture, at the time of the injury, as it was a compound nerve with both motor and sensitive fibres, they would expect to find some paralysis of sensation in the lower limb, as well as some paralysis of motion, while there was nothing of the kind. Naturally, the first thing that occurred to one was that the nerve might be lacerated or stretched. At the same time he observed that not only were the tactile and thermal impressions of the lower limb quite unaltered, but that tickling of the sole produced reflex movements of the muscles. Therefore, taking into account that they had the tactile and thermic impressions quite untouched, as well as the reflex phenomena quite vigorously produced on tickling the sole, he thought they must regard it as one of those forms of reflex paralysis which they knew sometimes occur. Sir James Paget had given some cases in which a severe contusion had been followed by paralysis of muscles in the neighbourhood. He (the President) thought that the case he had related must be a case of that kind. They knew that the nerves and blood-vessels were capable of undergoing a great deal of extension without giving way. Dr. Barton had detailed a very interesting case, although he (the President) could hardly regard it as exactly in the same category of cases as his; Dr. Barton's case was one of contusion more than pure rupture. It was not improbable that some of the fibres might have been torn in the process of the contusion of the limb, and the ecchymosis might be due to that. He (the President) quite agreed that these things must be very much matters of degree, and hence it was that it was impossible to speak positively as regards the prognosis in these cases. Tendons might be torn more or less completely, and a few fibres remaining holding the ends of the tendons in tolerable apposition with each other, would make the case much more hopeful for recovery. He had seen one case of rupture of the tendo achilles in which the rupture was where the tendon was narrow, was quite complete, and where the forefinger could be sunk in between the ends as distinctly as when it is divided subcutaneously by the tenotomy knife. In another case, higher up this was not so distinct; and, in a third which came under his observation, it was obviously at the connection of the tendinous part with the muscular. In that last case there was excruciating pain; the muscles seemed to have been thrown into a state of spasm. The patient in that case was a gentleman, who received the injury at Lansdowne Road railway station, and had to walk a considerable distance before he could get a cab. For some days the spasm of the muscle was extreme; there was cramp accompanied by violent pain, which engaged that part near the junction of the muscle and tendon. It seemed to him that those cases varied very much; they must regard them as differing in degree and differing in the localities where they were likely to occur. With reference to what Dr. Benson and Dr. Kennedy had said, the observations were very much to the point. They knew that the accident was particularly likely to happen in dancing, and John Hunter met with it in this way. Monro, in his interesting account of it, described the curious sensation of having received a blow or a kick, and also of the heel having gone down through a hole in the floor. The sensation of having received a blow was so common, that a person had turned round and struck the person behind him because he thought that person had given him a kick. Upon that point Dr. Benson's own case was one of peculiar interest. He (the President) had seen cases where he had very little doubt about pronouncing them as ruptures of the plantaris, but he admitted that the diagnosis had not been verified by dissection. He thought they must conclude from the excellent practical observations of Dr. Benson, that his case was merely a rupture of the fibres in that locality, giving rise to the supposition that the plantaris had given way.

Dr. L. BIGGER then exhibited

A NUMBER OF SAWS FOR USE IN AMPUTATIONS, ETC.,

and said: In presenting for the consideration of the Society a new form of saw to be used for the removal of portions of the skull, he did not wish to throw any slight, or derogate from the merits of instruments for similar purposes which have preceded him, for all have their merits, and in particular cases there is hardly one which has not its own *peculiar* merits. The old trepan was a wonderful instrument for its time; but the saw being circular, and considerable force being required to impel it through the bone, it was dangerous, and might inflict the very injury it was intended to remove. Then it was improved by a centre pin, which formed a centre fulcrum, round which the saw worked with greater steadiness and certainty, and which pin could, by a contrivance in the handle, be gradually withdrawn as the saw cut deeper, so as not to drive the circular cut portion down on the brain. Surgeons even at a very remote period felt that practically they were not satisfied with the working of these instruments, and various attempts are to be found in the records of ancient armamentaria, of very near approaches to the short saws brought into use by that excellent surgeon, Mr. Hey, of Leeds. He, practising in a district where powerful machinery was continually causing fearful fractures and injuries, felt that the trephine was not always competent to fulfil the intentions of the surgeon, and he designed the saws known by his name. Now this little saw was a manifest step in advance, and was warmly hailed by practical men, because it could effect purposes which the trephine could not, as in severing the base of depressed angular fractures, making simple incisions through bone to evacuate blood, or fluid, &c. Very little advance was made from this time, though he saw in Paris some instruments of a very complicated nature made to cut through the skull by

means of a wheel-saw cutting on edge, the entire ponderous instrument being prevented from giving undue pressure by being supported by a jointed leg, applied to some sound part of the head. The name of the inventor had escaped his memory. The saw now presented, he hoped, would make one little step further in this branch of surgery, for it can do more than the trephine, and it can do everything that Hey's saws could do with greater facility, and enable the surgeon to remove a portion of bone, because it can more readily detach the entire piece. The instrument is nine inches long, having a handle borrowed from the horseman's dagger, revolving on an octagon, which can be securely fixed in any desired position by a thumbscrew—this portion is four inches. A polished steel cylindrical shaft, four inches long, proceeds from this, terminating in a rifled elevator. Between this and the shaft the cylinder is made a little bulbous and hollow to contain a spiral spring, which can be retracted by a very minute button. Easily acted on by the thumb-nail, this withdraws or protrudes a steel pin, which passes at will through an aperture in a stemmed cramp, which is crossed by another aperture at right angles, so as to permit it to rotate, or become fixed in four positions. The saws, of nearly the form of half a crescent, are little more than half-an-inch in breadth, and 1¾ inch long, with teeth on both sides, cutting both on the convex and concave sides, and are secured in the clamp by a thumbscrew passing through an aperture in their centre. When the saw is fixed straight in the line of the handle, it can be used as Hey's saws, and possesses much more power from the good grip on the handle. As soon as it has perforated the bone at any point, the saw is made to turn laterally, and locked by the spiral spring, and thus a new power comes into play. The saw-point is passed into the aperture, and an immense lever power is gained by a hinged cushion of vulcanised india-rubber, each half of which is about an inch in thickness, with a semicircular groove in each part, lined with a half section of brass tubing, in which the steel shaft of the saw is placed, and by lateral action on the strong handle with one hand, whilst the other presses firmly on the closed cushion supported on the head, the inner or concave saw-edge is made to work, cutting the bone with the greatest facility, in the direction of the first cut. Another cut, at an angle with the first, with the same secondary manœuvre, will divide the bone clean to the angle, and perpendicular to the surface. A third cut will free a triangle of any form the operator may wish, and which, being perfectly free, is easily removed without any danger to the structures beneath. The value of the perforated cushion is that it gives a firm *point d'appui* to work the saw on, and in case of an angular or branched fracture of the cranium, the saw can be used through it to cut across the base of the fracture without exercising any undue pressure on the part where the saw is working. The advantages derivable from this saw may be shortly stated, viz., that by a simple incision it can liberate blood or any other fluid effused. By an angular one of any length cut without pressure, it can do the same more effectually, and give room for searching over a considerable space. The cutting with the concavity of the saw, raises, in place of depressing, the bone. The sections can be made quite perpendicular to the surface. The handle revolves to suit convenience, and fixes firmly in any position. A long acute triangle will fill up with bone—as happened in the practice of the author—a circumstance which never happens in trephining, although there is an attempt, nor in removal of large portions of bone approaching the form of the equilateral triangle. This saw, although specially designed for cranial sections, will act well in the removal of sequestra from the long bones. [At the request of several members of the Society, the action of the saw was shown by the author.]

Dr. BIGGER also placed before the Society some saws, which he had previously shown, for amputation and resection, and showed their working. He also showed an Archimedean drill, which he had found useful in perforating into the mastoid cells, which acted well, very similar to a smaller and less powerful instrument used by dentists.

The PRESIDENT thought the saw shown by Mr. Bigger a very ingenious instrument. It had the immense merit of being simple, and capable of having great power brought to bear upon it. With reference to circular saws, he might remark that that made by Charrière, and which consisted of a series of wheels, was a perfectly useless toy. Most circular saws failed from our not being able to apply sufficient force to them. The saw shown by Dr. Bigger seemed capable of being applied with sufficient force.

Mr. O'GRADY said that the most satisfactory test would be for Dr. Bigger to remove a portion of a skull that he would mark with ink, in the presence of the Society. They were all more or less acquainted with the working of the trephine; but the mode he suggested would be a practical way of showing the working of Dr. Bigger's saw.

Mr. CROLY said that the saw called by Dr. Bigger, Hey's saw, was not Hey's saw at all, but was one that Hey gave the credit of to Mr. Cockle, of Pontefract. One of the other short-bladed saws shown by Dr. Bigger, was in reality Scultetus's saw, whose name Hey mentions in connection with it.

Dr. BIGGER.—Is not the saw shown by me as Hey's saw, the one adopted by Hey?

Mr. CROLY admitted that it was. With reference to the first saw, it was an extremely nice instrument. He remembered hearing of it often, but had never had the pleasure of seeing it before that evening; but of course he would like to work it on a bone before he would express an opinion as to its being better than the others in use. He thought the one intended to act as a trephine was also a very ingenious instrument, but there was one point that he was sure must strike any one in connection with the use of the last-named saw, and that was that the size of the piece of bone to come out must greatly depend upon the extent of the injury. They could take out a nice little bit of bone and say that the periosteum would not be disturbed, when they knew that must be dependent on the cause or nature of the injury, and where the pericranium was detached to a great extent, and where they had to get in an elevator, they could not cut out a piece of bone so as to suit the saw. It was a very ingenious instrument, and he had no doubt it would be useful in another case.

Mr. RICHARDSON inquired what Dr. Bigger claimed as his own invention in the case of the amputation frame saw.

Dr. BIGGER said, the form of the instrument altogether.

Mr. RICHARDSON said that the frame of the saw was illustrated by Ambrose Parè, and by Scultetus, but the arrangement of the handle was different. With reference to the bit and brace alluded to by Dr. Bigger, it should be recollected that the old trepan was frequently worked as a bit-and-brace, and it was given up on account of its danger. He had himself illustrated (in the *Dub. Hosp. Gazette* for February 1, 1857) an Archimedean drill for perforating bone. It was almost identical with the one exhibited by Dr. Bigger, but had a small fly-wheel for rendering its action more even and steady, in, for instance, drilling the tibia to discharge an abscess.

Mr. F. T. PORTER asked Dr. Bigger if he had tried that instrument in disease of the antrum?

Dr. BIGGER.—I have, once, and it acted well.

The PRESIDENT agreed with Mr. Richardson there had been a good deal of claim for novelty for surgical saws which had long been in use, for instance, by ivory turners, for cutting round corners, and so on. He thought Dr. Bigger should rest his fame on the saw which was apparently a modification of Hey's saw.

Dr. BIGGER said that saw gave the surgeon the greatest posssible modicum of power that was attainable.

Some of the members having witnessed the working of Dr. Bigger's saws,

The Society adjourned.

Legal Intelligence.

KILKENNY ASSIZES.

PROSECUTION OF A QUACK.

PATRICK HAYNES, aged 85, evidently of the farming class, and who has distinguished himself in the county Kilkenny as a bone-setter, was indicted for having caused the death of Patrick Keys by negligently attending on him and negligently prescribing for him while he (the prisoner) acted in the capacity of surgeon.

It appeared from the evidence that the deceased fell out of a cart and injured his right arm. A day or two after, the arm became inflamed, and he went to the prisoner, who prescribed for him. The accused made some kind of mixture with tar and pitch, placed an iron in the fire, and, when it was heated, drew it through the tar,

He then wrapped a bandage containing the tar tightly around the deceased's arm until it caused him pain. The bandage was left on for several days, until the deceased almost lost the use of his arm, when his wife loosened it. The accused was then informed that Keys was suffering greatly from the plaister, and he ordered it to be taken off and the arm to be then bathed in spring water, and some bandages with cream on them to be wrapped around the arm. The hurt was almost confined to the elbow. Previous to the tar bandage being taken off, his hand became greatly swollen, and his fingers were swollen almost as large as a hand.

Dr. P. Philips deposed that he had held a *post-mortem* examination. Death was caused from mortification. From the wrist up to the shoulder was a mass of mortification, the arm was a black mass of mortified flesh from two inches above the wrist to two inches above the shoulder. The man had died from blood poisoning. Witness was of opinion that the tar over the inflamed part of the arm brought on mortification.

The case for the prisoner was that he had frequently treated in a similar way similar injuries with success, and that the deceased had died from internal hæmorrhage and bad care on the part of his family, his wife having admitted in evidence that she had given the deceased, while he was in fever, two noggins of whisky.

His Lordship, in summing-up, said that the prisoner was in no worse position than if he were a licensed physician in place of a quack on his trial for negligence. The main question for the jury to try was, Was the prisoner possessed of scientific skill which entitled him to have undertaken the charge of such a case, or was it a case of a man undertaking an important function without the slightest knowledge of its duties? The treatment to which Keys was subjected was ridiculously absurd, and they did not require any medical man to tell them that. It was the most dangerous treatment that could be resorted to, and increased the inflammation that had already set in. He hoped that, whatever verdict was returned, the people of Ireland would refrain from having recourse to these quacks. He believed that there was not another country in the world where better ability and skill in medical attendance was obtainable for the people than in Ireland. The poor had the dispensaries, where there were doctors, all over the country, living a life of slavery for a miserable remuneration, and who brought skill and honour to the treatment of each case. Why these people ran after bone-setters was beyond his comprehension.

The jury found the prisoner not guilty.

Dr. Watelet communicates a paper to the *Bull. de Therap.* on this subject: "Accidents following the Administration of Salicylic Acid." The details are given of two cases of rheumatism treated by salicylate of soda, one of which was followed by gangrene of the lower extremities, and both by cystitis, obstinate constipation and coldness of the extremities. In the same journal M. Byasson writes upon "The Action of Salicylic Acid on the Urine." Salicylate of soda, he says, appears in the urine 25 minutes after it has been taken into the stomach, as can be proved by the perchloride of iron test. A dose of 3 grammes is eliminated in between 36 and 40 hours. In its passage through, a portion is eliminated unchanged, the remainder is transformed into salicine, salicyluric acid, and probably oxalic acid. The first urine passed several hours after taking 2 or 3 grammes of salicylate of soda deviates the plane of polarisation to the left; this deviation is due to salicine. Salicylate of soda augments the proportion of the azotised substances and uric acid in the urine.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 20, 1878.

THE ABUSE OF LIQUID FOOD IN THE TREATMENT OF DISEASE.

There are certain habits which, from long custom, old associations, or preconceived opinion, we find much difficulty in giving up, or the propriety of which we seldom think of questioning. Perhaps the habit of giving liquid food in fevers and other diseases is one of these. In our opinion, it is one of those habits which, notwithstanding it is supported by the prescription of ages, and by many great names, has been greatly abused. How often is the invalid persuaded to take plenty of beef-tea, and other fluid nourishment, in place of more solid and palatable food! How often is solid food withheld from him, under the idea that his stomach cannot digest it, or that it will be rejected, or that it will be too stimulating and productive of pyrexia, or act as an irritant, and give rise to some reflex derangement of the system! There are, however, some signs of this routine practice being partially given up, or at least of its not being resorted to so indiscriminately as in former times. We all know how long it was the custom of the profession to keep the lying-in woman for a whole fortnight upon nothing but gruel and other slops. We now know that this class of patients are allowed a more liberal diet, and that, if all goes on well, there are few accoucheurs who will hesitate to give their patients a chop, or a little boiled mutton, on the third or fourth day. Nor do we ever hear of any inconvenience resulting from this change of practice. On the contrary, the patient's appetite and digestion are thereby improved, she gains strength faster, and her convalescence is much more speedy and pleasurable. Again, very recently, Dr. Turney has even been advocating the use of solid food in typhoid fever; and, although our readers will not be surprised that such

a practice has been severely criticised by Dr. Dyce Duckworth in the columns of the *Practitioner*, we find that in the last number of the same journal, the practice is defended by Dr. Samuel Peters, of Cohoes, N.Y., who states that his experience coincides exactly with that of Dr. Turney. "Over and over again," he says, "I have found that the ingestion of tender meats, or bread and milk, has exercised a beneficial influence on the disease, moderating the diarrhœa, moistening the tongue, restoring consciousness, diminishing heat, &c." He observes that Liebermeister, in Ziemssen's Cyclopædia, argues against the use of proteid compounds in large quantities, but does not condemn them. He also cites one of his own cases—"a type of hundreds that could be cited—" in support of his views. Now, in a question of this kind, we attach very little importance to the opinions of one man, unless they are supported by the experience of many others; still less importance do we attach to one case, or even a dozen cases, but leaving typhoid fever out of the question for the present, there appear to us many reasons which should induce the profession to prescribe solid or semi-solid food more frequently than they are in the habit of doing.

Without appealing to actual experience, we may remark that there are certain physiological considerations which in certain cases should justify our preferring solid to fluid nourishment. Our knowledge of the physiology and pathology of the human frame has made great strides within the last half century, and many practical facts and clinical suggestions are to be found scattered in the pages of the treatises that are devoted to the consideration of those subjects. But we have often thought that our physiological knowledge is not turned to so good an account at the bedside as it might be, and that while we have been burdening the memory with the more minute and theoretical details of that science, we are apt to forget those facts which are more directly applicable to the treatment of disease. With regard to the present question, it should be borne in mind that the fact of certain fluid foods containing a large quantity of "nourishment," of the "real essence" of this or that meat, as people say, is no proof that such food is more capable of fulfilling the object for which it is given, than more solid food would be. The two great factors of digestion and assimilation are to be taken into account. It is generally admitted, that independently of a due adjustment of the albuminous, oleaginous, saccharine, and saline constituents of food, man requires that these constituents should be drawn not from one, but from different kinds of food, and that his diet should be a mixed one, not merely in respect of its proximate constituents, but also in respect of the substances themselves from whence these constituents are derived. Were a man fed long on one particular kind of food his appetite and digestion, and consequently his health, would completely fail from an actual disgust to his monotonous diet, even though it contained a due proportion and quantity of all the constituents above mentioned. There seems to be, therefore, in man a natural craving for a variety in his food, a craving which may even be said to show itself in young children soon after they have begun to cut their first teeth. Now when a patient's diet is for the most part limited to fluids, however rich in nutritious elements they may be, it is impossible to supply such a variety of palatable food as could be done by prescribing more solid nourishment. Consequently the patient takes an aversion to it, an insufficient quantity is taken, and, as if the stomach rebelled against this sameness of food, neither is its digestion or its assimilation so perfect or easy as it should be.

But the most important physiological consideration which should prevent the practitioner being too liberal in his allowance of fluid nourishment is the fact that a certain *bulk* in the food is as necessary for healthy digestion, as the presence of the nutrient principle itself. The Kamschatdales, observes Dr. Carpenter, are in the habit of mixing earth or saw-dust with the train-oil on which alone they frequently live. The Veddahs, or wild hunters of Ceylon, on the same principle, mingle the powdered fibres of soft and decayed wood with the honey on which they feed when meat is not to be had, and on one of them being asked the reason of the practice, he replied, "I cannot tell you, but I know that the belly must be filled." It is further shown by Dr. Beaumont that soups and fluid diet are not more readily chymified than solid aliment, and are not alone fit for the support of the system. The physiologist we have quoted does not enter into the reasons why a certain bulk or consistency in food should be necessary to its thorough digestion, but the fact is not difficult to account for, and its explanation furnishes another argument in favour of prescribing in many cases solid in preference to fluid nourishment. It is well known that the secretion of a due amount of gastric juice is a *sine quâ non* of healthy digestion, and that this condition is itself very much dependent upon the stimulus which the presence of food in the stomach gives to the nerves which supply that organ. This secretion is partly in fact a reflex act. Now, it is only reasonable to suppose that the irritation excited by the presence of food in the stomach will not be so great when the food is in a liquid state, as it would be were it administered in a solid form, and consequently, while the fluid food may contain quite as much albuminous matter, and require for its digestion quite as much gastric juice as the solid food, the quantity of this juice may, from the stimulus to secretion being less, fall short of what is necessary to perfect digestion. Besides, it cannot be denied that those churning movements of the stomach which take place when solid nutriment is taken, have a very important share in the digestive operation, that the effect of these peristaltic movements is to bring every portion of the food into contact with the secretions of the stomach, and even to promote the flow of those secretions, and that they chiefly or only take place when the food is of sufficient bulk or consistence as to form a sort of *point d'appui* for the coats of the stomach to work upon. At all events, whatever advantages arise from these churning movements of the stomach, it is evident that they will not obtain to the same extent when the contents of that organ are of a fluid nature, and when, in consequence of the rapid absorption of the fluid, the bulk of the residue is insufficient to excite the movements above-mentioned. These considerations, therefore, are enough to account for the instinctive desire in man to fill the stomach with food of a more or less bulky nature, and for the fact that a certain consistency in the food is an essential condition of good digestion. But there are still two or three other

points to which we would draw attention. There is the great fact that Nature rarely or ever supplies the food of either animals or plants in a concentrated form. She leaves it to the digestive or absorbent organs of the plant or animal to extract out of various heterogeneous and bulky substances such aliment as is best fitted for their healthy life and growth; and it is doubtful whether a principle which, in the case of health, obtains so universally in nature, should be wholly ignored in the case of disease. Then it is questionable whether the rapidity with which the more fluid kinds of food are absorbed by the veins of the stomach does not hinder the albuminous or gelatinous materials of which they are so largely composed being submitted to that action of the gastric juice, in virtue of which these subtances are reduced or lowered in their chemical composition, and are converted into a low form of albumen termed *albuminose*, or *peptone*. That this conversion of albumen into albuminose is essential to the due assimilation of the food is shown by the experiments of Bernard, who found that albumen dissolved in water and injected into the jugular veins was always secreted in the urine; but if, previous to injection, it was mixed with gastric juice no trace of it could be detected in the urine. It is, therefore, not unreasonable to assume that when large quantities of fluid nourishment are administered much of its albuminous constituents escape this action of the gastric juice, and, although the liver, which also plays an important part in rendering albumen assimilable, may partly fulfil a function which the stomach has been unable to perform, it is only at the risk of the functions of that organ being overtaxed, and the albuminose not being properly formed and assimilated.

Such are some physiological reasons why the medical practitioner should seldom administer large quantities of fluid nourishment when more solid food can be tolerated, and we regret that want of space forbids our going further into a subject which does not seem to have received so much consideration as it deserves.

THE OVERWORK OF EDUCATION.

The latest office requirements of the London School Board, backed up by the Educational Department of the Privy Council, appear, if we may judge by the numerous letters of complaint in the daily papers, to have been the last straw that has broken the backs of their teachers. However indisposed we may feel to assist in these complaints, it will not be denied that the amount of extra work demanded of this body of public servants is not only of a most harassing nature, but as unnecessarily tending to increase expenditure, which must eventually fall upon the already overburdened taxpayer. From a medical point of view we may say that the fussy kind of clerical work thrust upon teachers is calculated to impair health and destroy the mental faculties of those who are called upon to render accounts without number. It has frequently of late been urged upon the notice of the School Board that health and education do not go as they should hand-in-hand together. The more serious blot on our educational system is, however, partially due to the fact that the building up of the brain and preserving the body in health and vigour is no part of anybody's business; far too little consideration is bestowed upon the physical condition of the young; how surely the work of education may proceed is quite enough for managers of School Boards. Dr. Richardson quite recently endeavoured to place the neglect of health prominently before those whom it may concern. He observed: "We think it cruel to put a young horse into harness and make it work whilst it is growing, but in the case of a young person, we think it a mark of genius and ambition to be commended." He might have put in a plea on another point of scarcely less moment, and thereby have made it more apparent, that the young of the human species are placed at a far greater disadvantage as compared with that of the horse. In the case of the horse, the greatest possible care is bestowed on breeding, and to ensure the survival of the fittest care is taken to breed only from the healthiest stock, so that neither hereditary diseases nor vices may be transmitted. On the other hand, a large portion of our children are the offspring of diseased and vicious parents, are born to all the ills that flesh and blood are heir to. Nevertheless, it is attempted to enforce the same educational standard on all children alike, upon the weak and sickly as upon the healthy and robust. So little attention is given to this important subject that no one conversant with our system can be surprised that, as a rule, the weakly and sickly go to the wall, whilst the healthier, and, possibly the sharper-witted, are made much of, crammed to do show work because it pays. In truth—the teacher is tempted to neglect his duller and more troublesome scholars, those who really need the most care and supervision, and to devote himself chiefly to those who will most easily earn the "grants"—but in the end both pupil and teacher pay the penalty in loss of physical and mental power.

In the particular instance of the teacher the first requisite of success "is to be a good animal." A moderate share of success in any walk of life, is hardly to be achieved without an average amount of good health; and the question is, will either the pupil or the teacher under the present system of education become a good animal and achieve a solid and lasting success? We will endeavour briefly to answer this question from the teacher point of view. We gather the work of the teacher under the new regulations appears to be of a dual nature, combining that of the pupil and teacher in one person. Teaching and learning is carried on concurrently from morning to night, from week's end to week's end. Work begins at nine in the morning, and continues until noon, when a brief interval is allowed for a hasty meal (taken generally in bad air); at one or two it recommences, and it is not suspended before four or five o'clock, when another short interval of rest occurs; after which, the whole evening is devoted to the preparation of work for the next day. A further serious demand is made upon the teacher, encroaching on hours that should be given to rest and sleep; for certificates of the attendances of scholars must be prepared and ready for the board of guardians, as well as duplicate registers for school-board visitors; together with quarterly returns of averages to the school board, making up of childrens' books, adding to each a copy of certificate of birth or registration in case of new comers, and further certificates of general

proficiency on leaving the school. To all this must be added a particular kind of information demanded by school-board visitors as to children playing truant, leaving school, irregular attendances, circumstances of parents, &c., together with a full report of all children above five years of age who are attending or have attended school, and the sum total of attendances of all the pupils during the year. If this round of work is not designed to break down the brain of the strongest human animal, it is certainly a test of the power of endurance of which the strongest amongst us may justly complain, and against the strict enforcement of which we would venture to protest.

THE COMING MEDICAL REFORM.

It may be easily conceived that the profession has been anxious to learn the nature of the Bill which the Duke of Richmond has notified his intention of laying before the House. It was evident from the speech of the noble Lord that the measure would be a much larger reform than had been supposed, and that the Government fully intended to deal with medical reform on its own responsibility, and without much regard to the opinions of the profession. During the past week the greatest reserve has been observed as to the nature of the measure, and its provisions have only been laid before a few individuals, who were given to understand privacy was expected. Nevertheless, it is positively stated in London that the Government has decided upon enforcing in Ireland and Scotland a conjoint examination similar to that now in course of consummation in England. This will, if true, be serious news for the Queen's University and the Scotch colleges, who have to anticipate being dragged up to the level of the English co-operating bodies, and whose diplomas will thus lose the attractions of cheapness and brevity of curriculum. On the other hand, it will be equally weighty tidings for the Dublin lecturers, because the assimilation of curricula will inevitably cut down by one-fourth the number of lecture certificates required for Irish diplomas. The Medical Council has not been asked its opinion upon the movement, but it has already expressed and reiterated its opinion in favour of uniformity of conjoint examination throughout the kingdom, and in favour of a greatly curtailed curriculum of lectures; and it must, therefore, approve of the measure when the time comes for it to give utterance to its views. It is to be presumed that the Bill will legalise foreign degrees, as was promised last year when the question was mooted in the French Chamber, and this, of itself, is a move in which professional interests are deeply involved. Lastly, it may, perhaps, contain a clause to establish a registration of dental practitioners—the purpose which Sir John Lubbock is endeavouring to obtain by means so objectionable. We shall, of course, inform our readers of the nature of the Government Bill at the earliest moment that it can be obtained.

In St. Petersburgh, according to the last weekly return, the death-rate reached the extraordinary figure of 62 per 1,000 of the population, the highest rate ever known. This is a higher rate, by 100 per cent., than any other European city, Rome, Munich, and Naples excepted, which stand respectively at 42, 43, and 45 per 1,000.

Notes on Current Topics.

Sensational Therapeutics.

According to a statement in the *Gaz. des Hôpitaux*, No. 92, 1877, we are seriously asked to believe that Dr. Liron has treated successfully three cases of acute articular rheumatism by the subcutaneous injection of about 20 drops of cold water in the vicinity of the affected joint. It is also stated that the plan was originally suggested by Potain, and more recently recommended by Dieulafoy. Such is the astounding announcement which is made in a respectable foreign journal, and which has also found its way into one of our own journals especially devoted to the subject of therapeutics. The credulity of the public is a frequent subject of conversation among those who are not inclined to believe all they hear, but we often think that scientific credulities, and especially the credulity of medical men, sometimes equal anything that happens in connection with fortune-telling, spiritualism, and other delusions. To suppose for one moment that the injection of a few drops of cold water will cure a severe disease, which unquestionably depends upon a well-marked disordered condition of the blood, seems to us a belief that could only arise from the grossest ignorance or simplicity. There are a few functional nervous disorders in which a slight impression made upon the peripheral nerves, and upon the imagination of the patient, may arrest the symptoms to which those disorders give rise. But acute articular rheumatism is a disease of quite another kind, and is no more likely to be cured by injecting beneath the skin a few drops of cold water, than by the external application of a piece of metal, or the employment of those charms which the savage believes to be so effective in curing all kinds of distempers. It is impossible to think of any way—of any *modus operandi*—in virtue of which such a plan could possibly cure such a disease as we know acute rheumatism to be. There is no imaginable effect of this treatment that can either counteract, or eliminate from the system, that morbid condition of the blood on which this disease undoubtedly depends; and a very large number of alleged cures would have to be brought forward, before we could think such treatment deserving of the least consideration.

And let us ask our readers—let us ask the profession—if this is the way in which we hope to advance the science of therapeutics? Over and over again we read in the columns of the medical journals statements which, although not quite so wild and fanciful as that to which we are now drawing attention, do not fall far short of it, with respect either to their credibility or the confidence with which they are made. A certain remedy, potent or not, it does not much matter, is tried in a few cases of some kind of disease, and because the case terminates favourably, it is concluded that its successful issue is to be attributed to the effects of the remedy. When people are to be found who will put faith in the therapeutic efficacy of a few drops of cold water, we need scarcely wonder that some new petty remedy is constantly cropping up, only to fall into disuse, and to be succeeded by some other remedy equally worthless; so that we may still say of practical therapeutics what Bacon said of medicine three hundred years

ago, namely, that "it is a science which hath been more professed than laboured, and yet more laboured than advanced; the labour having been, in my judgment, rather in a circle than in progression."

Medical Prescriptions.

THE *Monthly Magazine of Pharmacy*, &c., very properly draws attention to the careless manner in which medicines are often prescribed. The carelessness which is constantly evinced in this department of medical practice is, we are told, becoming greater and greater every year. Prescriptions are usually written in Latin, not in good, plain, elegant Latin, but in a kind of abbreviated dog Latin, which in nine cases out of ten would be perfectly unintelligible to an inhabitant of ancient Rome. Then the great liability of a bad writer to mislead the dispenser, is to be taken into consideration. A few flourishes of the pen in the hand of a nervous man may easily convert bicarbonate of potash into bromide of potassium, or dilute hydrochloric acid into hydrocyanic acid. The use of contractions is especially dangerous; for instance, we have before us a case in which a bad abbreviation employed for hydrate of chloral, was read by an apothecary's assistant to mean calomel (chlor. hydr.), and the results may be easily imagined.

Our contemporary is quite justified in making these complaints, and we quite agree with him that if the medical practitioner could be induced to write his prescriptions with greater care and preciseness, a vast amount of unnecessary trouble and anxiety would be taken from the shoulders of the dispenser. The chemist should not have to "weed out errors in physicians' prescriptions, nor to feel a twinge of conscience every time he dispenses a medicine, that he may possibly have done something wrong, and by no fault of his own." There appears to us two great reasons why we should be more than ever careful in this matter of writing prescriptions. For, in the first place, the handwriting of medical men is, as a rule, notoriously bad; and, in the second place, the habit of writing prescriptions, instead of dispensing their own medicines, is now extensively adopted by general practitioners. The remark, however, of our contemporary with regard to writing prescriptions in Latin, is only applicable to the names of the drugs prescribed, inasmuch as both the physician and the general practitioner are usually in the habit of writing the directions in English. As regards poisonous or very potent remedies, it would be well if the prescriber were to always write the name of the drug in full, instead of abbreviating it, as is his usual practice, for in that case no harm could be done, or no more than the substitution of one innoccuous drug for another.

Increase of Lunacy in Paris.

A CORRESPONDENT of one of the daily papers says there is at present a marked increase in the number of persons attacked with mental diseases in Paris. All the lunatic asylums are crowded, and new cases are brought before the medical profession every day. It is remarkable that almost all of the unfortunate patients speak of the war in the East, or suppose themselves to be Victor Emmanuel or the Pope. The Eastern question, however, can have nothing to do with the increase of lunacy among the population of Paris, considering how very remotely that question affects the interests of the French nation. The fact is, that the greater prevalence of insanity is not confined to Paris, but is also remarkable in other great centres of civilisation—in the United States, in this country, and elsewhere. It is to be attributed to causes which are, for the most part, connected with modern habits and modern modes of life; but the exact nature of these causes it is not so easy to determine. But of one fact we can be certain, namely, that many of them are avoidable, and therefore, it would be well if the attention of alienist physicians was particularly directed to those causes of insanity which are more especially connected with the social institutions and habits of the present day. The increase of lunacy among a people reflects no credit, either upon the people themselves or their governors; and when this disease has been shown to be unusually prevalent, it is the duty of the State to inquire into the causes thoroughly, and, as far as possible, to put a stop to them.

The Effect of the Contagious Diseases Act on the Health of the Army.

IT appears from the Report of the Army Medical Department, just issued, that the ratio per 1,000 admitted for primary venereal sores into fourteen stations under the Act was only 33, while in the fourteen stations *not* under the Act, the ratio was 82; and for gonorrhœa, while the ratio was but 68 in the protected districts, it was 89 in the unprotected districts.

As usual, venereal disease has mostly contributed to the general amount of sickness; but "it is satisfactory to be again able to report most favourably upon the salutary effect of the Contagious Disaases Acts at Colchester, the only station in the Eastern district where it is in operation." Surgeon-General Watt gives similar testimony with regard to the South Eastern District. "I must," he says, "reiterate my opinion that these enactments exercise a salutary influence on the health of the soldier, a view in which I am supported by nearly all the medical officers in command." In some of the protected places, however, such as at Chatham and Woolwich, venereal diseases have largely prevailed, owing to many of the men having come from unprotected places, and to some going away for a short leave to London and elsewhere. Thus at the latter district we are told that the admissions for venereal disease continued to cause a great deal of inefficiency, being equal to about one-sixth of the entire admissions. At Woolwich, however, great difficulties exist against the better prevention of this evil. Not until all the stations are under the influence of the Contagious Diseases Act, can we expect the beneficial effects of the Act in the protected districts to be so marked as they should be.

On Lying-In after Delivery.

THE *London Medical Record* draws the attention of its readers to an article in the Proceedings of the Medical Society of the County of Kings, 1877, by Dr. Garrigues, on the question, "How Long Ought Women to Stay in Bed After Delivery?" Dr. Goodell was of opinion that women should be encouraged to get up early because

1. Labour is a physiological process, and should not be made to wear the livery of disease. 2. The upright position excites the uterus to contract, and lessens the amount and direction of the lochia. 3. Uterine diseases are hardly known among nations whose women early leave their beds. 4. According to his experience, convalescence is rendered far more prompt and sure. On the other hand, Dr. Garrigues combats these views, and says that the present condition of women is not one of a normal physiological nature, and that flexions may be produced by the flaccidity and weight of the womb before the contractions impede it. Considering also the state of the internal parts after parturition, and the transformation, absorption, and restitution, that have to take place, he is in favour of prolonged rest in a horizontal posture.

We are, however, strongly of opinion that there is a good deal of truth in Dr. Goodell's view on the subject, and certainly it would be worth while to put the question to the test of experiment. The system of rest has been, in these cases, so long and universally adopted in all civilised nations, that it is impossible to say what would be the result of giving the plan advocated by Dr. Goodell a fair and extended trial. With regard to the risk of this method producing flexions of the uterus, we cannot, at all events, say that the present method prevents them, for according to all we hear and see, flexions of the womb appear to be more prevalent at the present day than at any previous period. There may also be much truth in the opinion of Dr. Goodell, that the upright position excites the uterus to contract, and lessens the amount of lochia. His observation reminds us of the many times we have seen the loss of blood in certain forms of uterine hæmorrhage rather lessened than aggravated, by the patient being up, or even gently walking about, instead of being kept to the warm bed in a horizontal posture. In conclusion, we should say that Dr. Goodell's plan deserves further attention from obstetricians, particularly as in all cases in which this plan may be tried, the quantity and quality of the lochia, and other symptoms, would show whether it was doing any harm, and the propriety or not of continuing it.

Siegen on the Utility of Alcohol in Disease.

As our readers are aware, we have taken some interest in the alcohol question, and, therefore, we cannot help drawing their attention to the opinion of an eminent German authority on the subject, and for our knowledge of which we are indebted to the columns of the *London Medical Record*. Dr. Siegen remarks (*Deutsche Med. Wochenschrift*, Dec. 8) that the use of alcohol is still dreaded by many in febrile and other affections as adding fuel to the fire; but he cites several cases showing its utility. One was a case of phthisis, in which the appetite and weight increased, the temperature was much diminished, and a general improvement took place in all the symptoms, under a liberal allowance of beer amounting to about 3 1-5th ounces of alcohol per day. A second case was one of circumscribed peritonitis, following typlitis. There was marked collapse, everything was vomited except wine, and neither morphia nor chloral procured relief. The temperature stood at 40·6 C. (105 F.) Heavy Rhine wine was ordered in large quantities, after which the patient slept for the first time during eight days, and the temperature sank to 38·6 C. (101·48 F.) In three hours alcohol had been taken to the extent of about 5 ozs. For fourteen days nothing but wine was taken, and the patient made a perfect recovery. Other cases are also referred to, in all of which rapid convalescence resulted. Dr. Siegen specially recommends the use of alcohol in phthisis and hæmoptysis. Moreover, in the diarrhœa of children with vomiting, it is sufficient to sustain the system to the exclusion of all other nourishment, and without being vomited, until the inflamed gastro-intestinal mucous membrane recovers its normal function.

Ophthalmic Nostrums.

Amongst an interesting pharmacopœia of quack medicines now in course of publication in the *Chemist and Druggist* we find the following:—

Eye Balsam (Müller, Berlin):—Red oxide of mercury, 5 parts; opium, 3; unsalted butter, 100.

Eye Essence (Romershausen).—A tincture prepared from fennel seeds and fresh young fennel. 250 grammes. 3s.—*Hager.*

Vegetable Eye Balsam (Reichel):—Opium, 5 parts; oxide of mercury, 5; camphor, 2; wax cerate, 52. Four grains in a piece of calf's bladder. 3s.—*Hager.*

Hoffman's Ophthalmic Water (Cologne).—A solution of one pint of sulphate of iron in 50 parts of rose water.

Eye Powder (Laeyson, Paris), also known as Odorous Powder.—For the strengthening, restoration, and preservation of the sight. A powder composed of burnt chalk, 100 parts; ammonia, 50; charcoal, 6; oxide of iron, 2; cinnamon bark, 2.

Eye Salt.—Powdered alum.—*G. Graefe.*

Eye Water (Biederman).—2 grammes sulphate of zinc in 60 grammes distilled water, with a little infusion of cloves.

Eye Water (Brun) is a solution of 4 parts of aloes in 32 parts of white wine, with 32 parts of rose water, and 1½ part of tincture of saffron.

Eye Water (Chantomelanus) "makes spectacles superfluous." A turbid yellow-brownish liquid, consisting of a weak extract of lavender flowers in diluted spirit, in which some oil of lavender has also been dissolved.

De Graefe's Eye Water (L. Roth), sulphate of zinc, 1·5 grammes; fennel water, 100; slightly coloured with fennel seed tincture. 3s.—*Schädler.*

Eye Water (Hette).—A solution of etherial oils of lavender, bergamot, rosemary, and tincture of opium in spirits of wine, 50 per cent.

Eye Water (Bernhard Kraft, Calbe) for acute inflammation of the eyes and for strengthening the sight. Seven grammes of an impure muddy sediment-leaving spring water containing half a gramme of native sulphate of zinc containing iron.

Eye Water (Stroinski).—One part of sulphate of zinc dissolved in 500 parts of common river water.

Dr. White's Eye Water.—Four cloves, a piece of cinnamon the size of a large pea, two teaspoonfuls of rose water, 1 drop of vinegar, 10 drops of arnica tincture. Digest for an hour and filter. Dissolve in the filtrate some white vitriol of the size of a pea.—*Hager.*

Russian Treatment of English Doctors.

Considering the animosity that exists at the present time between the Russians and any Englishmen who are serving in the Eastern war, we must not be surprised if English doctors come in for their share of ill-treatment at the hands of a nation that can scarcely be said to be characterised by the civilisation and chivalry of Western Europe. A few days ago Mr. Cowen asked, in the House

of Commons, the Under Secretary of State for Foreign Affairs whether there was any objection to publishing the statement supplied to the English Consul at Adrianople concerning the treatment endured by Dr. Armand Leslie and Dr. Neville, of the National Aid Society; of Dr. Kirkpatrick, of the Red Crescent Society; and of Mr. Bell, the correspondent of the *Illustrated London News*, who fell into the hands of the Russians on January 1, and were kept prisoners by them for five weeks.

Mr. Bourke said, with regard to the first question of the hon. member, there will be no objection to lay the statement to which he alludes before Parliament, as well as other documents relative to that statement.

It must not, however be expected that these medical officers will receive any substantial reparation for the ill-treatment to which they have been subjected. Nor is it likely that the Government will let the misfortunes of these officers add to the difficulties under which they are labouring in their endeavour to settle the Eastern question. Some apology from the Russian authorities is perhaps all the English doctors will get, and, under the circumstances, it will be advisable for them to be satisfied with this scanty acknowledgment of the wrongs they had to endure.

Infraction of the Lunacy Act.

Dr. Samuel Turrell, of Windsor, was last week indicted for taking under his care an insane lady, named Pennell, daughter of Sir Henry Pennell, neglecting to procure the necessary order, and to inform the Commissioners in Lunacy that the lady was insane. The neighbours' alarm at the conduct of Miss Pennell came to the knowledge of the Lunacy Commissioners, and Dr. Bucknill went to see the patient in pursuance of an order from the Lord Chancellor. He found her in charge of a nurse. She was in bed in a small back room upstairs. Her body was well nourished and cleanly; but Dr. Bucknill did not think it good treatment to keep her confined in such a room, nor did he think such treatment would have been sanctioned by the Commissioners. In 1873 Sir Henry Pennell consulted Sir William Gull and other eminent men as to Miss Pennell's condition, and when he placed her under Dr. Turrell's care he informed the doctor that she was only suffering from nervous debility, being quite of opinion that she was not insane. He said he considered that Dr. Turrell had been strictly honourable in his conduct. The only question left for the jury to decide was whether or not Dr. Turrell knew Miss Pennell to be insane at the time he received her. After being locked up from seven till nine o'clock the jury announced that they could not agree. They were accordingly discharged, and a fresh jury was empanelled on Saturday, but the second trial was postponed till the Summer Assizes.

The Scientific Department of the Paris Exhibition.

It has been arranged that each Government department of France shall show the way in which its scientific work is done. The three new Government observatories in Paris will exhibit either results or methods. There will be a complete collection illustrating the various scientific missions which France has undertaken during the present century and all the publications, scientific, historic, and artistic, which have been published by the State will be there for all the world to see.

Not only, therefore, will there be a true Loan Collection of Scientific Apparatus, but the example set by the South Kensington Conferences will also be followed. The enormous building in the Trocadero contains a lecture theatre capable of holding upwards of 4,000 people. This will be used for lectures in scientific and kindred subjects, for which arrangements are now being made. It is impossible that the Trocadero buildings can be ready by May 1, so there will be ample time for these arrangements and for the others, to which we may briefly allude.

The French Association for the Advancement of Science will conduct a large number of scientific experiments on a great scale, and a large number of exhibitors will take advantage of the meeting of that association to exhibit experiments relating to their special pursuits.

Every facility will also be given to scientific societies for summoning to a special congress those prosecuting the same line of research. The number of these useful assemblies is increasing daily. It would occupy too much space to give a list of all the societies which will hold such meetings, but many circulars illustrating the development of this sectional movement have already been printed.

Lecture-rooms will be furnished *gratis*, lectures will be advertised on a large scale, and as far as possible, Government apparatus will be at the disposal of inventors for conducting the experiments required to illustrate their lectures. What has been done at the provisional Ethnographical Museum, may be considered as a fair specimen of what will be done on a larger scale at the Trocadero Palace, and other suitable buildings.

The Libraries of the United States.

The *New York Herald* announces that there is now completed at New York the Lennox Library, which is the most beautiful in the New World. Its founder, James Lennox, son of a Scotch merchant, died in 1870, and endowed it with a capital of £16,000 and a sum of £4,000 for the purchase of books. The value of the ground and building of the Lennox Library is placed at nearly £80,000. The edifice, which is all of white marble, rises in the middle of the Central Park. The architecture is an adaptation of the new Greek style. A large staircase leads to the principal entrance, which is ornamented with Corinthian columns of granite. The library, which is capable of containing altogether 1,000,000 volumes, is composed of three storeys in the middle building and two in the wings. Three great lecture-rooms have already been completed, and also a picture gallery. Nine librarians are attached to it. This magnificent structure, which New York owes to the munificence of James Lennox, is of unspeakable value to the student and the *savant*. For nearly half a century Mr. Lennox has not ceased to collect manuscripts, books, engravings, maps, sculpture, pictures, and works of art of all species, all of which he has placed in the new Library and handed over to the public. He has spared neither time or money to procure artistic and literary

treasures which eclipse, without doubt, those which were bequeathed to their native cities by the Vanderbilts, Stewards, and Astors. In all that concerns the history of America, the Bible bibliography and Shakesperian literature, these collections fill up a void which has long existed in the public libraries of the United States. They comprise complete folio editions of ancient Bibles, which are not to be found either in the great library at Boston or even at the British Museum. Among the most interesting contents of the Lennox Library are the first folio edition of Shakespeare, the Magazine Bible, Elliot's Indian Bible, the first Bible printed in America, and the complete copy of the Psalter of Bay State, which was the first book printed in English in the New World.

The Operation of the Adulteration Act in Ireland.

Our readers may be already aware that—except in a few large towns—the adulteration law has been a completely dead letter in Ireland, inasmuch as the Royal Sanitary Authorities were unwilling to appoint special officers to carry it into effect, and the constabulary authorities had issued orders to their men *not* to undertake the duty.

We feel satisfaction in learning that this latter decision has been rescinded, and that, in future, the constabulary will be ready to undertake the collection and care of samples when called upon to do so by the grand jury. This determination was communicated recently by a circular letter to all the grand juries in Ireland from the Inspector-General of Constabulary, who stated that, in the event of a local authority (which is the town council of any of the boroughs subject to the Act 3 & 4, cap. 108, within the limits of such borough, and in all other places the grand jury of a county) signifying a desire that members of the constabulary should be authorised to carry out the provisions of the Sale of Food and Drugs Act, 1875, the county-inspector would select one or two constables in each sub-inspector's district, whom he might think well fitted for the duty, and send names to the local authority, with a request that their town clerk or secretary (as the case may be) would sign and return to him a memorandum directing the constables so named to carry out the provisions of the 13th section of the Act, and to do all things incidental thereto, or consequent thereon. This memorandum would be sufficient authority for constables to enforce the law.

The Metric System in America.

In November last, the American House of Representatives adopted a resolution requesting the heads of the executive departments to report any objections which might exist to making the use of the metric system of weights and measures obligatory in all governmental transactions. The postmaster general reported that the expense of making the change and the general lack of knowledge regarding the system were the principal objections. The secretary of the navy saw no objection, excepting that, if applied to soundings, it would necessitate a total loss of all charts and chart plates now in use, and would interfere with their exchange with England. The war department admitted that the exchange is practicable, but the engineer corps will require five years to prepare for it; while the ordnance corps can be ready in one year.

Last month a bill was introduced providing that, for all postal purposes, 15 grammes shall be substituted for half an ounce, and so on, in proportion; and that after January, 1880, the metric system of weights and measures shall be obligatory.

A bill was also introduced to establish the metric system in the coinage of the United States, and to provide for an regulate the coinage, including the new coin metal called "goloid."

Relative Efficacy of Vaccination with Fresh and with Preserved Lymph.

The army affords a good field of observation with respect to vaccination, and the statement in the Report of the Army Medical Department, is, therefore, worth remarking that out of 22,302 recruits found fit for service, there were only 727 who had neither marks of vaccination nor small-pox, and that there was a slight increase in the ratio of recruits with marks of vaccination. Again, there were 10,358 soldiers vaccinated during the year with *fresh lymph*, and 17,269 with *preserved lymph*. Of the former there was a perfect vaccine vesicle in 4,717, a modified one in 4,400, a failure only in 1,241; whereas in the latter class the corresponding numbers are 5,346, 6,432, and 5,491. Thus, while the ratio per 1,000 of failures was only 119·8 when fresh lymph was used, it was 318·0 in the case of preserved lymph.

Unrecognised Heroes.

Vanity Fair notices, in warm terms, a hero of the Turkish campaign, of whom very little has been heard, but whose name fills every mouth of those who were at Kamarli, or in Suleiman's retreat. This hero, it says, is Dr. Gill, of Shrewsbury, of a presence by no means imposing, but with the touch of a woman and the heart of a lion, who left his country patients to take service with the Turks. He was always in the very front of the fight, wherever it might be, and at Kamarli he endured fever, dysentery, and starvation, rather than abandon his post. The Turks adore him, and both Baker Pasha and Captain Burnaby speak in the warmest terms of his courage, his skill, and his endurance. Another surgeon, who did most excellent work and greatly distinguished himself, is Dr. Heath, a nephew of Baron Huddleston, and a very fine fellow by all accounts. He is an Irishman, equally full of fight and surgery, and he has gained with the Turks more distinction than he could have got in many years by remaining in Ireland. It is right that these two brave men should not be forgotten by their own countrymen.

The Board of Trade wishes to consolidate the laws referring to weights and measures, and asks the Pharmaceutical Council if there is any reason why the old apothecaries weights should not be abolished. The Council objects, the only given reason being that if quinine, for example, should be afterwards sold by the drachm, it would not be legally possible to sue for the value! As if it would not be possible to charge for 60 grains.

Inhalation of Salicylic Acid in Croup.

In the St. Petersburgh *Med. Wochen.*, R. Otto says that, conceiving that croup is due to the presence of parasitic vegetations, he employed inhalation of solution of salicylic acid in the epidemic of that disease which invaded Lesetzt, in Livonia, in August, 1876. The treatment was applied in seven cases, and was commenced immediately on the appearance of the convulsive stage. In all cases the number of paroxysms was rapidly diminished, and the best results were observed in those children who were placed in rooms of which the temperature was kept equable. The author does not venture to assert, upon so few cases, that salicylic acid is an agent of great efficacy in croup, but he desires that this sort of medication should be tried on a large scale.

Board of Superintendence of Dublin Hospitals.

Sir Dominic Corrigan having retired from the Board of Superintendence of Dublin Hospitals, the Board have unanimously passed the following resolution :—

"That we receive with extreme regret the retirement of Sir Dominic Corrigan from this Board, of which he has been an active member since its formation in the year 1856. And, further, we desire to place on record our deep sense of the valuable services he has rendered by his constant attendance at its meetings, by his wise counsel in all its deliberations, and by his practical acquaintance with the organisation and management of the institution under its superintendence."

Steevens's Hospital, Dublin.

A number of changes have just been made in the staff, owing to the resignation of Dr. Henry Freke, Senior Physician to the Hospital, and Lecturer on Practice of Medicine in the School. Dr. Freke has been appointed a Consulting Physician, and Dr. T. W. Grimshaw becomes Senior Physician to the Hospital. Dr. Richard Bookey succeeds Dr. Grimshaw as Junior Physician. In the School, Dr. Grimshaw vacates the chair of Materia Medica, and becomes Professor of the Theory and Practice of Physic; Dr. R. Johnston becomes Lecturer on Materia Medica; while Dr. Matthew Fox has been appointed Lecturer on Botany.

Extraordinary (!!) Precocity.

The *Gazette Hebdomadaire* reports a case read by M. Lefebvre to the Belgian Academy of Medicine, noting the extraordinary precocity met with in a girl eight years of age, born at Oberpallen, Luxemburg. The child was born very fully developed, having hairs on the pubes. Menstruating at four years of age, she became pregnant at eight by a cousin thirty-seven years of age, who was sentenced to five years' imprisonment for her seduction. The pregnancy terminated by the expulsion of a mole containing a well-characterised human embryo.

The Royal Society.

So great is the desire for admission to the Royal Society, amongst certain classes of scientific men, that although only fifteen will be elected, more than fifty candidates have either directly or indirectly entered into competition for the honour. The list of foreign members was made complete (fifty) at the close of last year by the election of seven members; but since then, so great has been the mortality amongst the *savants*, that there are already six vacancies in the foreign list.

Treatment of Metrorrhagia by Hypodermic Injections of Ergotine.

M. C. Paul, in the *Bull. de Therap.*, gives the details of 14 cases in which the uterine hæmorrhage was arrested in from 5 to 16 minutes, by the following solution :—

Ergotine, 2 grammes;
Water;
Glycerin, āā, 15 grammes;

of which from 1 to 2 grammes were injected. M. Paul concludes that the hypodermic injection of ergotine is the most rapid and the most efficacious means that we have at our disposal in the treatment of metrorrhagia.

Trichinæ in the Flesh of Geese.

Sixty soldiers of the garrison of Thionville lately fell sick of trichinosis, and two of them died. It has been ascertained that the disease arose, not from pork, but from the flesh of geese which they had eaten.

Lady Hospital Doctors.

At Berlin there will be opened in the course of this year a hospital officered by lady doctors. Berlin has been for some time in possession of a clinic entirely managed by the lady doctors.

Eastern Epidemics.

The cholera has broken out with violence in Southern Arabia, at Mecca and Jeddah, among the pilgrims. The plague in Northwestern Persia has been steadily extending its ravages, especially in Resht and the neighbouring district. Either of these dreaded epidemics would prove particularly formidable in view of the massing of troops in Turkey and Egypt, and the unavoidable neglect of sanitary precautions.

Blatta Orientalis.

New Remedies says that the employment of the Russian cockroach as a remedy in uric varieties of dropsy has already attracted considerable attention. Those who have any desire to make a trial of it, can now obtain it of Lehn and Fink, 160 William Street, New York.

The population of the Netherlands, at the beginning of this year, is estimated at 3,865,456 persons. During the last quarter the birth-rate was equal to 37·2, and the death-rate to 22·1 per 1,000 living. The deaths of infants under one year of age, during the three months, were 7,755, and were equal to no less than 214 per 1,000 births registered; whereas the proportion in England was 138 per 1,000.

A new scientific monthly is about to appear, under the joint editorship of Drs. Ferrier, Hughlings-Jackson, Crichton Browne, and Bucknill, devoted entirely to psychological subjects. There are already two journals, a quarterly and a half-yearly, devoted to this subject by which we imagined the ground was already covered.

PROF. COPE has been able to take a cast of the cranial cavity of the Tapiroid genius Coryphoden, from the Wahsatch beds of New Mexico. This (says *Nature*) has revealed remarkable primitive characters: (1) the small size of the cerebellum; (2) the large size of the region of the corpora quadrigemina; (3) the cerebral hemispheres were small; and (4) the olfactory lobes were very large. The medulla oblongata is wider than the cerebral hemispheres. In profile the brain closely resembles that of a lizard. These characters are so extraordinary that Prof. Cope considers them sufficient to mark a primary division of mammalia, which he, following Owen, calls Protencephala. Prof. Cope describes and gives figures of a cast, the skull cavity, in the *Proceedings* of the American Philosophical Society, Vol. xvi., No. 99.

M. BOUCHET has suggested to the Académie des Sciences the employment of Hayem and Nachet's apparatus for counting the red corpuscles in blood, to estimate the number of fat globules in human milk. From this enumeration, the density and quantity of butter can be approximately estimated, and, although imperfect, has a certain importance in the analysis of human milk particularly, this liquid being, as a rule, obtainable in very small quantities, and not in sufficient quantity to use for a regular analysis.

IN future, medical officers are to be at liberty, in urgent cases, to attend the wives and children of soldiers married without leave, and to supply medicine for them from the public stock to a limited extent, at the discretion of the principal medical officer. In all such cases, the prescriptions are to be filed at the surgery for subsequent examination.

A WASHERWOMAN, at Courcelles, has just died in a most extraordinary manner. She was suffering from the toothache, and applied, with a sponge, to her gums some of the bleaching liquor used in her trade. The application caused a spasm of agony, in which the sponge was half swallowed, and stopping in her throat, choked her before aid could be procured.

WE regret to hear of the death of Dr. Thos. Prichard of Abingdon Abbey, Northampton, of malignant disease of the stomach. Deceased was a supporter and contributor to this journal almost from its commencement; his death will be sincerely mourned by all to whom his great attainments and genial disposition were personally known.

M. DUMAS announced to the Paris Academy of Sciences at its sitting on March 4, that an anonymous donor offers a prize of 6,000 francs to be awarded in 1880 to the person who makes the most useful application of M. Pasteur's researches to the healing art.

THE Secretary of State for War has placed the services of Surgeon-Major Falwasser at the disposal of the St. John's Ambulance Association for the gratuitous instruction of volunteers anxious to learn the duties in connection with field ambulances in case of war.

WE learn that Lord Conyngham has generously placed his steam yacht at the disposal of the St. John's Ambulance Association, for the conveyance of trained men, nurses, and ambulance materiel, in case of war.

WE are pleased to notice that a Memorial Fund has been opened in France to perpetuate the memory of the illustrious Claude Bernard. Great Britain is also asked to contribute, and Dr. Gerald Yeo, of King's College, London, has consented to act as hon. treasurer for this country.

THE Charing Cross, the Royal Free, and the Great Northern Hospitals, have each received £50, as portions of the proceeds devoted to charitable purposes, in the 1,000th representation of "Our Boys" at the Vaudeville Theatre.

THE Philadelphia *Clinic* reports an obstinate case of asthma which was entirely relieved by a two-grain pill of *Grindelia robusta* given three times daily. The medicine was thought to be the cause of a violent diarrhœa, which came on at the end of three weeks.

DISTRESS and disease are terribly on the increase in and around Constantinople, where 26,000 refugees are herded together. The cows are mostly affected with typhoid, and the disease is spread far and wide by the milk.

THE rates of mortality in the four principal towns of the United Kingdom last week was—London 23, Glasgow 26, Edinburgh 31, and Dublin 32 per 1,000 of the population.

SMALL-POX caused 34 deaths in London last week, being about 40 per cent. less than the preceding week. No death was registered from this disease in any other part of England.

IT is stated that one drop of the extract of eucalyptus, applied on cotton to sensitive dentine, just before excavating, serves as the best local anæsthetic.

DR. HUMPHRY, F.R.S., of Cambridge, has been elected Hunterian Orator at the Royal College of Surgeons of England for 1879.

RELIABLE reports state that the typhus epidemic in St. Petersburg baffles medical skill to arrest its progress, and the fresh cases average 300 or 400 a day.

AT a meeting of the Fellows of the College of Physicians of London on Monday, it was decided by a majority that the College is not disposed to make any alterations in their charter for the purpose of granting the diploma to women.

Literature.

ON IDIOCY AND IMBECILITY. (a)

Since the days when Hippocrates wrote of the usages of the Microcephali, great advances have doubtless been made in the investigation of cerebral disease and mental disorders. But while some point to a discrepancy between the results of psychological research, and the great interval of time which has elapsed since the Hipprocratic age, it may with confidence be urged that during the past half-century much has been done, not only to stimulate the study of psychology, but that abundant evidences exist to prove that this labour has not been in vain; and further, that modern mental research has done much to make up for the deficiencies of past generations in this sphere of medical science.

Among recent contributions to psychological literature, the work of Dr. Ireland on Idiocy and Imbecility, bids fair—and justly so—to become a classic work on the subject. Written in a clear, plain, unpretending style, this work of the Medical Superintendent of the Larbert Institution deals chiefly with facts and figures, and the author has done much to entitle him to the thanks of his professional brethren as well as the public, for both are intimately interested in the results of his labours.

The main features of the work are two-fold, and it is necessary to insist on these that his readers may justly estimate the intention of the author. Firstly, the knowledge hitherto extant on idiocy and imbecility is so scattered over the whole field of professional literature, that any one who would write an exhaustive treatise upon it, such as this work is, must be content to quote largely from these scattered materials. The task, though Herculean, we do not hesitate to say, Dr. Ireland has both wisely and conscientiously accomplished.

Secondly, the author has so utilised the vast amount of material at his disposal, that but a comparatively small portion of the work appears as original matter.

We conclude that a conscientious regard to the display of the actual truth on the subject, made the author somewhat diffident in advancing personal statements when he found the important facts expressed by others. If we have a suggestion to make, it is this: that being impressed by the able manner in which the author deals in an original manner with any question under his consideration, he should, in future editions, seek to substitute for the examples he quotes in the present work, others based on personal observations.

Idiocy is defined by Dr. Ireland as mental deficiency, or extreme stupidity, depending upon mal-nutrition, or disease of the nervous centres, occurring either before birth or before the evolution of the mental faculties in childhood.

"Imbecility is generally used to denote a less decided degree of mental capacity."

The statistics of idiocy at home and abroad are exhaustively considered. In the etiology of idiocy the author assigns to heredity a chief place, scrofula and drunkenness being the principal predispositions to its occurrence. In respect to the "Influence of Gynagogues," he quotes largely from, and adopts, the views of Dr. Seguin.

The classification which the author offers as an approximative one on idiocy, is based on his opinion, that we must have a pathological classification as well as a mental one. The following forms of idiocy are then discussed *seriatim:* Idiocy which is genetous, microcephalic, eclampsic, epileptic, hydrocephalic, paralytic, cretinism, traumatic, inflammatory, and lastly, idiocy by deprivation.

In genetous idiocy the diseased condition entailing deficient mental manifestation is complete before birth, and the term "genetous" the author deems preferable to "congenital," which may include the microcephalic, paralytic, or hydrocephalic varieties.

The remarks on the comparative and pathological anatomy applicable to this section, will well repay perusal. Another interesting chapter is that devoted to comprehensive records of the Bird Man, the Brothers Cerretti, Antonia, Grandoni, and Helene Becker.

In eclampsic idiocy, Dr. Ireland draws attention to the great degree in which intelligence is destroyed, and he regards the opinion of Echeverria, that the earlier the age at which epilepsy springs up, the deeper it undermines the organic and moral constitution, and the more disastrous are its results, as applicable to eclampsic idiots also.

The author's observations on the need of reliable information on the production of eclampsic idiocy, and respecting its pathological anatomy, suggest a rich mine for exploration to the pædiatric physician.

The bibliography of France, Germany, and Italy, supply materials for a highly-interesting and instructive chapter on Cretinism, including Lombroso's tables for those who wish to study the disease closely. The pathological anatomy of cretinism is a record of recent researches, and Dr. Ireland regrets the want, at present existing, of a series of good microscopical observations.

The chapter on Traumatic Idiocy will be read by psychologists with much interest, in conjunction with Dr. Crichton-Browne's valuable papers on Cranial Injuries and Mental Diseases, in the "West Riding Asylum Reports."

One of the most original chapters in this work is that devoted to the Sensory and Mental Deficiencies of Idiots, in which the relations of the five senses to idiots and imbeciles are fully considered, followed by an analysis of the mental symptoms.

The next two chapters treat of the best methods of education for idiots and imbeciles, and the relations of forensic medicine to this branch of psychology. In this part of the work, both the psychologist and the physician will find much material for thoughtful consideration, much to help them in their efforts to ameliorate the condition of a class of patients who will look to them for sympathy and relief; a help which now, thanks to Dr. Ireland, can be far more fully, readily, and efficiently accorded, than was possible previous to the publication of this highly-scientific, instructive, and interesting work.

(a) "On Idiocy and Imbecility," By W. W. Ireland, M.D. Edin, London: J. and A. Churchill. 1877.

THE SURGEON'S VADE-MECUM. (a)

No other living medical man besides Dr. Druitt has seen his work pass through so many editions, all of which have been unusually large for a publication in this department of science. No book has been so much read as this, from the many years back when it stood alone as an elementary book in surgery till now. The author has indeed been very useful in his generation. Students need elementary books, and this supplies the want. We do not know where a like one is to be found. Here is embodied an outline of the science and practice of surgery, and a very great deal of modern pathology. No subject, as we are told in the preface, is treated inexhaustibly, but the endeavour of its writer has been to render all descriptions accurate as far as they go, and to make the book a trustworthy foundation for the study of more complete treatises, and especially monographs.

Part the first gives a sketch of the elements of disease. Part the second describes the different injuries which sets those processes at work, beginning with mechanical injuries, heat and cold, and poisons organic and inorganic. In part the third each tissue and part of the body is taken in succession, with the various injuries and diseases which it is liable to. Part the fourth gives an account of the operations of surgery, both major and minor.

A very marked feature of this excellent publication is the manner in which the many special departments in surgery are treated. The chapter on the eye—perhaps the fullest of these chapters—is remarkably practical. We

(a) "The Surgeon's *Vade Mecum*." Eleventh Edition. By Robert Druitt, M.D. London: Henry Renshaw.

shall not go into a detailed review, but content ourselves with general observations. We much admire chapter xii., on scrofula and tuberculosis. It contains much original and good matter. Chapter xix., on diseases of the urinary organs, is a treat for the student. Section vii. embodies valuable remarks on intermittent or paroxysmal hæmaturia, an affection which has unfortunately made such ravages on the author, and driven him from an active and useful life. The chapters on operations will, no doubt, be favourite ones. Besides the very lucid and concise descriptions, rich woodcuts of illustrations adorn the pages, and further describe the subjects. We find in a foot note to page 784, that most of these necessary aids were sketched from a series of operations on the dead body, performed for the purpose of illustrating this work by Mr. Haynes Walton. This speaks for their accuracy.

It is with the fullest confidence that we recommend the "Vade-mecum" to all medical students; there is nothing in the range of surgery which he will not find, and put forth too, in a very inviting and truthful manner.

Short Notices.

(1) "The Mechanism of Natural and of Artificial Labour in Narrow Pelves." By William Goodell, M.D. Philadelphia, 1877.
(2) "The Quarterly Journal of Inebriety." America and London, Baillière, Tindall, and Cox. 1877.
(3) "The Chemical Theory of Contagium." By Lane Notter, M.D. London, Baillière, Tindall, and Cox. 1877.
(4) "On the Causes of Professional Opposition to Homœopathy." By Alfred C. Pope, M.D. London. 1877.
"Unsectarianism and Toleration in Medicine." By George Wyld, M.D. London: Trubner, and Co.
(5) "Amnesie Periodique ou Dedoublement de la Personalté." Par le Dr. Azam. Bordeaux: 1877.
(6) "New Remedies" (monthly), January, February, March, 1878. New York.
(7) "Report of the Health of the City of York, for the Quarter ending December 31st, 1876, and also for the Year 1876." By S. W. North, Medical Officer of Health.
(8) "Nathan the Wise." A Dramatic poem by Lessing. Translated into English blank verse, by Andrew Wood, M.D., F.R.S.E., &c., &c. Nimmo, London, Edinburgh.
(9) "On the Education and Training of the Feeble in Mind." By J. Langdon Down, M.D. London, &c. London: H. K. Lewis.
"The Obstetrical Aspects of Idiocy." By J. Langdon Down, M.D. London Ch. London: Adlard.
(10) "Wholesome Houses, &c." By Edward Gregson Banner, C.E. London: Crosby, Lockwood, and Co.

(1) This is a very interesting reprint of a paper read at the International Medical Congress at Philadelphia, and is characterised by a considerable degree of research and originality. Dr. Goodell's name is already well-known by his contributions to gynæcological literature.

(2) The temperance cause does not lack journals, and though there does not seem to be the amount of diminution in the revenue from spirits, proportionate to what ardent teetotallers would desire, still by perseverance, greater benefit must result to the community at large, by the spread of temperance literature. This magazine is well deserving of support.

(3) A very able *rêsumé* of the views and theories held in relation to *contagium virum*, being the substance of a paper read before the British Medical Association, Manchester, 1877. It is not alone, however, composed of the thoughts of other men, but Dr. Notter gives us his own on many of the moot points. There is a large amount of valuable information here condensed in a very small compass.

(4) We may safely bracket these two together, though Dr. Pope is more dogmatic than his *confrère*, Dr. Wyld. We need not again reopen this question, but look forward with hope to a possible future, when names will be of little value, and the professors of medicine united.

(5) Dr. Azam (Bordeaux) herein relates the history of a young woman whose existence is a dual one, one side normal, the other abnormal. Her case is a complex physiological problem, interesting to the biologist and the psychologist. Dr. Azam has published another somewhat similar case in the December number of *La Revue Scientifique*. Both papers will well repay perusal.

(6) This publication must prove invaluable to those who wish to keep *au courant* with the rapid introduction of new remedies and appliances into pharmacy.

(7) We have received a report in 1878, on the health of the city of York, for the year ending December 1st, 1876. York must be governed by some different regulations from other cities, or be behind the age.

(8) It is a pleasure to notice a work of this class, from the pen of a member of our profession. The time has gone by when the combination of literary pursuits with the practice of medicine was looked upon as an indication of neglect of those graver studies to which alone the physician was supposed to confine himself. Ignorant and uneducated competitors for fees favoured and fostered this idea, *mais nous avons changé tout cela.* Independent of the appreciation by the public of an accomplished scholarly physician with æsthetic tastes, the mind requires rest, and change of activity in a certain class of individuals, who must be working.

The physician must unbend his mind, if he desires to keep his mental powers unimpaired. Relaxation is a necessity. He must throw aside his stethoscope and thermometer, his visiting-list and case-book.

Æsop tells us how the bow, when always bent, becomes useless. Relaxation is secured in different ways; some by travel attain the desired object, whilst at the same time they derive professional advantages by visits to Continental hospital; but we do not know of any form of relaxation more agreeable than the one adopted by Dr. Andrew Wood. He, leaving the graver cares incident to his position, relaxes his mind, and amuses himself by culling flowers from Parnassus, by translating into English the thoughts of the poets of other nations. This task requires some of the Divine afflatus.

Dr. Wood is already favourably known by his translations of the satires and epistles of Horace, and of Schiller's "Don-Carlos," so that we were not quite unprepared for the intellectual treat he has given us in his rendering of "Nathan the Wise." It was Lessing's *chef d'œuvre*, and Dr. Wood has filled up a want by thus presenting it to English readers in an English garb. We need not expose the plot, which is interesting and moral, the inculcation of the doctrine of religious toleration being the main object of the drama. We must refer our readers to its pages.

We may safely say, this translation is faithful without being servile, and that Dr. Wood has ably and poetically, transferred the thoughts of Lessing into our tongue.

(9) Much has been done for the education and improvement of idiots and those of feeble mind by medical philanthropists. They have shown that it is possible by judicious management, and a combination of medical, physical, moral, and intellectual treatment, to elevate one of the most unfortunate classes in the community. The name of Dr. Down is well known in connection with this work, and his pamphlet, though short, embraces all the general principles necessary or advisable in dealing with this group of sufferers. It deserves a wide circulation. The second pamphlet has a certain bearing on the first, as it deals with some of the causes which lead to idiocy and mental impairment. He looks at the subject from its obstetrical side, a point of view which opens out a very wide and interesting field for further investigation. It is an interesting and useful contribution to the subject.

(10) The Banner system of sanitation is already well and favourably known, and the various contrivances of the inventor, to prevent the ingress of sewer gas into houses have

stood the test of practical experience. This pamphlet contains a clear and concise account of the system, and should be read by all who are interested in sanitary requirements.

Correspondence.

INSURANCE EXAMINATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Having been asked by the agent of an Insurance Company to examine a life, being at same time furnished with forms, &c., I duly examined the life, and filled up forms.

The agent says, as the party about to insure did not take out the policy, he will not pay, and that I should look to the before-mentioned party.

My opinion of the matter is, that the agent having given the order, is liable after my having executed the duty on his order, but I would be glad to know your opinion, and perhaps that of some medical *confrère*, who may have been similarly circumstanced.

Yours faithfully,

J. P. M.

March 11, 1878.

[Certainly, if the agent gave a definite order for the examination of the patient, either verbally or in writing, without stating that the fee would be payable only on completed policies, he would be liable, and, in the interest of the profession, ought to be required to pay. The professional services of a medical referee cannot be made contingent on the acceptance of the policy, except by special previous arrangement.—ED. M. P. & C.]

Novelties.

A NON-RESINOUS TINCTURE OF GINGER.

THE great disparity of the various tinctures and essences of ginger of commerce as ordinarily sold for dietetic and medicinal uses, arises from the fact that they all contain a considerable quantity of an insoluble bitter principle. It is the resinous product that imparts an unpleasant flavour, as well as an offensive, opaque, muddy appearance to all aqueous solutions of the preparations of ginger of the British Pharmacopœia. Mr. Hay, manufacturing chemist of Hull, has succeeded, after various trials, in entirely eliminating this resin, and has just furnished the profession with a tincture of ginger which should entirely supersede the officinal preparation of the British Pharmacopœia. It mixes freely with water in any proportion, and while it loses nothing of its dietetic properties, it is unusually pungent and actively medicinal.

The ginger beer of the same manufacturer, made with this purer tincture of ginger, is extremely grateful and palatable. It is as clear and bright as water, and will probably keep any length of time, since it is freer from fermenting vegetable and resinous materials than the objectionable-looking and tasting article usually sold under this name. In fact it will be scarcely recognised under the old name, and is certainly preferable to some wines we have tasted under the name of champagne.

Medical News.

Dental Hospital of London.—The annual meeting of the governors of this hospital took place on Thursday last, at the hospital. Sir Charles Macgregor, Bart., presided. The report submitted by the committee was not of a particularly roseate hue, when looked at financially; the deficiency of income having compelled them with great regret to sell out £100 stock of the small invested capital of the hospital, in addition to a sale of £200 stock during the previous year. The Metropolitan Hospital Sunday Fund had awarded £72 11s. 8d., being a small increase on the previous year, and the Hospital Saturday Fund awarded the hospital £16 1s. The medical committee reported that they had treated 29,679 cases of different kinds, being 5,000 in excess of those of last year. In moving the adoption of the report, the Chairman said when they considered that over £500,000 had been sent out of the country for the Indian famine, and thus many sources of income had failed, they ought not to take too gloomy a view of the position.

St. John's Hospital for Diseases of the Skin.—The annual general meeting of the supporters of the above institution was held on Wednesday last, at the Westminster Palace Hotel. The chair was taken by the Hon. Mr. Massey, M.P. The Chairman, in moving the adoption of the report, remarked that the progress of the institution had been very considerably in advance of that of any previous year. Eleven additional beds had been provided, the expenses attending which had been reduced from £600 to £390 in the course of the year. The increase in applications for relief had compelled an increase to seven of the medical staff, and the attendance of the medical officers had been extended to eleven per week. The report having thanked the medical and other officers for their gratuitous services, proceeded to state that lectures on diseases of the skin, free to medical men and students, would be delivered during the coming April.

THE ORIGIN OF THE TURKISH BATH IN IRELAND.

THE introduction of the Turkish bath into Ireland has been commonly attributed to the late Dr. Basta, of Blarney, who certainly is entitled to the credit of having revived its use and made it popular. The actual pioneer of the bath in Ireland was, however, a native of the co. Kilkenny, named Patrick Joyce, who (under the assumed name of Achmet Borumborad, and in the guise of a Turk) first erected one about ninety years ago, in Beresford Place, near the Dublin Custom House, aided with grants of money by the Irish Parliament.

In proof of the above we refer our readers to "Sir Jonah Barrington's Personal Sketches and Recollections of his own Times," and in which also will be found a pleasant biographical sketch appertaining to the subject.

About the same time there sprang up in different localities throughout the country Turkish baths of a simple construction, named by the people "sweating kilns." They resembled lime-kilns, were of small size, had a hole for entrance at bottom, but covered at top, and inside was placed a stone seat. The heating apparatus was nothing more than a bundle of straw or furze set on fire, and when the smoke had cleared away the patient, divested of clothing, entered, and sitting down took a "ground sweat" *ad libitum*.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt. Subscribers who pay in advance will oblige by remitting, at the reduced rate of One Guinea, during the present month.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR

can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. JAS. ADAMS is thanked for his complimentary note.

REMARKABLE CURE OF CANCER.—In the window of a small jeweller's shop in the High Street, Wandsworth, is being exhibited a cancer extracted from a man's leg by the use of "Burgess's Lion Ointment." How long the lion was pulling away, or why the subject of its prowess should be in a jeweller's window when so many quack doctors or chemists would have been glad to pay a handsome sum for such a *rara avis*, accompanying information does not show. Bullocks, unfortunately, get unmercifully thumped, and as bruises and kernels look somewhat unsightly when the beast is killed, the knowing butcher extracts such cancerous excrescences. There are one or two butchers' shops in High Street, Wandsworth.

A CONSTANT READER.—We cannot give medical advice in our editorial capacity. Any experienced medical man can answer your question.

A YOUNG PRACTITIONER gives us a very short description of two cases, the treatment of which he desires to be suggested. In *costal rickets* gentle and even pressure may often be made upon the prominence with the result of somewhat relieving the deformity. In *caries of the spine*, where pus has formed, absolute rest in the recumbent position is an indispensable necessity, but if the case be spinal rickets and not caries, then Sayre's plaster-jacket with the head-support, if required, according to the condition of the cervical and upper dorsal vertebræ, is the most serviceable means to enable the patient to enjoy a healthful exercise.

DR. D. F.—Certainly, with pleasure.

L.R.C.P.—It is a disputed point which we should not like to take upon ourselves to decide.

DR. H. K.—Not yet received.

A DENTAL SURGEON.—See Parliamentary notices in Friday's daily papers.

ARMY SURGEON.—Yes, a capital work; you could not do better; it has but to be known to be appreciated.

DR. FERRIER will deliver the second of the Gulstonian Lectures at the Royal College of Physicians this afternoon at 5 p.m.; and the last of the course on Friday at the same place and hour. Subject: "The Localisation of Cerebral Disease."

PROF. FLOWER will continue his lectures "On the Comparative Anatomy of Man" at the Royal College of Surgeons, England, to-day, at 4 p.m; Friday and Monday next at the same hour and place.

ROYAL INSTITUTION.—Thursday, March 21, at 3 p.m., Prof. Dewar, "On the Chemistry of the Organic World."

HARVEIAN SOCIETY.—Thursday, March 21, at 8 p.m., Dr. Edis, "Cases illustrating the Diagnosis of Abdominal Tumours."—Dr. Ashburton Thompson, "Cases of alleged Maternal Impressions."

CLINICAL SOCIETY OF LONDON.—Friday, March 22, at 8½ p.m., Mr. Hutchinson: "Retinitis Hæmorrhagica; its connection with Gout, and probable dependence upon Thrombosis of the Vein."—Dr. Broadbent: (1) "Unusually rapid Effusion of Bloody Fluid into the Pleural Cavity at the age of seventy-six; Paracentesis; Recovery." (2) "Pleuritic Effusion; sudden Death without Paracentesis." Mr. Nunn: (1) "Electrolytic Treatment of Epulis." (2) "Plantar Bunion."

DR. PAVY, F.R.S., will deliver the first of the "Croonian Lectures" at the Royal College of Physicians of London on Wednesday next at 5 p m, the subject being, "Points connected with Diabetes." Members of the profession admitted on presentation of their cards.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Polli, Milan. Dr. de Foumartin, Chelsea. Mr. Jabez Hogg, London. Dr. Dolan, Halifax. Dr. Kennedy, Dublin. Dr. Bartle, Liverpool. Dr. Offenberg, Wickrath, Prussia. Dr. Smith, New York. The Secretary, Statistical Society of London. Mr. Meadows, Hastings. Dr. James Adams, Ashburton. Dr. Sayre, New York. Mr. Bigger, Dublin. Dr. McDonnell, Dublin. Surgeon-Major Evatt. Dr. Weir, Nottingham. Mr. Kemp, Royal Hospital for Diseases of the Throat. Dr. Barnardo, London. Mr. Black, London. Mr. Asshenden, Hastings. Mr. Yearsley. London. Dr. Fort, Paris. Dr. Miner, Buffalo. Mr. Douglas Hemming, Notting Hill. Mr. Hart, Borough. The Registrar, Royal College of Physicians. Dr. Johnson, London. Dr. Croker, Limerick. Dr. Thompson, Omagh. Dr. Shelan, Birkenhead. Dr. Crean, Wexford. Dr. Browne, Rathmines. Dr. Symes, Skerries. Dr. Burges, Fethard. Dr. Atkin, Oldcastle. Dr. Tabuteau, Portarlington. Dr. Deverell, Ardglass. Dr. Whittaker, Valentia. Dr. Macalister, Trinity College. Mr. G. M. Ryan, New Pallas. Dr. Wilson, Manchester. Dr. Richards, Liverpool. Dr. Hamilton, Edinburgh. Dr. Boddy, Camberwell. Dr. Mitchell, Philadelphia. Dr. Tuckey, Castleroche. Dr. Meldon, Dublin. Mr. Ashton Warner, Shadwell. Dr. D. Jones, Brixton. Mr. A. Crisp Martham, Norfolk, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

List of the Fellows, Members, and Licentiates of the Royal College of Physicians, London, 1878.

Lunacy in its Relation to the State. By Sir James Coxe, M.D.

Wholesome Houses. By E. G. Banner, C.E. London: Lockwood and Co.

The Obstetrical Aspects of Idiocy. By J. Langdon Down, M.D.

On the Education and Training of the Feeble in Mind. By J. Langdon Down, M.D.

VACANCIES.

Ballinasloe Union, Kiltormer Dispensary.—Medical Officer. Salary, £112. Election, March 26.

Bath Royal United Hospital.—Resident Medical Officer. Salary, £100, with board, &c. Testimonials to the Secretary at the Hospital, Bath.

Blackpool.—Medical Officer of Health for the Borough. Salary, £100. Testimonials, &c., endorsed "Medical Officer," to be sent to the Town Clerk.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board and lodging. Election, April 25. Applications to the Secretary.

Cape Colony, Alice Dale Infirmary.—Obstetric Physician. Salary, £500, with house, servants, and horse free. Applications, with copies of degrees, which must be of a University in the United Kingdom, to be addressed on or before May 1st, to the Resident Physician as above.

East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, &c. Applications to the Secretary on or before April 11th at the Hospital, Shadwell, E. (See Advt.)

Lancaster Infirmary.—House Surgeon. Salary, £120. Applications to the President on or before April 3rd, accompanied with testimonials of moral character.

Lincoln General Dispensary.—Medical Officer. Salary, £150, with furnished apartments. Applications, with testimonials, to the Secretary.

Lurgan Union, Aghalee Dispensary.—Medical Officer. Salary, £100. Election, March 25.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary, £150, with board, &c. Resident Medical Officer. Salary, £250, with board, &c. Resident Medical Officer for the Fever Hospital—Salary, £200, with board. &c. Resident Medical Officer to the Convalescent Hospital—Salary, £150, with board. Applicants must address the Chairman of the Board for either post, accompanied with testimonials, &c., on or before March 31.

Stafford General Infirmary.—House Surgeon and Secretary. Salary commencing at £100, with board, &c. Applications on or before March 26.

West Sussex Infirmary, Chichester.—House Surgeon. Salary, £80, with board, &c. An additional £20 is allowed for the duties of Secretary. Applications to the Secretary before March 30.

Worksop Dispensary, Notts.—Resident Surgeon. Salary, £220, with furnished apartments, &c. Applications to the Chairman of Committee by the 22nd inst.

APPOINTMENTS.

BLOMFIELD, A. G., M.R.C.S., House Surgeon and Secretary to the West Norfolk and Lynn Hospital.

BROWN, J. J., M.B., F.R.C.P.Ed., Medical Superintendent of the Fife and Kinross District Lunatic Asplum, Cupar.

CLARKE, F. W., M.R.C.S.E., Medical Officer of Health for the Bury St. Edmund's Urban Sanitary District.

DALE, H. R., M.R.C.S.E., L.R.C.P.Ed., Assistant Medical Officer to the Infirmary, St. George-in-the-East, Middlesex.

ELSMERE, E., M.B., M.R.C.S.E., Junior Resident Medical Officer to the Northampton General Infirmary.

GRIFFITH, J. De Burgh, B.A., M.B., M.Ch, an Assistant Medical Officer to the Worcester County Asylum.

LITTLE, W., M.D., M.R.C.S.E., Honorary Surgeon to the Royal Southern Hospital, Liverpool.

MERCIER, C. A., M.R.C.S.E., Resident Assistant Medical Officer to the Salford Union Workhouse.

O'FARRELL, H., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Eyrecourt Dispensary, Portumna Union.

RANSFORD, T. D., F.R.C.S., Honorary Surgeon to the Royal Southern Hospital, Liverpool.

SANDIFORD, J. O. G., M.D., C.M., House Surgeon and Apothecary to the South Charitable Infirmary and County Hospital, Cork.

TANNER, L. J. N., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Cork District Lunatic Asylum.

Deaths.

ADAM.—On March 11, at Boston, Lincolnshire, Marion, the beloved wife of A. Mercer Adam, M.D., aged 45.

BAGG.—On March 13, at Priors Marston, Warwickshire, G. Wm. Bagg, M.R.C.S., aged 58.

COWARD.—On Feb. 25, at Church Road, De Beauvoir Square, George William Henry Coward, L.R.C.P.Ed., aged 67.

DILL.—On Feb. 14, at Manchester, John Dill, M.D., aged 54.

DOBBIE.—On Feb. 26, at Morton Villa, Dumfries, James Dobbie, M.D., F.F.P.S., of Great Kelvin Terrrace, Glasgow.

DONALDSON.—On Feb. 23, at Newmarket, co. Cork, Ebenezer Donaldson, M.D., aged 68.

JACK.—On Feb. 24, at Glasgow, John Jack, M.D., aged 31.

MURRAY.—On March 6, at Kersknowe, Roxburghshire, John Murray, M.D., aged 75.

MCBRIDE.—On March 7, at Newry, co. Down, Ann Eliza, wife of Andrew McBride, M.D., aged 36.

OSBALDESTON.—On March 3, at Hatfield, Herts, Thomas Osbaldeston, L.S.A.L, aged 82.

RIVERS.—On March 4, at Ipswich, Robert Rivers, M.R.C.S.E., aged 65.

THOMSON.—On Feb. 5, at Glasgow, Thomas Thomson, L.R.C.S.Ed., aged 71.

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WEDNESDAY, MARCH 27, 1878.

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THE LOCALISATION OF CEREBRAL DISEASE.

BEING THE

Gulstonian Lectures delivered before the Royal College of Physicians of London.

By DAVID FERRIER, M.D., F.R.S.

(AN ABSTRACT).

Lecture II.

The lecturer then came to the effects of lesions of the motor region. The motor area includes the bases of the three frontal convolutions, and the convolutions bounding the fissure of Rolando, viz., the ascending frontal, and the ascending parietal, with its upper continuation termed the postero-parietal, or superior parietal lobule, and the inner aspect of the same or para-central lobules. The homologous regions of the monkey and man, are sufficiently close not to require long-detailed anatomical description. Within the area are situated certain definable areas, stimulation of which causes definite movements of the opposite side of the body; any destruction of which causes paralysis of the leg, hand, arm, or face; one or more, or all, according to the part and the amount destroyed. The Sylvian artery supplies this area, and the arrangement is such that the cortical branch may be blocked without interfering with the basal branch; consequently we may have cortical softening without morbid change in the parts below. This area is liable to irritative and destructive lesions. Irritative lesions cause convulsive phenomena, while destructive lesions cause paralysis. There can be no destructive lesion here without paralysis. A case was then referred to of a cyst situated in the motor zone without motor affection, but here there was no proof that the tissue was actually destroyed. When a case is found of lesion in the area without motor disturbance, then this may be considered as disproved. Electrical application to this area produces movement, and destruction of it paralysis, just as stimulation of a motor nerve leads to movement and destruction of it to paralysis. The characteristic of lesions of the cortex of this motor area is paralysis of the opposite side without loss of sensation in it. The paralysis affects the most volitional movements, while bilateral movements are little affected. The nearer the extremities the paralysis the more complete it is, as the hand more than the arm, while the muscles of the trunk are not easily affected. Cortical paralysis is accompanied by early rigidity; and if the destruction of the cortical substance is complete, the paralysis is of permanent duration, and sooner or later is followed by rigidity, and secondary sclerosis of the motor tracts. Then some illustrative cases were quoted. In some cases limited lesions of the cortex have been found associated with a greater degree of paralysis than can be accounted for by the mere anatomical extent of the lesion described; the anatomical area does not always correspond in extent to the functional disturbance. Different sections of the brain were then described by means of a number of illustrations. It is only lesions of those portions of the centrum ovale (of Pitrés) which correspond to these motor centres that are invariably followed by secondary degeneration of a sclerotic character and certain paralysis. Early rigidity and spasm, which are so characteristic of effusion into the lateral ventricle, are due to irritation of the fibres of the fronto-parietal fasciculi of the centrum ovale. In limited lesions paralysis may be greater than, and not merely co-extensive with the seat of injury, and in these cases recovery may take place of all the paralysis, except that connected with the part distinctly injured. The lecturer went on to speak of semi-lateral oculo-motor monoplegia, and quoted some cases of this affection. In cases of hemiplegia there is rotation of the head and eyes to the side of lesion, because the centres of one side no longer antagonise those of the other. Crural monoplegia is due to a lesion of the postero-parietal lobule and upper part of the ascending convolutions. In a case where the injury was near the sagittal suture the leg and arm were paralysed, and the paralysis was recovered from in trephining. In the case of a tumour growing in this region, there was first paralysis of the leg, and afterwards of the arm. The tumour was

three inches in diameter, and was situated in the upper part of the ascending parietal. Attempts to ascertain if any changes went on in the motor areas of an amputated leg were not yet satisfactory. There were great difficulties to be encountered. In the case where a thigh had been amputated twenty years ago there was found to be atrophy of the upper part of the ascending frontal convolution. In one case there was a linear depression at the proper centres, but this had not been examined microscopically.

Such observations, however, were very suggestive. Brachio-crural paralysis generally occurs in lesions of the motor centres situated at the head of the fissure of Rolando —the brachial and the crural centres being located closely together. Cortical lesions in infants are not altogether the same in their consequences as similar lesions in adults, according to M. Charcot. In a case of congenital absence of power there was atrophy of the corresponding motor convolutions, and an illustrative photograph by Dr. Gowers was passed round. Brachio-facial paralysis is more common than either brachial or facial paralysis alone ; it is due to a lesion in the mid-frontal region, or somewhat lower. Facial paralysis affecting the lower portion of the face is rarely found with a cortical lesion. A case was then given of facial paralysis due to an abscess of a certain spot following a gun-shot. As to aphasia, he would not go into its history ; it was due to lesions in the oral and lingual centres, commonly known as Broca's convolution. It is frequently accompanied by right hemiplegia. Here there is not speechlessness from inability to articulate; but the patient is unable to think in words, *i.e.*, to use those words which would correctly represent his thoughts. It is not absolutely confined to the left hemisphere ; and in many cases where the lesion has occurred in the right side the patients have been found to be left-handed. For those who denied this association of paralysis and lesion it would be necessary for them to show that such a bilateral lesion could occur without the paralysis. In a case of bilateral lesion of Broca's region, reported by Dr. Barlow, there was both aphasia and paralysis of articulation. Such paralysis is most commonly produced by an embolism of the middle central artery. As to the diagnosis of cortical paralysis from that due to lesion of the corpus striatum we have nothing definite to guide us. In paralysis of cerebral origin, the parts most distinctly paralysed are those which are most volitional ; thus, the arm is more paralysed than the leg, and the hand than the arm. Late rigidity is associated with secondary descending degeneration of the motor tracts. There is some doubt as to the effects of cortical lesions upon the temperature of the paralysed parts. Complete hemiplegia is not the most common, but a limited or dissociated paralysis becoming a complete hemiplegia. Cortical lesions are less frequently associated with loss of consciousness than are lesions of the corpus striatum and the vasal ganglia. They are more commonly associated with localised pain than are central cerebral lesions, and this can often be detected by percussing the skull over the seat of the lesion.

ON DERANGEMENT OF VISION IN HYSTERICAL PATIENTS.

(*A Lecture delivered in the Salpêtrière Hospital, Paris, by* Professor CHARCOT).

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.,
Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and the Dublin Eye and Ear Infirmary.

IN one of his late lectures in the Salpêtrière, M. Charcot has called the attention of his auditors to some of the derangements of vision most commonly observed in hysterical patients. To the facts belonging to this category, described by him on various occasions, and which he has since called to mind, he has added others that have not yet been noticed.

M. Briquet, it is well known, has long since mentioned the existence of various morbid phenomena which occur in that side of the eye, which is the seat of hemi-anæsthesia. On this side the patient sees badly, and the outlines of objects are not clearly defined ; the sheets of the bed or white paper appear grey, printed characters are not of a clear black, and are often so indistinct that the patients cannot read ; they merely see something of a deep grey colour on the light grey of the book. When the anæesthesia is carried to the highest degree, it gives place to amaurosis. (*a*)

It is owing to M. Galezowski, that we know this kind of amblyopia is regularly accompanied by dischromatopsia or achromatopsia, that is to say by a defective power, or absolute want of power to distinguish colours.

It is remarkable that this perversion of vision, with regard to colour, works according to certain rules, and certain laws, as has been clearly proved by M. Landolt, by means of a series of investigations on the patients under the charge of M. Charcot.

In its normal condition, all parts of the field of vision are not equally fitted to receive colours. There are some colours for which, physiologically speaking, the field of vision is more extended than for others, and these differences are reproduced nearly in all subjects, according to a rule for each colour. Thus, in the majority of cases, it is to blue that the field of vision presents the greatest extent ; then comes yellow, then orange, red green, and at length violet, which can be received only by the most central portion of the retina.

In hysterical amblyopia, these characteristics of the normal condition show themselves exaggerated to various degrees. In such cases, the different circles which correspond in the *exploration* (*b*) to the limits of the power of sight for each colour, contract concentrically in a more or less accentuated manner, according to the known law of the normal condition. From this, the numerous combinations which will be produced in cases of hysteria where this species of amblyopia has reached a high point, can be easily understood.

The circle of violet, the *central* colour *par excellence*, is capable of contracting, so as to become absolutely extinct, and the patient, while able to distinguish clearly all other colours, would be incapable of recognising violet ; then, the disease increasing, it would be the turn of green, another *central* colour ; then the turn of red, then of orange. Yellow and blue, *peripheric* colours, would continue to be distinguished until the disease had reached its furthest limit.

These are, as has been shown by observation, the two colours of which the perception is longest preserved in hysterical emblyopia. There are, however, as might be expected, exceptions to the general rule, in this sense, that certain patients (and such cases are not rare, as M. Charcot has recently proved)—continue to distinguish red when all perception of yellow, and even of blue is lost ; but, says, M. Charcot,—it may be considered as a certain rule, up to the present, that the *central* colours, green and violet, especially the latter, cease to be distinguished before the perception of red and the other colours generally is lost.

On further development of hysterical amblyopia, it may happen that all colours become completely indistinguishable, while the idea of form is preserved, and all objects present themselves to the eyes of the patient somewhat with the appearance of a drawing in sepia. At length, in its last stage, hysterical amblyopia may give place—of this, however, cases are rare—to veritable amaurosis. (*c*)

These chromatic alterations of the field of vision show

(*a*) "Traité Cliniq. et Thérap. de l'Hystérie." Pp. 293.
(*b*) Landelt. "Legons sur le Diagnostic des Maladies Desyeux." P. 155.
(*c*) Charcot. "Legons sur les Localisations Cérébrales." P. 118

themselves principally, as has already been stated, in the eye corresponding to the side affected by hemi-anæsthesia; but the field of vision becomes at the same time narrower for colours (to a much less degree, however) in the eye at the opposite side. This is why it is common to meet with hysterical patients who, for example, distinguishing with the left eye—that corresponding to the side affected by hemi-anæsthesia—only the *peripheric* colours—viz., yellow and blue, but have lost in the other eye all perception of the central colours—firstly, violet, then green. Theoretically, the existence of a multitude of other combinations, founded on the same principles, can be easily comprehended; and these combinations find daily their realisation in clinical surgery.

It should be well understood, however, that these derangements of vision caused by hysteria are entirely functional, and that they are not accompanied in the body of the eye by any alteration visible to the ophthalmoscope. The pupil and the retina are in their normal condition. The comparative examination of the eye on both sides shows no appreciable difference in the vascularity of the various parts.

It must, in addition, be stated that these symptoms, as a whole, may present the same peculiar mobility as the other local manifestations of the hysterical diathesis, and, like these, show themselves and disappear suddenly, or, on the contrary, establish themselves as persistent phenomena.

Thus, for example, dischromatopsia pre-existing, and more or less permanent in a certain patient, will give place suddenly to complete achromatopsia, at the time when the patient, feeling the attack of the premonitory aura, is menaced by a convulsive onset, and the achromatopsia will disappear as quickly after the attack as it was produced.

Complete amaurosis affecting both eyes may also momentarily establish itself in the train of this attack, (*a*) while anæsthesia, passing its usual limits, may invade the whole extent of the body. It may also happen that muscular amaurosis or complete blindness will be spontaneously developed, either suddenly or progressively, without having been preceded by the convulsive storm. (*b*) Finally, as may be foreseen, from what has already been stated, complete amaurosis affecting both eyes is a comparatively rare occurrence in hysteria. Briquet has only met with it three times. (*c*) He cites as exceptional the cases described by Pomme, Allègre, and Landouzy.

M. Charcot has scarcely observed it more often than M. Briquet. On the contrary, dischromatopsia, achromatopsia, and even complete amaurosis of one eye, that which corresponds to the side which is the seat of hemi-anæsthesia, and of the ovary, are phenomena common in such cases.

(*To be continued*)

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 167.)

THE second mode of invasion of the nervous system is that where the membranes of the brain and cord are primarily the seats of syphilis. When occurring in the dura mater alone, it may be localised, and not associated with a more diffuse arterial change. In a measure the same rule applies when the advance is made from without to within; when the membranes and the brain substance are successively invaded. But when, on the other hand, diffuse miliary gummata exist in the pia mater, causing softening and destruction of the convolutional surfaces beneath, then diffuse cerebral arterial change may be anticipated.

We will now see how these two states may be diagnosed; the prognosis of the former is hopeful, the prognosis of the latter is without hope.

Of all diseases of the nervous system, no less than that of other diseases, *pain* is one of the most important elements to be taken into consideration in the diagnosis; but in syphilis of the brain and its membranes, *Headache* in reference to its periodicity, its radiation, its advent and departure, as well as the inference to be gained by the effects of treatment, is perhaps of all aids the most vital and most significant. But let me add, that although I lay considerable stress upon this point, we must not be led astray by the existence of one factor alone, let it be of ever so much weight in itself.

For my own part I know of no cerebral growth that produces the peculiar pain which is so exceptionally diagnostic of a syphilitic gumma, and it is in all probability because these are found at the cortex, and in connection with the brain membranes. I have never seen, and I am inclined to doubt the existence of an isolated gummatous tumour in the central substance of the hemispheres, or motor ganglia, in the same way that we often find glioma, sarcoma, and tubercular growths. I have shelled out sarcomatous tumours from a man's brain, aged 29, who never suffered from any cerebral symptoms, pain, or otherwise, until a fortnight before his death, and in reference to tubercle, we have age and location to guide us. Gumma of the cerebellum is rare. The cerebellum is the most frequent seat of tubercle. I showed at the Pathological Society (see Path. "Trans.," vol. xxvii.) an enormous glioma in a man's brain who had rarely suffered from pain.

I do not wish here to draw out a differential diagnosis between cerebral growths, but the importance of *headache* in making a differential diagnosis of the seat of the syphilitic lesion will be readily seen and acknowledged. There is no description of *headache*, and one might say no kind of *pain*, which equals in intensity that which results from a localised syphilitic hyperplasia of the *dura mater*.

It is of a different character altogether to that which has been described in Case 10; and it is important to remember that it matters not whether the neoplasm is situated at the base, and involving the tract of some important nerve, or whether it is over the surface of the hemispheres in contiguity with any special sensorial or motor functional area. Why this membrane under these circumstances should be so sensitive it is not easy to explain? Yet we know by experiment that the dura mater is very sensitive to the electric current, and that the most violent and general muscular movement results from its action. And again, the nature of the texture invaded by the growth has to be taken into consideration. When once the inflammatory action has ceased in the membranes, and the brain substance becomes attacked, then, and not till then, does the *pain* lose its intensity.

The invasion of parenchymatous structures by morbid growths is never attended by the *severe pains* which are associated with them in more compact textures. The former condition of pain is much more diffuse than that where the bone is primarily involved, although it cannot be said to produce a more general hyperæsthesia of the scalp. The latter form of pain will sometimes extend to all the muscles of the neck and upper extremity, inducing very severe hyperalgia. *It is not relieved by pressure.* On the contrary pressure if possible *increases* its severity.

Again, this pain is remittent; it thus differs from the case just alluded to where it was found to be relapsing. (See tables of characters of pain in "Syphilis of the Brain," &c.)

In addition to the peculiar nature of the pain, where the dura mater is the special seat of syphilitic disease, we find signs and symptoms according to the particular area implicated, which we can only deal with in a very general way.

(*a*) Bourneville—"Récherches Cliniques et Thérapeutiques sur l'Epilepsie et l'Hysterie." Pp. 127, 146.

(*b*) "Voir l'obs., complete dans Bourneville et Regnard, Temographie Phot. de la Salpêtrière." Pp. 129, 151.

(*c*) *Loc. cit.*, p. 293.

Muscular hyperalgia, and disturbance of muscular sense, with cramps of isolated or combined groups of muscles, are of all others perhaps the most important. Epileptic seizures may occur, but when they do it is a sure sign that the growth is making advances toward the convolutional cortex, if it has not already invaded it. Although the pain is so diffused, the temperature of the head is locally increased, so that temperature and pain bear an inverse ratio to each other, and often the precise seat of inflammation can be detected by this means.

Lastly, a pseudo-ptosis and a contracted pupil are associated on the same side as the lesion when it exists in relation with the anterior lobes, although the third nerve is not directly affected.

With this review of the signs and symptoms usually attendant upon a gumma of the dura mater proper, we will now consider what the signs and symptoms would be if this growth were allowed to extend itself into the brain substance, and to consider this is a question of pathological interest. How far these gumma are merely the sole local manifestations of syphilis is uncertain, and it becomes a point for consideration whether they are or not usually associated with the syphilitic vascular changes of Heubner.

From my own observations I conclude that the latter is the real condition, only in the more advanced stage of the growth. On the other hand, it is common pathology to find syphilitic disease of vessels and softening of the brain without gummatous growths.

If this be true, and my own experience confirms it, we have in syphilis of the brain a diffuseness as well as a vagueness in the manifestations.

And here again we find another point of interest which helps us to diagnose a syphilitic from other forms of tumour. For instance, a man has a paralysis of his *left* third, sixth, and seventh nerves, and a palsy of his *right* arm and leg. It would be inferred that he had some lesion of the *left* hemisphere of the brain, possibly in the pons varolii or crus cerebri. If the lesion were due to hæmorrhage, to a sarcomatous or gliomatous tumour, would the state of that man be actually the same, provided the lesion were syphilitic? We will for the present leave history and age out of the question altogether, important aids though they be to diagnosis.

If we use the ophthalmoscope we shall probably find some ischemic or neuro-retinal change, which will avail us little, and the same may be said if we examine the palsied members; no electric current will help us to come to a correct estimate, but there will be diffuse changes revealing psychical derangements, which I maintain are rarely associated with other than syphilitic growths when combined with objective signs of paralysis.

Some of these conditions have been noted in the chapter on "Pathology," and will be referred to again.

The following case will possibly demonstrate my meaning:—

CASE 14.—*Gumma of Pons Varolii, involving the 3rd, 5th, and 7th Nerves—Slight alternate Hemiplegia of Sensation and of Motion—Complete* Right *Facial Paralysis, and Intense Neuralgia of the* Right *half of Head and Face—Disturbance of the Sensorium—Recovery.*

S. B., æt. 42, contracted syphilis, and suffered greatly rom it when 19 years old. At 23 years of age he went to India, and whilst there he had fever and ague; he also had sunstroke. But it was not until he was 40 years of age that he suffered severely from headaches. So severe were they at first that he was unable to sleep for nights together. If he took any excess of stimulant, to use his own words, he became like a madman. He placed himself under medical care, *and got quite well*—so much so, that he said he felt as well as ever he did in his life, but when he became excited, and especially if he lived too freely, *his head felt heavy, and he lost himself momentarily.*

At other times his memory failed so that he would break off in the midst of a sentence, and forget the nature of the subject of which he was speaking. Sometimes he became embarrassed in his speech, and would misplace a whole sentence or give one word for another, or his speech would become of the drawling, hesitating character to which we have before alluded (Case 10).

At the age of 42, his headaches recommenced, and he became morose, irritable, and violently passionate, or he would burst out into a fit of crying. He complained of a weakness in the *right* arm and leg. A month before he came under my care, in 1876, he awoke one morning to find that there was loss of movement of the *right* side of the face. Three weeks after he saw double with the *left* eye, and had very great difficulty in raising the left eyelid.

When I saw him his extreme pallor attracted my attention, and as far as facial expression was concerned, he at first sight appeared to be demented, but this was by no means the case, for he at once gave me his history clearly enough. There was no marked failure in reasoning power. He suffered from the most agonising pain in the *left* half of the head, face, and jaws, extending well round to the occipital region. This pain was purely paroxysmal—it usually came on about seven o'clock in the evening, and continued until four or five on the following morning. He was rarely giddy, but whilst walking he would stop, and say that he felt confused.

1st nerve normal; 2nd nerve involved. He says that the sight of the *left* eye is not so good as that of the right. The ophthalmoscope showed no difference—the discs were dim and hazy, they seemed swollen and the veins enlarged.

3rd nerve. Both of the pupils were greatly contracted, and the left eye seemed to be at a standstill, as though the 6th and 4th, as well as the 3rd, were palsied—there was partial ptosis.

5th nerve. There was intense hyperalgia of the sensory branches of the 5th on the *left* side. He also complained of great stiffness about the muscles of the jaws.

7th nerve. The paralysis of this nerve was almost complete, and associated with profound anæsthesia.

8th, of the glosso-pharyngeal and pneumogastric nerves, the latter was not involved, but the spinal accessory seemed to be so, for at times there was rigid spasm of the trapezius muscle.

9th nerve. The tongue was slightly pushed over to the *right*—its *right* half seemed atrophied when compared with the left, and this side was furred and coated (trophic nerve derangement), whilst the left half was usually clean. The sense of taste on the right side was decidedly impaired.

Of the extremities, the *right* was first involved, but more to sensation than to motion, and more of the arm than of the leg—the paralysis was slight. The left arm and leg were also paretic, only to motion not to sensation.

I must admit that I looked upon the case as hopeless, and stated that to be my opinion, but knowing that the man had contracted syphilis, feeling sure that the tumour was of the nature of a gumma, and seeing from signs and symptoms that it was localised, and possibly originating in the dura mater, covering the basilar process of the occipital bone, I commenced the treatment by giving half-dram doses of iodide of potassium with decoction of bark, three times a day. This was continued for six weeks with some slight improvement, especially in the patient's general health. His appetite became good, and he was fed freely.

Stimulants were at first administered, but with caution. The iodide was now discontinued, and three grains of blue pill were given, night and morning, for one month. There was slight ptyalism, but the mercury was continued with a mixture of quinine and chlorate of potash with which he washed out the mouth before swallowing. The man's slow, but sure progress was really remarkable. The ptosis of the left eye and vision were the first to become normal, at which time the nocturnal pains ceased, sensation returned to the right side of the face, and the paralysis—although never completely cured, was scarcely noticeable.

He was under my care for six months, and from a mere wreck of humanity he became himself once more, and I

hope he is taking iodide of potassium to this day, for I told him to do so.

There is nothing either novel or exceptional in this case, for we are constantly meeting such in our practice, but I was anxious to draw attention to it, because in addition to the signs of a tumour situated at the base of the brain, we had the disturbance of the sensorium ; and independent of any other sign, this would at once lead me to suspect, but not to be certain, of the existence of syphilitic disease, probably of the vessels. And beyond this it was at that particular stage, which convinced me also that softening had not taken place. There is one important factor, however, which if not taken into consideration would invalidate our diagnosis. I refer to the existence of albuminuria in association with a gliomatous mass occupying precisely the same position, and producing similar signs and symptoms to those which this case has presented.

When the blood is loaded with urea, and the capillaries have undergone atheromatous and fibroid changes, and we find undue tension of the vessels we might have accompanying these objective signs, the subjective symptoms of mental perturbation, which have been observed, but no clinicist would permit this state to pass his notice unheeded. And withal, when we come to consider the degenerative changes of the brain which arise from associated renal and vascular disease, and when are added to these history and general textural changes, we find this class of paralysis to stand out from all the rest with a clearness most unmistakeable.

Before considering the signs of disease of the brain produced by the arterial changes in the middle-sized leading cerebral vessels, as described by Heubner, we must first refer to a similar condition commencing in the vessels on the cerebral surface of the pia mater.

This is often associated with disease of the medium sized vessels of the brain, but as a rule when co-existent, it has invariably preceded, so that a differential diagnosis is necessary.

The signs of syphilitic inflammatory hyperplasia of the pia mater are to be distinguished from those of the dura mater. A syphilitic inflammation of the dura mater resolves and the patient gets well. A syphilitic inflammation of the pia mater is usually less circumscribed, rarely resolves, invades the grey substance, and produces softening and atrophy of the cortex, also of the convolutions, and the patient dies demented in two, three, or four years. The chief reason for this is that the disease progresses without showing any objective signs (at least to the patient's friends, or to any ordinary observer) more than *slight* headache, with increase of temperature of the head toward night, and all the feelings accompanying general *malaise*, until, to the surprise of himself and those about him, he is suddenly seized with an epileptic fit. After this he is more carefully observed, and sensorial rather than motor phenomena are noticed. Or the fits may relapse, and be continuous at intervals for days or even weeks, according to the extent and course of the lesion, and the invasion of the discharging centres. Some objective paralysis might follow them—generally defect in co-ordination of unilateral, or, it may be, bilateral, groups of facial muscles, and of the muscles of the tongue ; or a pseudo-hemiplegia may be the result. The seat of this inflammatory change, for what reason I know not, is almost invariably over the convolutions of the anterior lobes, and very rarely over one lobe alone.

We observed that the headache in syphilitic disease of the cranial bones and of the dura mater was most intense, and increased by pressure—that the increase of temperature was usually localised rather than diffused. The reverse of this is the case in syphilitic inflammation of the pia mater ; there is no intensity of pain ; it is never localised, but invariably diffused over the forehead, and of a dull, aching, congestive kind. The temperature of the head particularly, and of the body generally, is higher than when the dura mater is alone involved. There is greater constitutional disturbance ; vomiting and constipation may occur, but alteration of character is a sure accompaniment — illusions, hallucinations, delusions, melancholia, and dementia the sequence. Case 10 is an excellent illustration of this form of disease, and the signs and symptoms are fully delineated and dwelt upon, so that it is unnecessary here to say anything more about them.

The following case is one which came early under my care, and yielded to treatment :—

W. J., æt. 37, married, and (lately) of extremely temperate and regular habits, but, when young, he contracted syphilis, and suffered severely from it even until a very recent date. He was engaged in a large way of business, and, for the past year or two had been much harassed on account of business matters. He attributed the headache from which he suffered to this cause. His friends became alarmed about him on account of the remarkable and almost sudden change in his disposition. His honesty and strict integrity were never doubted, but now his chief aim seemed to be to enrich himself at any cost, and he would tell his dealers to make the most exorbitant demands—to say the least of it, in the most unbusiness-like way. His feelings also towards his wife and children had undergone a change which, to them, seemed unaccountable. He had been under medical treatment, and, not getting better, an acquaintance of mine, who was a friend of his, advised him to consult me.

When I first saw him, in May, 1877, he gave me the impression of being in fairly good health, and he told me that he was perfectly so in every way. His memory and general intelligence were good. I thought that I occasionally detected some tremor in articulation, and I was determined to put this very conclusive proof to the test by inducing an exaltation of function in the motor ideational centres, and I told him that he would oblige me by repeating for one dozen times the two words "proceed procrastination." Of course he said nothing was easier, but before he had arrived at the seventh time his articulation was a mere jumble, and the inco-ordinate movements of the lips and facial muscles, with his apparent anxiety to accomplish the task, told me at once a true tale. As he was leaving my house he fell down in a fit—the first he ever had. I told his friend my opinion of the case, and, after a little persuasion, he was induced to place himself under the treatment I suggested.

The rooms of his house were cheerful, lofty, and well-ventilated. I ordered him to take plain roast or boiled meat, to abstain from alcohol in every form, particularly to discontinue smoking. Tea and coffee were forbidden, and all business pursuits. He was to take carriage, but not walking exercise. I particularly enjoined him to discard all inclination to sexual indulgence. The treatment I adopted was active (I do not believe in bromide and iodide of potassium unaided in these cases), for if this condition is allowed to progress beyond a certain point—then all is lost.

It is quite true that I gave this patient the iodide of potassium with three grains of blue pill three times a day from the first, but, in addition, I ordered two leeches to be applied to each temple every third day, to be repeated three times, and, after the bleeding, cold spirit and water was frequently applied to the forehead. The last thing before going to bed the feet and legs were immersed in strong mustard and water for ten minutes.

The headache gradually ceased, so that at the end of three weeks his nights were not in this respect disturbed. The mustard baths were discontinued. At the end of six weeks he was in every way so much improved that I had the greatest trouble to keep him from business, but I succeeded in getting him away to the Isle of Wight for two months. He was ordered to discontinue the pills, but to continue taking the iodide of potassium. I am happy to say that his malady has subsided. I say subsided only, because I am quite fearful of another outbreak.

INTERESTING CASE OF IMPERFORATE HYMEN.

By GEORGE KILPATRICK GIVEN,
Medical Officer, Gorton Union Infirmary and Dispensary.

On Dec. 3, 1877, I was called upon to visit Miss Annie A., an extremely fine-looking and well-nourished young girl, aged 17 years all but two months. I found her to be in all respects healthy, save and except that, up to this date, she had never menstruated. Her cheeks were quite rosy, and in short, I was at first not a little surprised on being told she was the patient I had been brought to see. On hearing a statement of the girl's case, I had her put to bed, when, on examining the abdomen, I found it to be greatly swollen and extremely hard, almost, if indeed not quite, as hard as one may feel the abdomen in advanced pregnancy. The mother, who was standing by me whilst engaged in making my examination, seemed, upon my noting this fact, to yield herself to deep distress, and evidently had begun to feel quite satisfied that it was all up with poor Annie, so far at least as her virginity and virtue were concerned. I should, perhaps, have mentioned that this girl had lately been accustomed to experience little periodical attacks of, well, not exactly sickness, for she on none of those occasions felt compelled to take her bed, or even for a day to quit her usual avocations, but a sort of *malaise*, which briefly passed away, and always left her quite "herself again." On completing my examination of the abdomen, I next had patient placed in the obstetric position, and soon discovered that there was a tense and hard, and fluctuating bag (the term by which I can most faithfully describe it), feeling exactly like the bag of liquor amnii as we do sometimes feel it "when a pain is on," projecting from the labia. Running then my index finger round the mass, I vainly sought therewith to penetrate its bordering sulcus, and quickly, therefore, saw the nature of the case I had before me. I found the entrance to the genital canal most perfectly occluded, and saw, of course, that the projecting bag was nothing other than a doubtless greatly *stretched* but yet *unbroken* hymen. This discovery being made, my next proceeding was to breathe a word of consolation to the nigh demented mother, and then I plunged a keen scalpel into the mass, whence, instantaneously, there gushed an inky, tarry torrent of evidently long imprisoned menstrual fluid. Palpation now revealed the act that the abdominal hardness and distension had completely gone, had vanished as by magic, and not a trace of them was left behind. No bad symptom followed, and ever since, I'm told, the girl regularly menstruates as others do.

I place this case on record, since I consider it to be one of interest to the practising physician, and for the following, amongst other reasons, viz. :—

1. The age reached before relief was sought, nor do I think that in this case relief would have been sought even yet, but that the girl's friends had come to think her pregnant.

2. It affords additional and positive proof that retention of the menses for a lengthened period is quite compatible with perfect health.

3. That the rule, of which we are all aware, laid down by certain authors regarding the danger connected with operating under circumstances such as these, does not by any means hold good in every case.

4. That the question of the hymen's integrity should be always borne in mind when we are called upon to deal with certain forms of amenorrhœa.

The annual rates of mortality in the four principal cities of the United Kingdom last week were 22 in London, 22 in Edinburgh, 24 in Glasgow, and 31 in Dublin, per 1,000 of the population. Of the other large towns, Portsmouth gave the most favourable return with 17, and Plymouth the highest death-rate, viz., 35 per 1,000.

Clinical Records.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.

A Case of Sarcoma of the Choroid.—Enucleation.—Great Danger from Excessive Narcosis During the Operation.—Recovery.

Under the care of Mr. SPENCER WATSON.

Ellen S., æt. 7, was brought to the South London Ophthalmic Hospital in April, 1875, with a staphylomatous protrusion of the upper region of the sclerotic, of the size of a small bean. The whole eyeball is enlarged and distended, and the corneal region thrust downwards and forwards, the upper eyelid being somewhat distended, and giving the aspect of general protrusion. The movements of the globe are somewhat limited in the upwards and outwards directions, but the orbital tissues themselves are not sensibly enlarged or protruded. There is slight perception of light, but no distinct vision. The ophthalmoscope gives no view of the fundus, but an obscure dull reflex.

History.—The child's mother is a healthy woman, with three children. She has lost two or three others, and her attendant, Dr. Scott, of Kennington Road, thinks that there is some syphilitic taint in the family. The patient, Ellen S., has been delicate for the last three years, and has lost flesh and appetite. She had nothing wrong with her eye till a month before admission (April 30), when it became inflamed and bloodshot, but she could see with it tolerably well till a fortnight ago, when it was lanced by Dr. Deeping, of Southend, on account of the severe pain she was suffering. A little blood escaped from the puncture, and the pain was relieved.

May 1st.—The staphyloma being evidently on the increase, Mr. Watson tapped it by means of a fine cataract needle. A small quantity of thin serum escaped, and this was followed by a bead of vitreous.

May 7th.—The eyeball having refilled and become tense and painful, it was determined to repeat the tapping, and for this purpose the speculum was introduced, when the globe gave way suddenly, and a large prolapse of vitreous took place. The child being now under the influence of chloroform, it was decided to enucleate the globe. This was done in the usual way. The removal of the globe was followed by very free bleeding, and the patient became suddenly faint and collapsed. She was immediately inverted by raising her legs, and suspending her with her head downwards, at the same time drawing the tongue forwards. A deep inspiration followed, and natural breathing and healthy colour was restored.

On November 5th, 1875, there had been no bad symptoms, and an artificial eye had been fitted to the socket. The child's health continued very feeble.

July 3rd, 1877.—There had been, from her father's account, a constant discharge from the eye. It is probable however, that this was merely conjunctival, and up to this date there seems to be no evidence of any return of the disease.

Examination of the Eyeball After Removal.

After cutting through the anterior part along the ciliary region, two nodular masses were discovered lying outside the choroid, and continuous one with the other by a constricted isthmus stretching across the optic nerve. These tumours were adherent on the one side to the sclerotic, and also to that part of the choroid which lies near the optic nerve. They were, when fresh, of a bright yellow colour, and so soft that it was impossible to make a section, being in fact, semi-fluid towards their centres.

After hardening for some weeks in Müller's solution, the growths were examined by Mr. Nettleship, who gives the following description of their structure and relations:

"The choroid seems to be the seat of the growth, which

is however thickest and largest at the back of the eye, around the optic nerve entrance. There are, however, some large—more or less separate—hillocks of the growth in the more anterior portions of the choroid. There does not seem to be any retina left. The optic nerve is not obviously altered, and it is loose in its sheath as usual. The growth is intimately adherent to the sclerotic, appearing, indeed, quite continuous with its structure. Microscopically, it consists of round, or roundly-oval cells of rather large size, with one, sometimes two, nuclei. There are, besides, many apparently free nuclei, in size and refraction resembling those contained in the large cells, and also cells of small size nearly filled by the contained nucleus. In one part of one section the growth showing all these characters is well seen infiltrating the remains of the stroma of the choroid. In some parts a few well-marked large spindle-shaped cells occur, but they are not numerous, and may, perhaps, be only the remnants of the proper choroidal tissue. The sections of the optic nerve do not give any evidence of invasion by the morbid growth. Whether the growth began in the retina as a glioma or not, it certainly has not now the characters of glioma, but of round-celled horoidal sarcoma, in which the majority of the cells are a good deal larger than those of glioma."

From the above description it is probable that the growth originated in the outer layer of the choroid, and that it invaded and infiltrated the sclerotic at an early stage.

SAINT ANTOINE HOSPITAL, PARIS.

Lesion of the surface of the Cerebrum, extending into the Centrum Ovale—Epileptiform Convulsions—Hemiplegia.

Reported by C. MAYGRIER, M.D.

A. GENEVIEVE, æt. 30, was admitted to the above-named hospital, Oct. 17, 1877. Her occupation in life was doubtful, she was probably a prostitute. She was not addicted to drinking, and denied ever having suffered from syphilis. She had complained of ill-health for about eighteen months, tracing its origin to some blows she had received on the left side of the head. She had felt pain in this place, and had since been liable to epileptiform seizures, coming on especially at night. For about the last four months she noticed her right side was weaker than her left; this paralysis, at first only slightly marked, progressively increased.

On admission, she presented the following symptoms—acute cephalalgia, localised to left side of head, hemiparesis of all the right side of body. The right leg was much weaker than the left. She walked *en fachant*. The right arm hung almost inert, yet she could raise it as high as the face; the features of the right half of the face were altered, but the orbicularis palpebrarum had not lost its action. The tongue was slightly turned from the paralysed side, speech a little embarrassed; intelligence clear, and the memory unaffected; sensibility unimpaired in paralysed parts. General health was good, the urine normal, not containing either sugar or albumen.

The convulsive seizures were noticed, from the first day of her admission; they occurred about three or four times in the twenty-four hours, chiefly at night. Up to November 25, her condition did not vary, but after that date, the attacks became more frequent—she had four on the night of the 25-26th November, four on the night of the 26-27th. The following days the seizures became more frequent.

During these attacks the patient presented the following characteristics:—

For two or three seconds *tonic* spasms occurred which became *clonic*, especially on the paralysed side.

The thumb lay in the palm of the hand embraced by the fingers, the head was turned to the right—the hemiplegic side. Occasionally, the muscles of the face worked convulsively, especially on the right side, without the other parts of the body sharing in the disturbance. She died comatose on the morning of November 30th.

Autopsy.—The abdominal viscera were healthy, the lungs and heart normal, some atheromatous deposits were found on the aorta, stopping short at the sigmoid valves, which were free from them. At some points small aneurismal dilatations were already formed.

Cranium.—The dura mater was healthy, the pia mater congested, it peeled off easily, except at one point, on the external surface of the left hemisphere, where it was of a greyish colour, thick and resisting, and intimately adhering, to the extent of about a 5s. piece. This point corresponded exactly with the inferior part of the frontal and ascending parietal convolutions, and with the middle of the fissure of Sylvius, the edges of which were glued together. On a vertical incision, it was seen that the lesion only affected the grey substance alone in its two lower thirds, but towards the upper part it extended into that portion of the *centrum ovale*, called after the nomenclature of M. Pitrés, by the name of the middle fronto-parietal fascia. This lesion presented all the characters of a cicatrix, the pia mater was here blended with the cerebral substance. If we dismiss the idea of a softened and cicatrised gumma, the most reasonable hypothesis was that the lesion was traumatic. The patient denied all specific contamination, and there was no trace in any part of the body of syphilis.

Remarks.—This case is particularly interesting, as it perfectly accords with recent facts on localisation of the cerebral surface and of the *centrum ovale*. The lesion at the foot of the frontal, and ascending, parietal convolutions accounted for the facial paralysis, whilst its extension into portion of the *centrum ovale* was sufficient to account for the paralysis of the limbs observed during life.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

AT the meeting of this Society on the 18th inst., Professor ERASMUS WILSON, F.R.S., President, in the chair, Mr. ALLINGHAM proposed, and Mr. ADAMS seconded that a vote of thanks be given to the silver medallist, Dr. Godson, on his retirement from the office of hon. secretary, and to the other retiring members of the Council. The vote was carried by acclamation.

Mr. WM. ADAMS exhibited to the Society

A NEW SHOE FOR THE TREATMENT OF TALIPES EQUINO-VARUS, ETC.,

by the use of which many of these cases may be cured more perfectly and in a shorter time than by the instruments generally in use.

Mr. ADAMS considered that the instrument generally in use, the so-called Scarpa's shoe, was admirably adapted to the treatment of talipes equinus, in which deformity the foot moved as a whole from a single centre of motion, viz., the ankle-joint; but a great error was committed when this apparatus was used for the treatment of talipes equino-varus, or for varus. In all the more complex distortions such as equino-varus, varus, and severe valgus, the foot no longer moves as a whole from one common centre of motion, but it moves in two portions from two distinct centres of motion, viz., the ankle-joint, and the transverse tarsal, or as it is sometimes called the medio-tarsal, joint in front of the astragalus and os calcis. It is of the utmost importance to consider the direction in which the anterior and the posterior portions of the foot move from these two great centres. At the ankle-joint we have only the simple movement of flexion and extension; but at the transverse tarsal joint, which partakes more of the ball-and-socket character, the anterior portion of the foot is capable of being moved in several directions. In equino-varus, and in varus, the anterior portion of the foot is inverted, rotated inwards, and flexed, so that the foot is bent upon itself in the direction of its length; and in severe cases of talipes valgus the anterior portion of the foot is rotated outwards. It is obvious, therefore, that the instrument used to correct these distortions should be subdivided like the foot into two portions, moving like the foot from two distinct centres of motion, and that each portion should be capable of moving in the same directions as the portion of the foot to which it is adapted. The mechanical centres of motion must also be made to correspond as nearly as possible to the anatomical centres of motion. It is with these fixed ideas that Mr. Adams had gradually improved the instrument which we still call the Scarpa's shoe, and the latest improvements are shown in the instrument exhibited to the Society. It has been made, under his direction, by Mr. Ernst, of Charlotte Street, Fitzroy Square. In this improved Scarpa's shoe, the sole plate is divided into two portions by a joint correspond-

ing to the transverse tarsal joint, and the anterior portion can be moved in various directions by three cog-wheels, or rack-and-pinion movements in the sole plate; the movement of inversion and eversion is regulated at one, that of flexion and extension at another, and rotation at the third, so that the anterior portion of the sole plate can be moved in any of these directions, the mechanical thus corresponding to the anatomical centres of motion in the production of the deformity.

THE OBLITERATION OF PORT-WINE MARK.

Mr. BALMANNO SQUIRE read notes of two cases of port-wine mark treated with a view to obliterating the mark without scar. The one case was that of a man, aged thirty; the other that of a woman aged fifty-five. In both the port-wine mark was confined to the right half of the face, and in each case treatment was carried on long enough to produce nearly complete obliteration of the mark. Scarification was adopted in both cases by means of parallel incisions with a frozen scalpel, the skin also being frozen by means of the ether spray; the cuts involved the entire thickness of the skin, and were made about one-sixteenth of an inch apart, and as soon as these had healed (within three or four days) further parallel incisions were made obliquely in the same direction, and so on with a series of operations. This procedure gradually resulted in the fading of the port-wine mark, and its final complete obliteration without leaving any scar. Mr. Squire showed drawings of these cases, and of an instrument he had devised for executing a series of incisions at one stroke. It was a scalpel with sixteen parallel blades, placed so closely together that eighteen of them measured only half-on-inch across. He also described an apparatus, consisting of a number of parallel needles fixed in a plaster of paris handle, so that the handle contained thirty-six needle-points in the half-inch square. These should only be heated to a black heat on their insertion into the skin, for if heated to redness they produced complete sloughing of the entire area of skin operated on.

The PRESIDENT said that the operation was obviously as yet only in its infancy, but the process of linear scarification, as proposed by Mr. Squire, appeared to him to promise good results. Certainly no other satisfactory mode of dealing with port-wine marks had as yet been proposed.

Mr. Malcolm Morris, Mr. Wordsworth, and Mr. Davey also made a few remarks, after which

Mr. SQUIRE replied that, in order to succeed in effecting neatly close parallel incisions, some practice in pencil or in pen-and-ink drawings was a considerable advantage, and that those practitioners who happened to have this kind of training would find but little difficulty in the matter. However, the multiple scarifier he had devised would effectually dispense with the necessity for that kind of accomplishment. He had tried multiple linear scarification in lupus, but preferred the results he had obtained in that disease by erasion with a minute sharp steel spoon; scarification of any kind, as applied to port-wine mark, was, he believed, as yet untrodden ground.

THE ACTION OF MALARIA.

Dr. SULLIVAN then read a paper on the action of malaria on the human organism, advocating the theory that to nerve paralysis, through the action of this poison, must be attributed, not alone the phenomena manifested during a paroxysm, but also the sequel of the intermittent fever. The author explained, by means of a diagram, the special venous circulation between the spleen, stomach, pancreas, and liver, together with the peculiar function of the spleen destined to supply to the glands of the stomach the materials necessary for their secretion, deducing therefrom the opinion that whatever tends, like the poison of malaria, to impair the function or the texture of the spleen (an organ which, as a part of the lymphatic apparatus, acts so important a part in the formation of the blood, and in the process of nutrition), must affect greatly the function of digestion.

DUBLIN OBSTETRICAL SOCIETY.

THE Fourth Meeting of the Session was held on Saturday, February 9th, 1877, Dr. S. M. MACSWINEY, Vice-President, in the chair.

THE LATE DR. FLEETWOOD CHURCHILL.

M'CLINTOCK said—Before the Society proceeds to the business of the evening, I would ask your permission, Sir, to move a resolution. It is a very painful duty to me to have to move a resolution to the same purport and of the same nature as that which I proposed at the last meeting of the Society. It is always a painful and a distressing thing where we have to bring forward a resolution and allude to the decease of a fellow member, but it is peculiarly so on the present occasion, when the resolution that I am about to move has reference to the late Dr. Churchill, who was known, esteemed, respected, and beloved, I believe, by every member of this Society, and who was endeared to me by twenty-five years of warm friendship. I believe, Sir, that, in this Society, it would be quite unnecessary and mere affectation were I to dilate upon his claims, or upon his professional character. His reputation as an obstetric writer was of the highest degree; it was world-wide. For nearly a quarter of a century his works on midwifery and diseases of women, and on the diseases of children were the text-books universally quoted and referred to, both in the hands of students and practitioners. Those works were re-published in America, and were also translated into some of the European languages. As a practitioner, Dr. Churchill was known to us all. There are few members of this Society who have not at one time or another had occasion to call into requisition his experience and his judgment. As a man, as a gentleman, as a member of the medical profession, he was, I need hardly say, a man of unsullied reputation. He maintained the honour and dignity of our profession in every relation of life, and in every position. In addition to this, as you all know, he was a man of very cultivated understanding, and of a very enlarged Christianity of heart. I need say no more to commend this resolution which has been drawn up, and which I am about to submit to the support of the Society. —"Resolved: That we place on record our sincere regret at the decease of a distinguished fellow member, Dr. Churchill, who, from the foundation of the Society until the time of his death, embracing a period of nearly forty years, never ceased to take an active and a warm interest in its welfare, and who, by his own professional eminence, as well as the moral weight of his character, contributed in no small degree to the reputation of our Society." I have great pleasure in submitting that resolution.

Dr. DENHAM seconded the resolution, which, he said, was so ably proposed by Dr. M'Clintock.

The CHAIRMAN—This is the only tribute which this Society can now pay to the memory of their late President, who was so endeared to every member of the Society, and it is put to the Society in words so appropriate and so graceful by his long-timed friend that another word would be misplaced respecting it.

The resolution was then passed in solemn silence.

CONGENITAL FRACTURE.

Dr. SMYLY exhibited the head of a fœtus which presented a spoon-shaped fracture on the left side of the frontal bone. Those injuries were sufficiently uncommon from any cause, but were especially rare where the fracture took place by the unaided contractions of the uterus, as they were generally caused by instrumental delivery, the bone being dragged past the promontory of the sacrum. It was the woman's seventh pregnancy. She had previously had an abortion in 1876, and again became pregnant last year. Her last menstruation was on the 7th of April last, and the child whose head he exhibited was born on the 23rd of December, so that it was probably an eight months' fœtus. Labour commenced the day previously, on the 22nd of December, at 4 o'clock in the morning, and the membranes gave way at 3 o'clock that afternoon. She was seen shortly afterwards, and it was found that she was in the second stage, the os being fully dilated, but the head was still above the brim. With the exception of that there was nothing abnormal. On examining the patient again at 9 o'clock that evening, three or four loops of the cord were found in the vagina, but it was quite pulseless. The child being dead, it was considered advisable to let the labour go on of itself. At half-past one o'clock the next morning it was found that no advance had been made since 4 o'clock the previous afternoon. The head at this time had not entered the brim of the pelvis. While the examination was being made at one o'clock in the morning, the head came down "with a jerk," and the child was immediately afterwards born, though there was some difficulty in extracting the shoulders. The child was of course dead, but apparently it had not been so for a very long time. There was no scalp tumour. The fracture was situated in an uncommon position, for those

fractures usually occurred in the anterior portion of the parietal bone, and rarely on the frontal bone.

OVARIOTOMY.

Dr. ATTHILL exhibited an ovarian cyst removed by him that day from a patient in the Rotundo Hospital. The patient was aged only 18 years, and came under his care about four months previously, at which time he diagnosed the existence of an ovarian cyst of small size, evidently unilocular and free from adhesions. Taking into account its condition, then, he was indisposed to operate, and he postponed doing so from time to time, being unwilling to risk the life of the patient till the symptoms became aggravated. Of late, however, she had began to suffer considerable pain, and of rather a perplexing character, for though the pain was referred to the tumour, there were no symptoms whatsoever of peritonitis. There was no pain, there were no rigors; the frequent occurrence of pain, coupled with the urgent wishes of the patient and her relatives, induced him to operate. The operation in its steps was exceedingly simple and easy. The cyst was exposed without difficulty, and it proved, as already diagnosed, to be free from adhesions, and to be unilocular. He was, however, somewhat surprised on introducing a trochar, to find that there came nothing but pure pus, in fact the cyst was a suppurating one. In removing the tumour but a drachm or two of pus escaped into the abdominal cavity. The cyst having been turned out, the pedicle was secured with a silk ligature, and returned into the cavity of the abdomen. The cyst had not yet been opened; portions of the pus having escaped into the abdomen, had increased the risk, but it was quite evident that the patient would have succumbed before long to the disease if she had not been operated upon. The cyst was exceedingly small, the quantity contained in it being not much more than a pint and a-half. It appeared to be nearly free from solid matter, though there was a certain amount in it. The patient, he was happy to say, up to the present moment, was in a very satisfactory condition. There had been no vomiting whatever. The pulse was about 110, and her temperature 101°, and he was very hopeful that she might make a fair recovery.

The adjourned discussion on Dr. M'CLINTOCK'S paper on

TRANSFUSION

was then commenced.

Dr. ROBERT MCDONNELL, F.R.S. (President of the College of Surgeons), asked the permission of the Society, prior to the discussion, to show his transfusion apparatus, which he did not happen to have with him on the last night of the Society's meeting. As the operation was essentially one of emergency the case should contain everything that the operator required, and he was provided even with candles in order to ensure having proper light. The only thing needed over and above what was contained in the case was warm water and an ordinary jug—appliances which were generally to be found in the house of the humblest person. The first thing to be done was to secure the arm of the patient who was going to be bled. That was so rarely done now a days that any young gentlemen who were thinking of transfusing would have to commence by learning how to bleed a patient. To facilitate matters he had a small garter which he placed round the arm above the point where the vein was to be opened, in order to make the vein full. The lancet having been applied the blood was drawn into a clean warm vessel, and while the blood was passing into it it was stirred with a clean glass stirring-rod. It took a very short time, indeed, for the blood to commence to coagulate upon the end of the pipe, so that caution had to be exercised. The blood had then to be strained through a piece of muslin—a clean pocket-handkerchief would do—into a vessel which was perfectly clean; great attention had to be paid to these things. Then the papette which sucked up the blood from the last-mentioned vessel was filled and placed in a jug of water warmed to about 100° of heat. That formed the first part of the operation—drawing the blood, defibrinating it, and filling the papette, and placing it in a jug of hot water. With regard to the papette, he did not believe it was generally necessary to use so much as even filled the papette, and the most successful cases had been those in which small quantities of blood had been used. About half or three-quarters as much as filled the vessel was generally enough. In the middle of the india-rubber-tube leading from the papette there was a little bulb. When the blood filled that little bulb, by squeezing it the operator was enabled to simulate the pulsations of the heart in driving the blood into the patient. The next point of the operation required some nicety, as the patient was quite bloodless, and the difficulty was sometimes to find the vein near the elbow. When the vein was found, it was raised by a pair of forceps and a small hook applied in order to fix it so that the vein shall not escape, and that the operator may not lose sight of it. A small opening was then made in the vein sideways. There is not the slightest necessity for haste all this time. The assistant then handed the probe-point at the end of the india-rubber-tube, and that probe-point, which extended a considerable way beyond the eye of the instrument, was introduced into the opening made in the patient's vein, and passed up until the eye was well in the vein. Pressing the little bulb at the india-rubber-tube when they knew that the air was expelled—indeed, generally speaking, its own weight was sufficient to allow it to flow—forced in the blood. Those were the steps of the operation to which he desired to direct attention before the discussion commenced.

Mr. MACAN said, from what they had heard, it was obvious that the cases of transfusion which did best were those which required the least blood injected. The object of transfusion was not to replace the blood lost, but rather to act as a stimulant on the brain and heart. There was no danger in replacing the whole of the blood lost by transfusion, but it was practically found to be useless, and Dr. McDonnell had stated that the most brilliant results were in those cases which required very little blood. Speaking of the bandaging of the limbs, that was called auto-infusion now a days, and was most applicable, and had most brilliant results in those cases where there had been sufficient loss of blood to paralyse the nerve-centres, and to leave the blood in the body badly distributed. Bleeding the veins of the abdomen and the veins of the extremities, if the limbs were bandaged, and if friction was made over the abdomen, blood was sent up to the heart and the patient still lived. Of course, transfusion might be driven to the utmost extremity, and for that they had only to go to Germany, where to counteract the anæmia caused by chloroform the operation of transfusion would be undertaken. There was some doubt about the question of the use of defibrinated blood, as it was considered not to have the same effect as ordinary blood, and it was not considered the best practice to transfuse defibrinated blood if it was intended to cause contraction of the uterus and to prevent hæmorrhage going on. He could only say that by keeping the patient's head very low, which had always been done in the Rotundo Hospital, to a certain extent made up for transfusion, and the injection of ether also made up for the mal-distribution of blood. By means of Esmarch's bandages they could, to a great extent, make up for the loss of blood. He was, however, willing to confess that a case would even go beyond all those means, but it was only after all those means had failed that one should attempt transfusion. He differed with Dr. McDonnell as to the means of transfusing blood, and thought a more practical method could be used than that which he had described. He was also sorry to say that the evidence of the operation, so far as it had been brought into general practice, was very doubtful, and the authorities on the Continent had come to the conclusion that even though it be a successful operation, it would only be able to be used in a very few cases.

Dr. KIDD'S experience of transfusion had not been successful, but he believed that that was not the fault of the operation; he believed it was the fault of the time at which it was performed. He had, in two or three instances, himself performed the operation, but at a time when it was utterly hopeless, so that that was not a fair trial of the operation. He had considered the whole question many times very carefully, and he believed that the method proposed by Dr. McDonnell was the best and safest that had yet been adopted. The danger of coagulum in blood containing the natural proportion of fibrine added, he thought, very materially to the risks of the operation, and if anything was proved in physiology, he thought they might look upon it as an established fact that defibrinated blood was actually sufficient to restore animation and life. To his mind the operation was a safe one, and one that ought to be adopted at an earlier stage than it had been hitherto, and the reason of the many failures had been that the operation had not been practised sufficiently early. The cases that he had seen were ones in which he was called in too late to have any chance of saving the life of the patient. There were so many cases on record of the operation being performed without any evil consequences, that he would not run his patient to the same extent of lowering again as he

had on former occasions. With regard to auto-transfusion the practice of the Coombe Hospital had been not merely to lower the head of the patient, but to elevate the feet and legs. He believed that effected as much as bandaging, and certainly saved a great deal of time.

Dr. DENHAM said the great risk they ran in the operation was in postponing it. He was sure they should seldom wait. He was perfectly satisfied that the operation was perfectly safe in the hands of Dr. McDonnell, and he was sure the success of it would be greater if it was undertaken earlier.

Dr. M'SWINEY said that any person having witnessed the mode in which Dr. McDonnell performed the operation, and was acquainted with Roussell's mode of performing the same operation, would be compelled to arrive at the conclusion that the balance of the weight of the argument and of the reasoning was altogether in favour of adopting the Irish, or Dr. McDonnell's, mode of performing the operation. As far as extreme simplicity in the mechanism consistent with the accomplishment of the end in view was concerned, they perceived it was arrived at in Dr. McDonnell's instrument. They also perceived by his mode that the case was a practical application of the very latest and most authoritative expression of physiology on the subject of the part which fibrine played, and the mode in which fibrine was to be regarded as a substance contained in the blood, and finally the success of the operation; and the absence of any collaterally dangerous consequences were even another argument in favour of its adoption. The great objection in Roussell's instrument, that of the tendency of the blood to clot, was removed by the instrument now before the Society. With reference to auto-infusion and the beneficial effects of elevating the body, he (Dr. M'Swiney) desired to recall the fact that more than thirty years ago the late Dr. O'Farrell, of St. Vincent's Hospital, in this city, applied, and published the result of his application of, that principle, when removing an enormous scrotal tumour. The history of that operation would be found recorded in the *Dublin Hospital Gazette* about thirty years ago.

Dr. M'CLINTOCK, in reply, said the result of that discussion had caused him to alter his views as to the operation very much. The case resembled in some of its salient features the original case brought forward in this Society by Dr. Beatty, in which Dr. McDonnell performed transfusion with a remarkably good result, for the patient was in *articulo mortis* when the operation was successfully accomplished. Thirteen hours elapsed from the time of delivery until the operation. That was certainly a very fair trial of the operation, and proved that it was quite equal to the emergency to bring about reaction. But in the case he (Dr. M'Clintock) had, there was a very powerful restorative used, which was not known at the time of Dr. Beatty's case; the subcutaneous injection of sulphuric ether, a restorative agent which was brought under the notice of the Society, he thought, first by Dr. Macan, whose experience of it was indeed strikingly in favour of it as a stimulating and restorative remedy. In his (Dr. M'Clintock's) case he injected thirty or forty minims with certainly the result of bringing about a temporary improvement in the pulse. But that improvement was only temporary, and in a short time the patient lapsed down with all the appearance of approaching dissolution. Three or four minutes after the commencement of the operation of transfusion, there was a distinct improvement in the pulse, as he noticed at the time to Dr. McDonnell. It was not to be wondered at that the result of that case should have made a very great impression in his (Dr. M'Clintock's) mind. There was one point alluded to by Dr. Macan which he (Dr. M'Clintock) occasionally agitated in his own mind, and that was the propriety of resorting to transfusion whilst any bleeding was going on. Was it a remedy to be resorted to before the hæmorrhage was completely suppressed? They knew a patient would bleed as long as there was any blood in the body at all. His own opinion was that he would not be disposed to try transfusion until the suppression had occurred, for he could not understand how transfusion would tend to bring about contraction of the uterus and a stoppage of the hæmorrhage when a direct injection of the perchloride of iron failed to do it. Still the point was an important one, and worthy of being considered

Dr. MCDONNELL concurred with Dr. M'Clintock as to the advisability of not undertaking the operation unless the hæmorrhage had entirely ceased; in fact, that was the first question he asked, when called upon to perform the operation—"Are you certain the hæmorrhage has ceased?" To perform it during the continuance of the hæmorrhage was like trying to lift water with a vessel without any bottom; it would be only calculated to bring the operation into disrepute. With reference to a statement of Dr. Macan, in favour of transferring the blood from artery to vein direct, Dr. McDonnell spoke of the extreme difficulty of performing the operation in that way, and of the great liability of fibrinated blood to clog in the tubes. They were called upon to perform the operation in an emergency when the patient's life was in great danger, and in view of the great importance of the operation, he could not help thinking, from what he had seen, that they were justfied in coming to the conclusion that the operation, if performed with ordinary dexterity, was simple and free from danger. It had not been attended—and he wished to dweli upon this—in any of the instances he had seen with ecchymosis, bloody urine, hæmorrhoids, which were described in some of the German clinical lectures, but he had witnessed this result, that where convalescence had taken place, it had been prompt, complete, and satisfactory. They were, therefore, in a position to say, so far as their experience went, that the operation was not one in which there was any danger worth speaking of, and they, therefore, need not hesitate to have recourse to it if they were able to assure the husband and the relatives that the operation can insure no bad results, and it supplied and fulfilled some of the most important functions, which were desirable to meet with under the trying circumstances in which the surgeon was called upon to act.

The Society shortly afterwards adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 27, 1878.

THE ABUSE OF HOSPITAL CHARITY.

Mr. GILBERT contributes to the current number of the *Contemporary Review*, a vigorous article on "The Abuse of Charity in London." He fearlessly denounces and exposes abuses which exist in connection with the five Royal Hospitals "endowed for the benefit of the sick, aged and distracted poor of the city and suburbs thereof." The hospitals in question are Christ's, Bethlem, Bridewell, St. Bartholomew's, and St. Thomas's. With the three first-named the medical profession have little to do, and are indeed interested only to the extent of lamenting that the large funds of these institutions are greatly perverted and

extravagantly administered. Of Bethlem, it is true that at one time it promised to become a school for the study of mental disease, but this expectation has not been realised, and of late years it has quite subsided into an asylum for those who can afford to pay for the care and skill bestowed upon them. It is impossible to believe, however, that the vast income of nearly £30,000 a year of this hospital, can be legitimately expended upon the 270 insane inmates annually treated in its wards. We can only say it must be managed in a very different way from a kindred Asylum at Caterham, where 1,800 patients are lodged at a cost to the ratepayers of £6,361 per annum, or at Fisherton, where the criminal class of insane are well cared for at a cost not exceeding eleven shillings per head per week.

The hospitals which, however, more immediately concern the profession are those of St. Bartholomew's and St. Thomas's; and these, Mr. Gilbert shows, are open to a charge of mismanagement, and a perversion of funds quite beside the original intention of their founders. By their charters it appears they were never intended solely for the treatment of disease, but were established to receive "all infectious and incurable cases," as well as "for sheltering the aged and impotent." Beyond this they were meant to be asylums for lying-in women, and a clause in the charter of St. Bartholomew's ordains "that in case of the death of the mother the child shall be maintained by the hospital authorities until it is seven years of age, and then transferred to the Blue-coat School." The gross value of the capitalised assets of the two hospitals is fully equal to five millions sterling, whilst the annual income derived by St. Bartholomew's must be quite £60,000, and that of St. Thomas's, £42,000. Mr. Gilbert protests against the lavish outlay incurred in rebuilding the latter, which cost not less than £800 per bed. "Indeed," he adds, "it has been estimated that had the present inmates of St. Thomas's Hospital been located in mansions in Belgrave Square, they would have been accommodated at less than half the house rent they incur in the present hospital." It is generally admitted that this hospital, as a whole, is a complete failure. Although intended as a model of what a medical charity should be, it can in no way be accepted as a pattern for similar institutions, or be thought worthy of imitation. The inconvenience of its position Mr. Gilbert believes is a serious drawback to its usefulness. A costly executive, and extravagant administration, and a niggardly recognition of the services of the medical staff, are the chief characteristics of the Royal Hospital of St. Thomas's; but that the locality of St. Bartholomew's and St. Thomas's deprives the poor of the Metropolis of much of the advantages which might be derived from them is very questionable. It is the boast of the treasurers of these hospitals that last year the former relieved upwards of 117,000 outdoor patients, and the latter about 50,000, a very large proportion of whom, it is well known, were not fit objects of charity at all, and who were not in the least deterred by distance from a dishonest participation in charity doles. There is, however, one blot on hospital management which applies to all alike, but which Mr. Gilbert in no way touches upon, it is the great abuse of the out-patient's department. The scandalous abuse of hospitals is a serious evil, calling for redress, since it demoralises the poor and robs the profession.

The general and special hospitals supported by voluntary contributions spend upwards of half a million sterling annually. Most of them admit patients without inquiry and some on governors' letters. They have all greatly assisted to destroy thrift and independence among the working-classes, and although the Poor-law has thirty-eight free dispensaries for paupers distributed over London, and the Metropolitan Board has infirmaries and hospitals for the same class of persons and for the reception of those suffering from infectious diseases, no account whatever is taken of this, and, consequently, no effort is made to obtain a small payment from out-patients, and which would help to promote independence of feeling and meet the cost of hospital maintenance. In the solitary case of the Lock Hospital this has been done, and with advantage to the institution. The same remarks equally apply to free or "improvident" dispensaries, of which thirty-three receive nearly £27,000 a year, and the five surgical appliances societies receiving about £10,000 a year, although by law it is provided that all really deserving poor persons shall be supplied *free* at the Poor-law Infirmaries.

Another class of institutions in connection with hospital maintenance requires jealous care—the Nursing. There are thirteen nursing institutions, spending upwards of £9,000, exclusive of the large sums derived from hospitals, and which is found to be of a very costly character. Can any system be said to be faultless that converts every fourth person into a pauper? for in London a million of people obtain gratuitous medical relief, and renders the existence of provident institutions well nigh impossible.

Mr. Gilbert, with all his acuteness, does not quite see how important it is, in a public point of view, that men who have become eminent in their profession shall be in a position to train up younger men to follow them, and relieve them of anxious duties, and without whom sufferers in hospital wards must languish the greater part of the twenty-four hours. There must be resident officers ready and willing to devote every hour of the day to the work of alleviating disease, and ready to meet emergencies. It would be of little use to maintain hospitals if we were unable to provide efficient physicians and surgeons able to undertake the duty and care of the sick, and willing to do so for the love of God. We might just as well expect to see our ironclads steam out and fight our battles without engineers and officers to direct them. Mr. Gilbert's article is of sufficient interest to demand something more than a passing notice.

NURSERIES OF TYPHOID FEVER (AND DIPHTHERIA?)

In the third appendix of the last Annual Medical Report of the Local Government Board there is an abstract of the medical inspections made in 1876 with regard to the incidence of disease in particular places, and to certain questions concerning the local sanitary administration of those places. Although the tabulated abstract occupies only four or five pages of the Report it is, nevertheless, an instructive one, and suggestive of reflections which will

no doubt be turned to practical account by all those members of the profession who are specially interested in the origin and diffusion of zymotic diseases.

The area of inquiry extended to twenty-one different localities, and in these tables we have a brief report both of their respective sanitary condition and of the epidemics by which they had been respectively visited. It was, in fact, the extraordinary prevalence of disease in these localities which gave rise to the Government inquiry, the attention of the Government having been called to the subject either by the Registrar-General's Returns, by the medical officers of health, or by the local authorities. The epidemic which seems to have been most constantly prevalent in connection with insanitary conditions was that of *enteric fever*. This fever was of frequent occurrence in thirteen of the localities visited, namely, at Chalvey (Bucks), Eagley and Bolton (Lancashire), Great Coggeshall (Essex), Hanwell, Llanelly (Brecon), Ludlow (Shropshire), Machynlleth (Montgomeryshire), Penkridge (Staffordshire), Heolfach (Glamorgan), Royston (Herts), Tideswell (Derbyshire), and one or two other districts. Now, in all these places the conditions which gave rise to the prevalence of typhoid fever were very much the same,—the sewerage and drainage either altogether absent or remarkably defective, filthy privies and cess-pits, pollution of wells from neighbouring privies and pigsties, ill-constructed and ill-managed closets, general prevalence of slop and excremental nuisances, dilapidated and filthy dwellings, an intermitting water-service allowing of suction of foul air into water-pipes, cess-pools and wells intermingled in porous soil, subsoil saturated with water contaminated with sewage, and other sources of the excremental fouling of air, earth, or water; these were the circumstances which most commonly characterised the sanitary state of those localities in which typhoid fever was unusually prevalent. In two localities the origin and spread of the fever were distinctly traced to an infected milk supply. Thus, there were simultaneous outbursts of enteric fever in Eagley and Bolton in connection with the milk service of a particular dairy—dairy-water obtained from a brook, the course and banks of which had been largely fouled by human excrements. At Great Coggeshall, also, an epidemic of enteric fever spread in the first instance through the agency of infected milk, and subsequently through the generally defective sanitary arrangements of the town.

Blackwater (Hants), Portsmouth and Redruth (Cornwall) were visited by a severe epidemic of *scarlet fever;* and of all these places it is reported that not only did local sanitary conditions favour the spread of the disease, but there was great default on the part of the sanitary authorities in making provision for the isolation of the persons affected.

Passing over one or two other facts reported by the Government Inspectors, we come to the consideration of several outbreaks of *diphtheria* which respectively occurred in certain of these ill-reputed districts, but the etiology of which is by no means so clear as that of the outbreaks of enteric fever. Diphtheria, in its sporadic forms, is supposed by some to originate in unfavourable hygienic conditions, especially in drainage emanations; whereas, antihygienic conditions do not seem to increase the frequency of the contagious form. By no particular season, by no particular locality, by no particular states of the atmosphere do the origin or progress of an epidemic appear to be influenced. In towns and hamlets, observes Trousseau, which are remarkable for their salubrity, "I saw diphtheria raging with excessive violence, whilst some villages situated in the midst of marshes, remained exempt from the scourge." The same circumstance was noticed by Bretonneau, and has since been noticed by many other observers. Now, this opinion appears to be further corroborated by the Report before us. It is true that some of the localities in which diphtheria broke out were remarkable for their defective sanitary arrangements, but it does not follow from this fact that there was any causal connection between the epidemic and the causes assigned to it. It might have been a coincidence and nothing more; and that this was the case is the more probable when we find that some of the epidemics occurred in places, the sanitary condition of which was fairly good. Diphtheria had been prevalent in eight out of the twenty-one districts visited by the Government Inspectors, but in two out of the eight cases there was nothing to account for the appearance of the disease. Thus, at Ash, in Kent, there was a severe and fatal outbreak of diphtheria at an isolated farm-house. Very minute inquiry was made respecting the source of the disease, but without any positive result. Again, at Horningsham (Wilts), diphtheria was fatally prevalent, but the sanitary condition of the village was good, and there was no evidence of the causation and diffusion of the disease. At the same time it is not improbable that bad hygienic conditions may have something to do in spreading, if not in originating, diphtheria. In this Report we find that, while diphtheria was endemic in Phillack, a village, the drainage and water-supply of which were very bad, there was no appearance of the disease for five years in the adjacent district of Hayle, the sanitary condition of which was very satisfactory, and in great contrast to that of Phillack. The data, however, furnished by this Report are far from being sufficient to clear up the obscurity in which the etiology of diphtheria is, in some respect, still involved. Much more exact and extended observation must be made before we can be certain as to the share which bad drainage, &c., takes in the production of that disease.

CRIMINAL RESPONSIBILITY.

It is always a good sign when a writer endowed with a little wholesome scepticism, comes forward to throw doubt upon some long cherished opinion or conventional practice of the day. For even should he himself be wrong, he at all events raises a discussion, the effect of which will be either to discover and expose error, or to confirm and uphold the truth. For this reason, we were inclined rather to welcome than to condemn a letter which recently appeared in the *Times*, and in which the writer, "An Asylum Physician," advocated a treatment of lunatic murderers, which many will probably deem more heroic than just. He finds fault with the tendency there is at the present day, to get this class of criminals "acquitted on the ground of insanity;" and asks how the public are to be protected from these pests of society, who often take away lives much more valuable than their own. "Many an insane

man," he observes, "knows well enough the difference between right and wrong, and can calculate the consequences of his acts. An insane patient, under my own care some time ago, who had homicidal inclinations, used to argue deliberately that she could commit murder with impunity, being insane and under certificate. Had she committed murder, a jury would undoubtedly have acquitted her 'on the ground of insanity.' . . . . It is high time, it seems to me, that the growing sympathy for the murderers should be changed for sympathy for their victims. It ought to be laid down and made known, far and wide, that the man who commits murder shall inevitably suffer the penalty of the law, whatever that may be. No plea of insanity ought to be admitted, and no medical experts allowed to present themselves as advocates in the witness-box in criminal cases."

It so happens that this question is also discussed by one of our medical contemporaries, but from a very different standpoint from that taken by the *Times* correspondent. It will, therefore, be convenient to make the respective opinions of these writers the subject of a few remarks, and to consider whether their recommendations would afford further protection to society, without unjustly exposing the criminal lunatic to the extreme penalty of the law, It will be seen that "An Asylum Physician" has his own opinions of the principle which has always guided the judgment of our jurists, namely that of measuring criminal responsibility by the criminal's knowledge of right or wrong. Now, even granting that in cases of this kind, we should be guided by that principle, it must be admitted that the gravest objection should be taken to the above application of it. For the practice of allowing the law to take its course in the case of all murderers alike, whether sane or insane, provided they know what they are about, would be far more unwarrantable than that of acquitting certain desperate criminals on the ground of insanity. It is still more surprising that any "Asylum physician," should go so far to say that no plea of insanity ought to be admitted, and no medical experts allowed as advocates iu the witness-box in criminal cases. Were such a recommendation acted upon, it would undoubtedly lead to many unquestionable lunatics being committed to penal servitude for life, perhaps even hanged. The fact is the criminal's knowledge of right or wrong, is *per se* a very unsafe criterion to go by; but equally objectionable is the criterion adopted by those, who, like our medical contemporary, contend (and justly so) that a person may know he is doing wrong, and yet be unable to resist the impulse to evil, and that "the essential characteristic of 'moral insanity,' properly so called, would seem to be the inhibition of moral control." Were such a definition of moral insanity to hold good in those cases in which the question of criminal responsibility arises, it would follow that there would be few murderers who might not be acquitted on the plea that their crime was committed under uncontrollable impulse.

The question is a large and a difficult one, and can scarcely receive due consideration in this place; but it is evident that neither the old jurist's principle of forming an opinion in such cases, nor the doctrine of "An Asylum Physician," nor the "morbid impulse" theory of modern psychologists, will, to the exclusion of any other criteria, be a safe guide in settling the question of criminal responsibility in any individual case.

Notes on Current Topics.

Differential Diagnosis of Pleuritic Exudations.

According to the observations of Prof. Baccelli, of Rome (*Berlin K. Woch.*, 1877), if, while the ear is kept exactly applied to the walls of the chest, the patient is made to pronounce the word "trenta-tre," almost in the same manner as he would the number "trente-trois," the following facts will be elicited:—

1. The word is clearly heard (even if pronounced in a loud tone) if the pleura contains a large quantity of clear serum, rich, however, in albumen.

2. That this same transmission of the sound is only slightly impeded by the presence of inflammatory effusion which is rich in fibrine.

3. That the word is no longer audible if there is an abundant exudation of sanguineous or purulent fluid.

Large Dose of Chloral.

A case which occurred in the practice of a correspondent of the *Boston Med. and Surg. Journ.*, shows that under some circumstances a large quantity of this drug may be given with impunity. A man, aged 40, of intemperate habits, had been drinking for two weeks, and had had very little sleep. His nervous system was nearly exhausted, and to obtain the desired rest the following mixture was ordered:—Chloral hydrate, ʒx; syr. simp., ʒij; half a teaspoonful at once, to be repeated in an hour if necessary. It turned out, however, that the nurse gave more than was ordered, so that the whole ten drachms were given within ten hours, after which five or six hours of rest were obtained. The next day the patient was quite well, with the exception of a slight headache.

"How to Suppress Quackery."

A writer in the New York *Med. Record* suggests the following remedy:—

In a city like New York, for example, a standing notice should be published in the leading newspapers, by authority of the County Medical Society, stating, in substance, 1st, That no physician in good standing advertises himself in a newspaper, or in any other manner, it being considered derogatory to self-respect, and a violation of the code of medical ethics. 2nd (as is suggested by Dr. Schweig), That the Medical Register, containing a list of all New York physicians in regular standing, can be seen at any prominent drug store. We doubt whether such a plan would be very successful. The numerous long, and *ad captandum* advertisements of the quacks would soon obscure such a notice as that recommended above. Besides, there are so many people who will be gulled, in spite of all the information or protection provided for them—so let them be gulled.

The Action of Alcohol in Fever.

Testi Alberico, says the *Practitioner* (quoting from *Il Raccoglitore*, No. 10, 1877), gives the following results

of his clinical investigations upon the action of alcohol :—

1. That alcohol does not produce any depression of temperature when given in febrile states of the system, though high temperatures do not, *per se*, constitute any contraindication to its use.

2. Alcohol, as long as it remains unaltered in the system, is a powerful dynamic of the vaso-motor nervous system.

3. As a consequence of the changes which alcohol undergoes in the system it indirectly becomes a valuable aliment, whilst it augments the metamorphosis of tissue.

The Vomiting of Pregnancy.

THE *Presse Méd. Belge* notices a method proposed by Dr. Labelski, a physician attached to the Warsaw hospitals, at the Brussels Academy of Medicine, for arresting the incoercible vomiting of pregnancy. As soon as this appears, or even the nausea which usually precedes it, a douche of pulverised ether should be directed by Richardson's spray-producer against the epigastric region and the corresponding part of the vertebral column. The douche should be prolonged for from three to five minutes, or even longer, and repeated every three hours. In obstinate cases it should be alternated with douches of chloroform.

The General Medical Council.

THE Medical Council will meet this year at a much earlier date than heretofore, the 10th of April being the day named. We have always maintained that its meetings were held more to suit the convenience of individual members than the interests of the profession; when parliamentary legislation was already over, or so far advanced as to render nugatory any action of the Council. It gives us pleasure, therefore, to record this sensible alteration, and to express a hope that one of the first acts of the Council will be, to endeavour to induce the government to so far amend the "New Medical Reform Bill" of the Duke of Richmond, as to make it a little less ridiculous in the eyes of the profession, and a little more protective of the public interest. In such matters we must be content with small mercies, and if the action of the Medical Council shall tend to this end, it will have furnished at least a valid *raison d'etre*.

The composition of the Council has not undergone many changes since last year. The Faculty of Physicians and Surgeon, Glasgow, will have to elect another representative, *vice* Dr. Fleming, who has sent in his resignation, after a period of fourteen years' membership. The Crown nominees, Drs. Hudson and Fergus, will occupy the chairs of the late Dr. Stokes, of Dublin, and Prof. Lister, of Edinburgh, respectively; beyond these no further changes are anticipated.

The Famines of the World.

AT the monthly meeting of the Statistical Society last week, an interesting paper was read by Mr. Walford, on "Famines—Past and Present." The principal feature was a table containing dates and details of some 350 famines, now prepared for the first time. The famines of India, of which there have been 34 within the last century, received especial notice, as also the famine now existing in North China. It was stated that the Empire of China had been peculiarly liable to famines, although details concerning them were by no means easy to obtain. The causes of famines were next examined, and these were found to be mainly as follows :—1. Rain, producing floods; 2. Frost; 3. Drought; 4. Other meteorological phenomena, as comets, &c.; 5. Insects, as locusts, grasshoppers, &c., and also vermin; 6. War; 7. Defective agriculture; 8. Defective transport; 9. Legislative interference, as corn laws, &c.; 10. Currency restrictions, lessening the purchasing power of the coin; 11. Speculation, as "engrossing," &c.; 12. Misapplication of grain, whether wilfully or by misadventure. The first five of these were designated "natural" causes of famine, and were dealt with in detail. The artificial causes were deferred for subsequent treatment. It was shown that even in India, "drought" was by no means the exclusive cause of famines. Tables of floods, frosts, &c., were especially prepared, in view, it appeared, of testing the application of the "sun-spot" theory to famines. The author of the paper said he had not been able to trace the supposed sun-spot influence (eleven year periods) at all clearly in his several tables. In the discussion that followed, Sir Arthur Cotton expressed his conviction that improved means of transport was of more importance with reference to Indian famines than irrigation.

Death of Dr. Robert L. MacDonnell.

THE Canadian medical journals announce with much regret the death of Dr. Robert Lea MacDonnell, of Montreal. Born in Dublin, the son of a physician of that city, he received his education there. Soon after his graduation he assumed the assistant editorship of the *Dublin Quarterly Journal*. The Professorship of Institutes of Medicine of McGill College being advertised as vacant, he applied for and obtained it before his arrival in Montreal. He at once assumed a prominent position, and was elected on the staff of the Montreal General Hospital. An apparently brilliant offer reaching him from Toronto, he was induced to throw up his appointments and proceed thither, only, however, to meet with such bitter disappointment that he returned to Montreal after an absence of a few months. In the year 1852 he edited the *Canada Medical Journal*, which ceased to live after a year's existence. As a teacher of clinical medicine he was admittedly one of the best, if indeed not the best, in Canada. Dr. MacDonnell was a graduate of K. & Q.C.P. Dublin, 1844, and M.R.C.S.I., 1841. He was prizeman in surgery at the Richmond Hospital Medical School in the year 1839. In the spring of 1877 the University of Bishop's College granted him the degree of M.D. *honoris causa*, which, had he lived, Convocation would have conferred on him at the meeting which will take place in Montreal in April next. His death was sudden and distressing. At the late Dr. Peltier's funeral, while sitting in his sleigh, waiting to join the funeral *cortège*, a run-away horse, with sleigh attached, came dashing along. He was struck violently by the shaft (it is believed) on the side of the head, and thrown from the sleigh to the ground. He was taken up and conveyed home, regaining complete consciousness before reaching it. He was able to walk into his house, and to answer every question put to him. For twenty-four hours he continued, apparently,

without showing the slightest indication of danger, indeed, improving, when suddenly comatose symptoms came on, and in two brief hours he passed away. A *post-mortem* examination revealed most extensive fracture at the base of the brain.

The Disinfection of the Battle Fields.

With the approach of warmer weather, the serious attention of sanitary authorities on the Continent, especially in Austria and Turkey, has been drawn to the accumulation of corpses on the battle fields of Bulgaria and Asia Minor. It is computed that there are nearly 50,000 corpses either above ground or buried just under the surface, and unless prompt and efficient measures be at once taken, the result to the whole of Europe may be easily imagined when the hot weather shall have set in. The insurance companies of Austria appear to have taken the initiative, which, having surveyed the country, now request a European disinfection upon a gigantic scale, as the only means of averting a terrible catastrophe. The idea of huge cremating kilns is favoured by a large section of sanitarians, that of destruction by quicklime by another, and a third maintains that burial in deep ridges will ensure all that is required. We are disposed to suggest the immediate setting in motion of all three processes, there is unfortunately work enough, and if it be not done at once, the world may witness one of those frightful epidemics of cholera and black plague which sends a shudder through one to contemplate.

The Pedestrian Competition.

On Saturday night O'Leary completed the extraordinary task of walking 520 miles in six days—the greatest distance ever accomplished in so short a time.

We have, on a previous occasion so fully entered into the conditions which make these feats of pedestrianism physically possible and comparatively harmless, as well as into the reason why such exhibitions should not be altogether discouraged, that we have little to add to what we have already said on the subject. To put the chief points on which we then laid stress categorically, these great walks undoubtedly show:—1. That, with regard to walking, the human frame is capable of enduring, under certain conditions, much more sustained exertion than most people think it possible. 2. That great powers of endurance, under the most trying conditions, do not, as was shown by Gale's physique, depend so much upon the size of the muscles, the girth of the chest, &c., as upon strength of constitution, potentiality of the nervous force or energy, and an indomitable spirit and force of will that are quite independent of great muscular strength. 3. That for this reason, and from the fact that the act of walking is, in a great measure, automatic and made easy by exercise; there is no one who might not, by a little practice, treble his walking powers, and, thereby greatly benefit his health. 4. That much and continuous walking is not such a tax upon the brain, and does not necessitate so much sleep as would be required in the case of great intellectual exertion or mental strain of any kind, and that, consequently, most of those individuals who make very little use of either their limbs or their brains, are in the habit of taking much more sleep than they require. 5. That short and irregular periods of profound sleep will, under the pressure of circumstances, often fulfil the requirements of the system.

Nevertheless, we admit that these experiments should not be too often repeated, and that harm may be done by giving too much encouragement to practices that may jeopardise the future health of those who indulge in them. As we remarked before, it would be better if a little of that zeal for physical exercise which is now limited to a few distinguished athletes, undergraduates, and public school-boys, was more widely spread among all classes of the community, and adopted as a means of preserving health and warding off disease.

Sentence on a Medical Man.

At the last Antrim Assizes, before Judge Lawson Owen Patrick O'Hare, an A.B., and M.D. Q.U.I., M.R.C.S.E. and L.A.H., was indicted for having forged a writ, by means of which he endeavoured to recover money which he alleged to be due to him.

Counsel said that the prisoner had lost his power of speech, and had been suffering from paralysis for upwards of a month. Counsel put in a plea of guilty, and advanced several circumstances in extenuation. Since his incarceration, he had suffered both mentally and physically.

His Lordship said he had taken into consideration the state of the prisoner's health, and statement of his counsel. The sentence of the Court was 12 months' imprisonment.

Treatment of Sexual Exhaustion.

In the *Medical and Surgical Reporter* there is an account of the treatment of this condition, adopted by Dr. H. C. Wood, jun., but it is given with a precision and an amount of confidence which might lead the reader to suppose that sexual exhaustion, especially when arising from onanism, is more more amenable to treatment than is generally found to be the case. Of course, says Dr. Wood, the habit (of masturbation) must be given up at once; then the hygienic treatment is in order, and this consists in plenty of physical exercise, use of farinaceous food, abstinence from meat as far as possible. Whatever tends to excite and irritate the genitals in the way of exercise, company, literature, &c. should be absolutely forbidden. The object of the medical treatment is to subdue the excessive irritability of the parts, and this may be done by potassium bromide, grs. xx. to grs. xxx. three times a day, or bromated camphor, grs. v. in emulsion at the same intervals. Iron and some bitter tonic may be profitably employed in conjunction. Ergot is frequently of use. In the treatment of excessive venery, continence is again requisite. Where the emissions are numerous, the same hygienic measures as in cases of masturbation must be employed. Nourishing food, warm clothing, and plenty of sunlight and exercise are indispensable. Iron, bitter tonics, and the bromides are indicated. Phosphorus is a specific remedy, and may be given alone or with ergot.

Impotence, due to excessive irritability of the organ, should be treated with continued doses of the bromides.

Where there is loss of power without irritability, the tincture of cantharides and the tincture of iron should be given. In impotence with spermatorrhœa, the tincture of cantharides acts like a specific, but it should not be given where debility is absent. If further treatment be required, cold bathing, strychnia, and electricity may be employed.

Ovariotomy.

Dr. Laffan performed ovariotomy on the 1st of March. The tumour was of the size of the uterus at full time, and was unilocular and unattached. Bichloride of methylene was the anæsthetic employed, and this was administered by means of Gunker's inhaler. During the entire proceedings a continuous shower of thymol spray was maintained through the agency of a Fletcher's apparatus. The patient is now (21st March) convalescent.

The Council of the Royal College of Surgeons of England resolved, on the 14th inst., that the registration of medical students at the College be no longer required on and after this date.

Correspondence.

THE ADMISSION OF WOMEN TO THE BRITISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The members of a liberal profession are to meet at Birmingham on the 2nd of April, to consider whether two ladies, who *de jure* and *de facto*, are members of the British Medical Association, should be deprived of their privileges. It seems to me perfectly ridiculous to call a meeting for such an object, and quite unworthy of the leaders of our profession. Will the result of the meeting be an expression of the will of the majority of the members? Hardly, I think, as at this time of the year a large number of the practitioners will be unable to attend, and unless voting is allowed by proxy, or by voting papers, the result of the meeting will be unsatisfactory. London should have been the place of meeting. Why Birmingham has been selected is best known to the wire pullers?

Yours faithfully,

A Member.

THE RECENT WALKING MATCH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having been requested to professionally visit the men during the "Pedestrian Competition," I think it only fair to notice, in an International Medical Journal, the great disadvantages, doubtless unintentional, under which the Englishmen, and others, laboured in that contest. No one could honestly dispute the extraordinary endurance, and the admirable power of will and self-denial which O'Leary displayed, as he worked his machine-like body by day and night, qualities which went far towards giving him the victory. But when I contrast the conveniences and comforts as to food and rest, and the excellent attendance which he enjoyed in his well-appointed tent, with the almost entire absence of any such advantages for his competitors from all parts of the United Kingdom, I am not surprised at the result. For example, Vaughan (2nd) had to fare on lumps of indigestible steak, which made him retch, or a mixture of beer in a tea-cup, and rice-pudding equally unstomachic; while Brown (3rd) was gorged with "speedy-cake;" and in either case their attendants seemed to have only one restorative for the patients as they lay in their wretched hovels, that of rubbing the legs in the wrong direction—downwards, against the course of the circulation. So far as I observed, not one of the competitors—except O'Leary—had a second pair of boots, and the boots worn were too short and narrow-soled. Thus, in one case, matter formed under the great toe-nail, when only 151 miles had been walked; and yet the owner of the suppurating toe was a champion pedestrian, Smythe, of Dublin, having quite recently performed the unprecedented feat of 2,000 miles in 1,000 hours.

Nothing could exceed Sir John Astley's kindness, and even his personal attention to the men; and Mr. Atkinson promptly supplied every requisition. But under the unprepared conditions I have briefly depicted, the competition was not a fair one—on even terms.

I might add that while the victor pursued his course without any balking interruption on his own track, his numerous competitors, on a track only a little wider, were often dodging one another face to face as on a crowded footpath, a kind of collision which was not calculated to maintain their mental equilibrium, and their co-ordinated movements for progression during a six days trial.

I am, yours faithfully,

Frederick J. Gant, F.R.C.S.,
Senior Surgeon to the Royal Free Hospital.

Connaught Square, March 25th, 1878.

INITIATION OF SPONTANEOUS EVOLUTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Having seen Dr. Tuckey's letter on the above, reminds me of at least one case in point, and which I am sorry I did not report at the time. It was in February, 1864, I was called to visit Mary Cashen, labourer's wife, aged 20, (primiparous), at Windgap, co. Kilkenny, she had been left for some time, with the arm of the child born, and extended to its fullest extent. Owing to the usual consequences of delay, and injudicious meddling by ignorant women, I found it impossible to "turn" in the usual way. I tried steady gentle traction on the arm of the child, and in about twenty minutes, spontaneous evolution, and the birth of the body of the child took place seemingly with one single effort of the uterus; the delivery of the head, and the placenta was effected, without difficulty or delay; the child was dead.

In connection with Dr. Tuckey's idea, that the right ovary is productive of males, and the left of females, it may be amusing to him to hear, if he is not already aware of the fact, that the Irish peasant believes he can secure the birth of a *son*, by causing his wife to sleep on her *right* side after coition. *His* idea, however, is not based on his knowledge of physiology, but on his slight acquaintance with the "Mosaic account of the creation," from which he gathers that the *female*-producing rib was taken from the *left* side of Adam. As Dr. Tuckey modestly says, I give this for what it is worth.

Yours truly,

W. B. Phelan.

Rockferry, Cheshire, 14th March, 1877.

Medico-Parliamentary.

HOUSE OF LORDS. — March 19th.

AMENDMENT OF THE MEDICAL ACTS.

The Duke of Richmond and Gordon, in presenting a bill on the subject of the Medical Acts, said that the bill introduced and passed in 1858 had three objects—first, to raise to a uniform and sufficient standard the degree of education and the acquirements of those allowed to practise; and, secondly, to establish an authoritative register of the names of all persons qualified to practise. It also provided for removing local jurisdictions which prevented any competent man practising out of that part of the country where the various bodies had authority. The preamble of the bill set out that it was expedient that persons requiring medical aid should be able to distinguish qualified from unqualified medical men. That was a preamble in which they must all agree. The bill was drawn with a view to carrying that out, and he was bound to say the measure had to a great extent been successful; but, in the lapse of time since 1858 various things had happened to show that it was desirable to amend the law. By the law of 1858 the mode provided for distinguishing between qualified and unqualified practitioners was first of all by setting up

a medical council. Then it provided that single qualifications from any one licensing body should entitle the practitioner to be placed on the register of qualified persons. There was still a general supervision under the Medical Council, and other important clauses were included in the bill. He believed and hoped that the English bodies had been endeavouring to form a conjoint scheme and a conjoint board, and he also hoped that before his bill was passed English bodies would have come to such an agreement as would make possible the formation of such a board. There was, he knew, a difficulty with regard to Scotland, the universities and corporations there being somewhat different to those in this country. It had not been found desirable, therefore, up to the present time, to include Scotland in the formation of a conjoint body. He trusted this difficulty was not one which was insurmountable, and that there might be provisions in the bill by which Scotland might, if she wished, join in the conjoint scheme. In Russell Gurney's Act, enabling women to be examined, the wording compelled them to be members of the senate of the corporation, which was never really intended. The principal objects of the bill he intended to bring in were—to require persons registered to have better medical and surgical qualifications than at present, to allow the registration of foreign and colonial practitioners, to restrict the assumption by unqualified persons of designations implying qualification, to secure uniformity of qualification, to make provisions for women similar to those intended to be made by Russell Gurney's Act, and to provide for the examination and registration of dentists and midwives. He now came to the mode in which these various objects were to be carried out. The third clause prevented a person being put upon the register unless he had two diplomas, one in medicine and one in surgery, or obtained a certificate in proficiency both in medicine and surgery from the medical board established under the Act. This provision would not apply to persons who were on the register at the time of the passing of the Act, and would not, therefore, have a retrospective effect. The next clause provided that any person who had obtained a medical diploma entitling him to practise in any colony or any foreign country should be registered on proof of good character, if his diploma was one recognised by the Medical Council as a diploma representing a degree of knowledge tested by examination equal to that which was obtained by those who practised in the United Kingdom. If the Medical Council refused to grant a license to a foreign or colonial practitioner, there was an appeal to the Privy Council by a party who felt himself aggrieved. It was also provided that the colonial and foreign practitioners should be entered on a separate register from that kept for the United Kingdom. The 13th clause required that the General Medical Council, on striking any name off the register, should act by means of a committee of five. As this proceeding was somewhat of a judicial character, it was thought that it should be better entrusted to a small committee than to the larger body represented by the Medical Council. The next clause was important. It extended the powers of the Medical Council in regard to examinations for medical diplomas, and allowed them, with the approval of the Privy Council after the passing of this Act, to make rules regulating the examinations of candidates for diplomas. They were required in these rules to provide for the admission of women to examination, subject to two conditions. The first was that no medical authority which was not now bound to examine women should be compelled to do so; and the second, that they should make rules by which women should not be compelled if they objected to pass the same examination as men. These examinations, as prescribed by the Medical Council, were the only means by which persons could enter the profession; but the general system of examination was subject to the control of the Privy Council, who might refuse to sanction any feature which they considered objectionable. The next three clauses were those which give the medical authorities power to combine for the purposes of general examination. A scheme for this purpose was contained in the bill, and the board established by the scheme for conducting the examinations was to certify the names of persons who passed both in medicine and surgery. As it would be possible for women to pass these examinations, it was provided that the obtaining of one of these diplomas should not entitle any person to become a member of any of the existing medical corporations. This was to meet one of the difficulties which had arisen under Mr. Russell Gurney's Act, by which women had been practically excluded from being examined. The bill did not attempt to punish any unregistered person who practised; but it prohibited persons who practised for gain from assuming a medical or surgical designation to which they were not entitled, and imposed a penalty for so doing. The next clause in the bill enabled the Medical Council to provide, by means of a scheme, for the examination, licensing, and registering of dentists. There was a measure before the other House of Parliament which dealt with the subject of dentists. He had had the opportunity of seeing and consulting with many practitioners, and that bill was not altogether satisfactory; but he hoped that this measure would effect the objects which the promoters of the other bill had in view in a better way. It provided that no person should assume the designation of a dentist unless he had been registered. There were clauses in the bill dealing with the important and difficult question of midwives. All that they could do was to indicate the best mode of proceeding in this matter, and to endeavour by degrees to elevate the status and education of midwives. The bill allowed the Medical Council, with the consent of the Privy Council, to provide for the examination, licensing, and registration of midwives. There were clauses in the bill touching the Lunacy Acts, which he had forwarded to the lunacy commissioners for consideration. They appeared to be not quite satisfied with these clauses, and he would be happy to insert any amendments to meet their views. These were briefly the more important provisions of the bill. The subject was not only one of considerable importance, but complicated and complex in its character, and it was one on which they ought not to legislate hastily. He hoped before the second reading of the bill to obtain the opinions of many persons who were interested and were competent to give advice on the matter, and he need not say that he would be ready to consider any suggestions that were made to him.

The bill was then read a first time, and the Duke of RICHMOND and GORDON intimated that the second reading would be taken on Monday, the 15th of April.

HOUSE OF COMMONS. — MARCH 22ND.

THE HYGIENIC STATE OF GIBRALTAR.

Sir M. H. BEACH, in reply to MR. GODDARD, said he had only received notice of his hon. friend's question that morning. He was informed that there had been several cases of fever among the officers quartered at Gibraltar last summer, but the fever was of an intermittent and not of a typhoid character, and was not traced by the medical officer to sanitary defects, but to a climatic origin—a late and prolonged rainfall. The sanitary condition of Gibraltar was not, however, altogether satisfactory, but steps have been taken to improve it, and its further improvement was contemplated.

COMPULSORY VACCINATION IN THE ISLE OF MAN.

Mr. CROSS, in reply to Mr. HICK, said a compulsory Vaccination Act not hitherto in force in the island, had passed the legislature of the Isle of Man, which would probably receive the Royal assent on Tuesday. Under the bill the Lieutenant-Governor would appoint public vaccinators, who must be medical men, but who were not required beyond that to have any special qualifications. The Lieutenant-Governor had, however, stated that he should be guided by the same rules in making the appointments as governed similar appointments in England.

THE MEDICAL REFORM BILL.

At length the Government Bill for the remedy of all the medico-educational diseases of the profession, and for the saving of the sick public from the incompetency of diploma-bought doctors, has seen the light, and we know exactly how much and how little of real earnest effort to amend the abuses of our profession is to be expected from the Ministry. We have the Bill before us, and before expressing any opinion upon its provisions, we shall endeavour to give our readers such an epitome as may enable them to judge for themselves. It aims at achieving seven distinct purposes:—

1. To enforce double qualification as an essential of registration.
2. To admit colonial and foreign practitioners to registration in a separate division of the register.

3. To authorise and cause the Medical Council to frame "examination rules," with the view of ensuring competency of practitioners, and to see that such rules are acted upon uniformly by all medical licensing bodies.

4. To enable licensing bodies to combine in a conjoint examination, subject always to these "examination rules."

5. To amend the "quacks" section of the Medical Act, so as to facilitate prosecution and conviction.

6. To register dentists and provide for a general dental diploma.

7. To register midwives.

Taking these objects *seriatim*, we proceed to discuss the first, *i.e.*, to enforce double qualification as an essential of registration. Section three of the Bill says :—

Registration.

3. The same medical registrar shall not register a person . . . unless either such person holds a double qualification . . . obtained after examination in the United Kingdom, or unless such person is a colonial or foreign practitioner entitled under this Act to be registered without examination . . . A double qualification means a qualification to practise both medicine and surgery and shall be either—

(*a.*) A medical diploma granted by one of the medical authorities to a person who has obtained from a medical board under this Act . . . a certificate that he has shown himself by examination to be qualified to practise both medicine and surgery; or (*b.*) separate medical and surgical qualifications under the present Medical Act.

This is, our readers will agree, a very important enactment, and one thoroughly in accord with the wants of the public. Indeed, the necessity of a double diploma as a test of competency to practise has been universally acknowledged, not only in the public services where a double diploma is a *sine quâ non*, but in private practice, in which few medical men attempt to engage until they have armed themselves with both a physician's and a surgeon's diploma. Nevertheless, the section may meet with serious opposition from universities whose single degrees are supposed to cover all branches of both medicine, surgery, and pharmacy, and from a few colleges whose charters give them special rights in this direction. Should the subject come to be seriously discussed, the voice of both the public and the profession will be unanimous in favour of the section, and it will pass despite the opposition of corporations. The second object of the Bill is "to admit foreign and colonial practitioners to registration in a separate division of the register." This is provided for in sections five and six of the Bill, which are as follows :—

Where a person, who is not a British subject, or who has practised medicine or surgery or a branch of medicine or surgery for more than ten years elsewhere than in the United Kingdom, shows that he obtained some recognised medical diploma or diplomas (as hereinafter defined), granted in a foreign country, and that he is of good character, and either continues to hold such diploma or diplomas, or has not been deprived thereof for any cause which disqualifies him from being registered under this Act, such person shall upon payment of the registration fee be entitled, without examination in the United Kingdom, to be registered as a foreign practitioner in the medical register.

A similar clause admits the holder of a colonial diploma to registration in a separate colonial list.

7. Foreign or colonial recognised medical diplomas for the purposes of this Act, shall be such diplomas as may be recognised for the time being by the General Medical Council as entitling the holder thereof to practise medicine and surgery in such . . . country, and as representing at the time of the grant thereof a degree of knowledge, as tested by examination, equal to or greater than that . . . required to obtain in the United Kingdom such qualification as entitles the holder to be registered.

These provisions of the Bill were expected, and were, indeed, inevitable, after the discussion in the last session of Parliament respecting the Bill introduced into the French Senate, which Bill would have disqualified all English physicians or surgeons practising in France. At that time Mr. Cowper-Temple introduced a Bill to legalise foreign medical degrees in England, and an understanding was arrived at that the Government should deal with the subject if the Bill was withdrawn. At the same period the Canadian profession addressed earnest representations to the General Medical Council on the subject of colonial degrees, and it was—after much debate—resolved by the Council that these degrees should be registered in a separate list. The feeling of the profession—as we understand it—is that they have no desire to exclude from practice in these countries any colonist or foreigner who can show as good evidence of education and competency as would enable them to qualify in the United Kingdom. But they are seriously apprehensive that a registration of foreign degrees—unless most carefully guarded by the Medical Council—would let loose upon the British public the holders of sham German or Yankee diplomas, who had fulfilled only a nominal course of study, and passed an imaginary examination. The Bill now before us places the recognition of foreign and colonial degrees at the uncontrolled discretion of the Medical Council; but it does not indicate the means by which that Council is to sift the pretensions of these bodies before recognition. Nor can we. We cannot expect the Council to see for themselves, by visitation of examination, the nature of the tests applied by these foreign licensing bodies, or to ascertain by observation the reality of the medical study required for such diplomas, and we look with great suspicion upon any proposal to register such degrees in Great Britain upon mere hearsay evidence, or upon the assurances of the licensing bodies themselves.

In the succeeding sections of his Bill, the Duke of Richmond deals with the question which is nearest the heart of the profession, and attempts to provide for the third purpose of his measure—*i.e.*, uniformity in the tests of competency to practise medicine. It is not surprising that medical men should entertain strong opinions on the subject. For twenty years the profession suffered from the discomforts of competition with grossly incompetent persons who were enabled by the corrupt connivance of licensing bodies to practise upon the credulity of the public. At length, after much deferred hope, and many promises of amendment, the Medical Act of 1858 became law, and the General Medical Council was created. Alas! the last state of the profession was worse than the first. Tantalised by the phantom of medical reform, and baffled by the indifference and *insouciance* of a conclave, which was less capable of reform and improvement than the licensing bodies which it was created to reform and improve, the profession has for another twenty years waited for a government strong enough to deal with the vested interests which neglect and greed had created. A ministry has at length been found with

sufficient command of public feeling to venture upon the contest, and the result of its deliberations is before us.

The Duke of Richmond sets himself, in the first instance, to remove all difficulties in the way of licensing bodies which desire to form conjoint examinations. He orders that "where any two or more of the medical authorities have, before the passing of the Act, agreed . . . . upon any such scheme, that scheme is hereby confirmed and shall come into operation at the commencement of this Act." Thus the English scheme is made law, but in respect to an Irish or Scotch scheme, it must be subject to the "Examination Rules" set down by the Medical Council, and open to their approval, and that of the Privy Council.

Section 17, which refers to the position of the licentiate after examination is as follows :—

17. A medical board shall with respect to each of the persons who have passed such examination, and paid the required fees, certify that he has shown by examination that he is qualified under this Act to practise both medicine and surgery. . . .

Every person named in such list shall be deemed to have obtained a qualifying certificate under this Act from such board, and shall be entitled on application to receive from any medical corporation being a party to the scheme, one of the medical diplomas which that corporation have for the time being power to grant, but shall not, except so far as the medical corporation otherwise in their discretion provide, be entitled to any share in the government, management, or proceedings of that corporation, or to any rights or privileges in connection with that corporation.

20. A medical authority may from time to time by a statute or bye-law, constitute a new medical diploma, to be granted to them by persons who have obtained qualifying certificates from a medical board under this Act, and may attach to that diploma such rights and privileges in connection with the said authority as may be from time to time provided by any such statute or bye-law.

The same clause makes provision for the registration of such licentiate by the college which grants him the qualifying certificate, and without his own personal application to the registrar. Having thus provided for voluntary conjoint examination, the bill proceeds to arrange for uniformity of examination under the supervision of the Medical Council. The proviso is as follows :—

(1.) The General Medical Council shall from time to time frame . . . rules for regulating the examination of persons desiring to obtain a double qualification . . . and determining the subjects thereof and the standard for passing and the method of conducting the same, and providing for the superintendence thereof by such Council.

(3.) The examination rules shall determine the conditions of admission of candidates to the examinations, and shall provide for the admission thereto on special terms of persons who have obtained medical diplomas or studied in any British possession or foreign country, or have passed other examinations.

Thus the Council is ordered to make rules, but these rules are not binding on the licensing body, and the bill does not put any obligation upon any licensing body to comply with them saving the confirming of the existing power of the Council to report such body to the Privy Council in case of contumacy.

Fourthly, the bill amends the quacks' section of the Medical Act with the purpose of making the prosecution of unlicensed practitioners more facile. The section seems to be extremely comprehensive, and we give it as fully as possible :—

22. If a person who for gain either practises medicine or surgery, or a branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, and is not for the time being registered in the medical register, takes or uses the designation of any qualification or medical diploma which entitles a person to be so registered, (including any recognised medical diploma granted in a British possession or foreign country), or the designation of licentiate in or professor of medicine and surgery or medicine or surgery or a branch of medicine or surgery, or the designation of physician, surgeon, apothecary, or doctor, or any designation used to distinguish registered practitioners of medicine or surgery or of a branch of medicine or surgery, or any designation implying that he has obtained a qualifying certificate under this Act, or is registered or entitled to be registered in the medical register, or is duly qualified to practise medicine or surgery or a branch of medicine or surgery, he shall for every such offence be liable . . . to a fine not exceeding twenty pounds. If a person who for gain either practises medicine or surgery, or a branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, wilfully takes or uses any of the above-mentioned designations to which he is not entitled, he shall for every such offence be liable on summary conviction to a fine not exceeding twenty pounds.

If a person not . . . registered . . . gives any certificate which, under the Medical Act 1858 is invalid unless signed by a person so registered, he shall be liable . . . to a fine not exceeding twenty pounds.

The fifth purpose of the bill is to register dentists—a subject of which our readers have recently heard much. Section 23 provides that the Medical Council *may* submit to the Privy Council a scheme for licensing of dentists "and the examinations in connection with such scheme" may be conducted by any medical authority *who consents thereto.* A dentist's register is provided, and it is ordered that :—

There shall be entered in the dentist's register, with the licentiates qualified under such scheme, every person . . . registered in the medical register who applies to be entered in the dentist's register and pays the said registration fee, and also every person who . . .

(*a*) holds a license in dentistry or in dental surgery of, or a certificate of fitness to practise as a dentist from any of the medical authorities ; or

(*b*) is *bonâ fide* engaged in the practice of dentistry either separately or in conjunction with the practice of other branches of medicine or surgery ; and claims to be registered before the expiration of twelve months.

There shall be also entered in the dentist's register . . . such colonial and foreign dentists as are authorised by the scheme to be so registered :—

(*a*) The registration of a person in the dentist's register shall entitle that person to practise dentistry, but not any other branch of medicine or surgery, and shall not entitle him to assume any designation which a person not registered in the medical register is forbidden by this Act to assume, except that a person registered in the dentist's register may take and use the designation of dentist or dental practitioner, or any designation implying that he is duly qualified to practise dentistry, so that such designation do not imply that he is duly qualified to practise any other branch of medicine or surgery.

It is also provided that persons misrepresenting themselves as qualified dentists shall be liable to prosecution in the same way as quacks are dealt with.

The bill, as we have said, also contains sections providing for the registration of midwives and the qualification of women-doctors, but as it seems best not to encumber the consideration of the important matters to which we have referred by a discussion of these subjects, we defer their debate to another time.

Such is the reform promised by the Government, and we conclude our analysis of it with a feeling of disappointment. We do not expect Ministers or Parliament to look at these subjects from a professional standpoint, or to frame their proposals specially to meet the desires of the class whose interests are involved ; but looking at the reform of the system of medical education and qualification from a purely public aspect, we experience no relief from the disappointment which our observation of the measure with a medical eye has impressed upon us. The Duke of Richmond had better have refrained altogether from the attempt to reform the profession if he did not feel in him the courage to do that which any medical man could have told him needed urgently to be done. Manifestly he has learned and appreciated the wants of medical qualification ; obviously he was conscious that the avarice of competing corporations had operated disastrously against the public interest, and that the Medical Council —in its twenty years of life—had shown itself constitu-

tionally incapable of any earnest or honest effort to mend matters. Nevertheless, he has displayed a lamentable want of the courage of his convictions, has flinched from the contest with vested interests, has fled for very fear of the opposition of the Scotch and other low class colleges, and has humiliated himself to propose a weak compromise with powers over which he should have shown himself master. The miserable policy behind which the Medical Council has been playing hide and seek for nearly twenty years, the *permissive* authority to that pusillanimous tribunal to *recommend* something to a licensing body which that body will not have the least notion of adopting as long as there is money to be made by adherence to the old system; such is the outcome of all the noble Duke's promises, and the realisation of all the hopes of the profession.

The Bill is to be debated by the Medical Council in another fortnight, and, will, no doubt, meet with their warm approval. It is, indeed, a measure after their own mind, constructed upon the policy of masterly inactivity which animates that conclave, and so will be accepted as a blessed reprieve of the representatives (! !) of the profession, who may have apprehended disestablishment and disendowment. We trust that the voice of the profession will be heard outside the Council, with no uncertain sound, that such a reform as may abolish the competition in diplomas, and thus, provide for the competency of all future practitioners in our art, will be demanded with the whole influence of medical men throughout the country, and, if the minister cannot be found capable of dealing with the existing abuses of medical education, let us, at least, not suffer the chagrin of entering upon another twenty years of hopeless dependence on the Medical Council.

Medical News.

College of Physicians in Ireland.—At the recent examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—Andrew Joseph Burke, Robert William Collis, Joseph Leopold Denison, John Elliott Dimond, James Joseph Edge, Robert William Minchin.

MIDWIFERY.—George Ernest Alford, Andrew Joseph Burke, Robert William Collis, Joseph Leopold Denison, John Elliott Dimond, James Joseph Edge. Thomas Frederick Fogarty, Francis Blaney Grew, James Campbell Hall, Robert William Minchin.

The Cancer Hospital, Brompton.—The Annual General Meeting of the governors of this hospital was held at Brompton, on Friday last, George T. Hertslet, Esq. (hon. treasurer), in the chair. The annual report of the committee was read by the secretary, Mr. H. J. Jupp, from which it appeared that there had been a very sensible diminution in the receipts. The broad principle of free admission adopted, had proved a great boon to those seeking relief who were often in so helpless a condition as to render the exertion required to obtain admission in the usual way extremely dangerous. The committee have it under consideration to greatly increase the accommodation for in-door patients by extending the present building. Votes of thanks were accorded to the Baroness Burdett Coutts, to the Hon. Treasurer, to the Secretary, for the efficient manner in which he had performed his duties, to the Chairman for kindly presiding, and to all who had shown an interest in the welfare of the institution.

The Central London Throat Hospital.—A concert in aid of the Health Resort and Convalescent Fund for strumous and other out-patients in connection with this institution, was given at the Royal Academy of Music on Friday last, under the conductorship of Cavaliere Odvardo Barri. The concert was well and fashionably attended, and it is expected that about £70 will accrue to the charity therefrom. The following distinguished amateurs kindly gave their services: Mrs. Neville Lubbuck, Mrs. R. C. Saunders, Mrs. Chas. Eley, Miss Florence Jones, Miss Brough, Messrs. Peel, Hewitt, W. F. Hayes, S. Heilbut, C. Mason, Irving, de Rougement, G. Raggett, and Captain Hutton.

NOTICES TO CORRESPONDENTS.

MR. J. E. ADAMS, F.R.C.S., will introduce "Some Rare Forms of Iritis" at the meeting of the Hunterian Society this (Wednesday) evening.

PROF. DEWAR, F.R.S., will deliver a lecture on Friday evening at the Royal Institution "On the Chemical Actions of Light and their Electrical Relations."

A FELLOW will find the subject fully considered in our present number.

MR. W. H.—Many thanks.

DR. A. W.—If you refer to our last number you will find a criticism of the work.

MR. FOSTER.—1. Yes. 2. Surgeon-General Gordon is at present in medical charge of the forces in Madras; he is named as the probable successor to the Director-General of the Army Medical Department in this country.

AN ECHO OF REGRET.—A correspondent writes under this *nom de plume* respecting medical advertising, enclosing at the same time an advertisement of cough lozenges which appears in the *Echo* and various other newspapers, with a recommendatory letter from a medical man bristling with diplomas, such as they are. Our correspondent is naturally indignant at this method of intruding oneself before the public, and asks if such a practice can be considered respectable. Our opinion has been so often expressed on this point that we need not here repeat it, suffice it that in the eyes of every member of the profession who values his position as a gentleman and wishes to be considered by others as such, it carries its own condemnation. Further, in the case referred to by our correspondent, the individual is not entitled to dub himself "Dr." The announcements might at least be truthful if they cannot be decent.

DR. P.—We shall probably refer to the subject in our next.

DR. DE F.—Quite inexplicable.

EPIGRAM.

(FROM AN OCCASIONAL CONTRIBUTOR).

WHAT news to-day? "Oh! worse and worse,
Why women have now joined our society;
You know it may affect our purse,
Its 'gainst the rules of all propriety."

Pray check your anger, *quantum suff.*,
You're copying from the ladies' school,
For first you make yourself a "*muff*,"
And next you'll want their "*reticule*" [ridicule]

VACANCIES.

Bournemouth Cottage Hospital.—Resident Medical Officer. Salary, £120. Applications, with testimonials, to the Secretary.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board and lodging. Election, April 25. Applications to the Secretary.

Cape Colony, Alice Dale Infirmary.—Obstetric Physician. Salary, £500, with house, servants, and horse free. Applications, with copies of degrees, which must be of a University in the United Kingdom, to be addressed on or before May 1st, to the Resident Physician as above.

East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, &c. Applications to the Secretary on or before April 11th at the Hospital, Shadwell, E. (See Advt.)

German Hospital, Dalston.—Assistant Surgeon. Honorary. Candidates must be German, or thoroughly conversant with the German language. Applications, with diplomas, to the Hon. Sec., on or before May 1. (See Advt.)

Lancaster Infirmary.—House Surgeon. Salary, £120. Applications to the President on or before April 3rd, accompanied with testimonials of moral character.

Manchester Clinical Hospital.—Assistant Physician and Assistant Surgeon. Both Honorary. Applications to the Secretary, Park Place, Manchester.

Manchester, Owen's College.—Lectureship on Ophthalmology. Applications to Dr. Greenwood, Principal of the College.

Warneford Hospital.—House Surgeon. Salary, £100, with board. Applications, with testimonials, to the Secretary at the Hospital, Leamington.

APPOINTMENTS.

BROSTER, A. E., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the National Hospital for the Paralysed and Epileptic.

BROWN, Mr. W. H., House Surgeon to the West London Hospital.

CRESSEY, G. H., M.R.C.S.E., L.R.C.P.L., Medical Resident and Secretary to the Hertford Infirmary.

FAHIE, C. J., L.R.C.P., L.R.C.S.Ed., Medical Officer, &c., for the Lusk Dispensary District of the Balrothery Union, co. Dublin.

GARNER, Dr. J. E., Medical Officer for No. 1 District of the Preston Union.

STACK, R. T., M.D. Dub., M.B., M.Ch., L.R.C.S.Ed. F.R.C.S.I., D.M.D. Harvard, Dental Surgeon to the Adelaide Hospital, Dublin.

Deaths.

CHENHALLS.—On March 4, at St. Just, Cornwall, William Chenhalls, M.R.C.S.E., aged 42.

HALL.—On March 17, at Sheffield, Marriott Hall, M.R.C.S.E., aged 38.

LEWIS.—On March 10, at Paddington Street, Marylebone, Wm. Lewis, M.R.C.S.E., aged 41.

MAHON.—On March 9, at Bushfield Avenue, Dublin, Henry W. Mahon, M.R.C.P.L., aged 69.

MORSE.—On March 16, Edward Morse, M.R.C.S., of Upper Kennington Lane, London, S.E., aged 64.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 3, 1878.

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THE CAUSES AND COURSE OF DISEASES OF THE HEART, WITH SPECIAL REFERENCE TO PREVENTION AND TREATMENT. (a)

A Course of Lectures delivered at the West London Hospital.

By J. MILNER FOTHERGILL, M.D., M.R.C.P.,
Assistant Physician to the Hospital, and to the City of London Hospital for Diseases of the Chest, Victoria Park.

VALVULITIS.

The lecturer commenced by pointing out that the different valves of the heart were rather more than merely competent to close the several ostia, and that a certain amount of mischief might go on in the valvular vela, before they became actually insufficient to fulfil their function. These valves are formed from primitive folds of the endocardium, strengthened by fibrous material spread through them. Strain is the great cause of nutritive changes in the valves of the heart, especially of the aortic valves. In some cases there seems to have been an acute inflammation of them, in his experience, chiefly in girls. [The ulcerative form of valvulitis was briefly dismissed: as the lecture was rather engaged with those forms of disease, for which something could be done in the way of prevention, and of treatment.] In ordinary aortic changes, strain is the main cause of valvulitis. In young men this is usually brought on by violent exertion, and is commonly found among strikers who wield the big hammer in foundries and other iron works, and where the utmost efforts are made during the time the iron is hot on the anvil. It is found where there has been violent exertion continued systematically in other occupations, as bargemen. The changes in the aortic valves in the young proceed more rapidly than is the case in older persons. In the young, the changes usually consist of an inflammatory action in the free edges of the aortic cusps, with some dilatation of the arterial conus, so that regurgitation is the form of disease assumed. In elderly persons, there is a growth of connective tissue at the base of the cusps, spreading up to the free edges, making the valves rigid, and so forming an obstruction to the onward flow of blood at the ventricular systole. Then there was also found a like growth in the arterial conus, which becomes contracted, and so a true stenosis is formed. The great cause of aortic valvulitis in advanced life is gout, or chronic Bright's disease; in both of which maladies there is an accumulation of nitrogenised waste in the blood and obstruction to the blood flow in the arterioles, a high blood pressure in the arteries, and hypertrophy of the left ventricle. This keeps up a state of high blood pressure in the arterial system, and the aortic valves are closed with abnormal force, and thus chronic inflammation of them is set up. Hypertrophy of the left ventricle is almost invariably found before there is disease in the aortic valves. As to the management of the first form, the main thing was to change the occupation, as soon as there was hypertrophy of the left ventricle, and an accentuated aortic second sound, telling of the violent closure of the valves on the aortic recoil. In the gouty form, much might be done by dieting the patient carefully, and by the steady administration of potash, so as to slow the morbid process as far as possible.

The lecturer next proceeded to review the diseases of the mitral valve. He pointed out that strain was a great factor in the production of mitral disease, as well as of aortic valvulitis. The mitral valve has to sustain on each ventricular contraction, an internal pressure equal to the distension of the elastic arteries; whereas the aortic valves sustain only the recoil; and from some cases which had come under his notice recently, he was inclined to believe that mitral disease was not rarely induced by strain, in the conditions of high blood pressure in the gouty, and in those who had chronic renal disease. The mitral valve was often secondarily affected in aortic regurgitation, where it was distended by the aortic recoil as well as the ventricular contractions. The great cause,

(a) Abstract of Lecture I, delivered March 27th, 1878.

however, of mitral valvulitis, is acute endocarditis usually found along with rheumatic fever. Here an inflammatory storm passes over the lining membrane of the mitral flaps, accompanied by a growth of connective tissue corpuscles in the fibrous structure of the valves, extending to the chordæ tendineæ. This growth is set up by the active inflammation, but does not usually cease with it; but goes on and on, because the valves can get no efficient physiological rest in consequence of their function. The result is that the growth goes on until the valve is much injured, the vela being bound down to the musculi papillares, the chordæ tendineæ being contracted, constituting insufficiency of the valve; or the free edges are glued together, forming the valve into a cone projecting into the left ventricle, and constituting mitral stenosis; or in other cases, the two valves are soldered together by this growth of connective tissue corpuscles, forming a diaphragm with a slit in it, known as "the button-hole mitral," where there is both obstruction and regurgitation. The lecturer said it was possible to take up the view that this connective tissue growth was a means by which physiological rest was secured for the injured valves; but a means which led to the most serious after consequences.

He went on to say that the practical use of the study of pathology was the aid it afforded us as to the mode of oncome and progress of disease. The observations as to changes in the mitral valve had not been utilised in practice to anything like the extent they might have been, and the influence they ought to exercise over our treatment of mitral valvulitis was very great. In the first place, the inflamed valves should get all the rest possible during the time of acute inflammation. This had been observed by some writers, and absolute quiet insisted upon; but, odd as it may seem, they have not followed the indications furnished by the study of morbid anatomy, and maintained the principle of absolute rest in bed until the growth of connective tissue corpuscles in the valves had ceased too. Yet it was clear that the proper treatment of mitral valvulitis, after the acute inflammatory stage is over, is still to keep the patient in bed, and to lessen the strain upon these injured valves by keeping the blood pressure in the arteries as low as possible, and thus securing such physiological rest for them as is practically attainable. By such measures the after-growth of connective tissue corpuscles will be lessened, and, as the ultimate mutilation is in direct proportion to the growth of these corpuscles, the permanent deformity limited. Such is the rational treatment of mitral valvulitis rather than the plan hitherto adopted of measuring the utility of each plan of treatment by the number of days which elapse before the patient is discharged from the hospital. The plan of giving the patient tonics, if the pulse is feeble, even digitalis, and in every way helping them to get up and about, and thus throwing more strain upon the mitral valve, is as mischievous as any that could be devised to do the patient permanent injury. In fact, at present, the patient is either left alone or is being directly damaged during the very time that treatment is most essential, and injury may be warded off which can never afterwards be undone. This would be much better than waiting till the mischief is done and then trying to set up or further a new balance by muscular hypertrophy of the right ventricle with its concomitant changes. In established mitral disease digitalis was most useful. Even when permanent and irreparable mischief is done, if the compensating changes in the right heart are good, life may be prolonged for years, even when it is necessary for the patient to labour for a living.

The pulmonary valves are rarely affected in extra-uterine existence, even when much of the stress of the systemic circulation is thrown upon them by mitral insufficiency. The tricuspid valves, however, are often affected secondarily, and when the valves become incompetent the treatment is less effectual because they have no decided muscular chamber behind them to be acted upon. Unloading the venous congestion, especially that of the valveless portal circulation, here is a good palliative measure, along with the administration of digitalis, strychnia, iron, and good food.

FRACTURE OF THE SPINE. (a)

By F. W. WARREN, L.K.Q.C.P., F.R.C.S.I.,
Late Resident Surgeon, Steevens's Hospital, &c.

PERHAPS in the whole range of surgical science there is no subject of greater interest than fracture of the spine and resulting injury to the spinal cord, both from its very great gravity and almost hopeless prognosis; and also from the many curious physiological and pathological speculations which are presented to the mind of the scientific inquirer in dealing with injury inflicted upon the cerebro-spinal axis.

As time would not permit of dwelling at any length upon *all* the points connected with a subject of such magnitude, it is my intention in this paper, to limit my observations to fracture of the vertebræ in the lower part of the cervical region, dwelling more particularly upon the thermic variations observed in such injuries, and which in the latter of the two cases, which I shall now detail to the society, were very striking.

CASE I.—John W—, æt. 32, a dairyman of extremely muscular frame, was admitted into Steevens's Hospital, Sept. 5th, 1874, under the following circumstances: Whilst doing some work upon the top of a large haystack (being at the time under the influence of drink) he missed his footing, and fell headlong to the earth (a distance of 25 feet), the vertex being the first part of his body which came in contact with the ground. He was rendered quite insensible by the fall, and was immediately conveyed to hospital.

On admission, he had recovered consciousness; there was a scalp wound over the vertex, but the bone was uninjured. The sphincter ani was paralysed. allowing of discharge of fæces; there was no incontinence of urine; the patient complained of great pain in cervico-dorsal region, and complete inability to move his lower limbs. Manipulation of the parts in the neighbourhood of the root of the neck posteriorly caused great pain. No irregularity in the line of the spinous processes of the vertebræ in this region could be detected, but such an examination was necessarily rendered somewhat obscure by the great muscularity of the patient. There was complete paralysis of both sensation and motion below a line carried round the body at the level of the nipples. He swallowed without difficulty. The upper limbs were perfectly normal as to sensation and motion. The respiratory movements were performed with great labour, the act of expiration being especially difficult. There was no priapism. Temp. in axilla 99°; pulse 80, weak, and compressible. Towards evening of the day of his admission, priapism became well marked; a catheter was introduced, and a pint of acid urine evacuated. He passed a very restless night, the dyspnœa becoming very distressing, with audible rattle of mucus; the following morning the abdomen had become very tympanitic, a catheter was again introduced, and a little acid urine drawn off. Priapism still was well marked. Temp. 101·4°; pulse 110; respiration 36. The paralytic symptoms remained as before. The patient gradually sunk and died apparently from dyspnœa twenty-four hours from the receipt of the injury. There was no rise in the temperature after death. A *post-mortem* examination was made twenty-four hours after death; the livid discolouration of the posterior aspect of the trunk, so frequently observed in these cases, being very well marked. The bodies of the last cervical and first dorsal vertebræ were comminuted in small fragments with extensive laceration of the intervertebral substance; the articular processes were forcibly separated, and the laminæ and transverse processes fractured. On opening the spinal canal, a large quantity of blood was found extravasated in the neighbourhood of

(a) Paper read before the Surgical Society of Ireland.

the fracture on the surface of the meninges, and a fragment of the first dorsal vertebra had penetrated the theca vertebralis, lacerating and destroying the *medulla spinalis at this point.*

Case II.—John D—, æt. 46, a stone-mason, was admitted to Steevens's Hospital, Sept. 10th, 1874, with the following symptoms :—The patient, though conscious, presented the symptoms of collapse, viz., pallor of the countenance, coldness of the surface and extremities, pulse weak and fluttering, about sixty in the minute. He complained of severe pain at the back of his neck, increased by pressure, or the slightest attempt at movement. There was well marked priapism. There was complete paralysis of motion and sensation below a line carried round the chest about two inches above the nipples, and including both upper extremities. When the integuments over the abdomen were pinched severely, he stated that he perceived it slightly, but in every other region of the body below the point indicated, sensation was totally lost. There was no discharge of fæces. No irregularity of the spinous processes in the cervical region could be detected ; this examination caused great pain. Temp. 97° ; pulse 80 ; resp. 22. There was a contusion of the scalp over vertex. The patient gave the following account of the manner in which the accident occurred :—Whilst engaged taking down a scaffold, one of the poles fell upon him, striking him upon the vertex, and felling him to the ground ; he was rendered unconscious by the blow, and was immediately conveyed to hospital. He was placed upon a flat mattrass, with the head slightly raised, as this position gave relief to the intense pain at the back of the neck, and the urine was drawn off. Slight rotation of the head was the only motion he could accomplish, and this caused great pain in the neck.

On the morning of the second day, the respirations had become very laborious, with accumulation of mucus in the air passages, which the patient was totally unable to expel. Priapism continued, though in a less degree. Slight reflex movements could be excited in the toes by tickling the soles of the feet. The abdomen now became tympanitic, and the face extremely livid. Temp. in axilla 103° F. ; pulse 98. At four o'clock in the afternoon, the temperature had risen to 106° F. and the pulse fallen to seventy-six per minute. Resp. 50; and that night the patient died, thirty-four hours after the receipt of the injury. I examined the temperature two hours after death, when the thermometer registered 105° in the axilla. At the autopsy, the same livid discolouration of the posterior aspect of the trunk, as in the former case, was observed. On removing the cervical portion of the spinal column, a partial luxation forwards of the fourth and fifth cervical vertebræ was discovered. When the spinal canal was opened, a small quantity of extravasated blood was observed upon the theca vertebralis. On slitting up the theca, the cord presented a perfectly healthy appearance, with the exception of a narrow band of discolouration or livid ring (about three inches in depth) opposite the fourth cervical vertebra, and on making a longitudinal section of the cord at this point, an elongated narrow clot of blood, about half an inch in length, and corresponding to the external lividity, was found occupying the centre of the medulla spinalis. The intervertebral substances above and below the fifth cervical were extensively lacerated.

In both of the above cases there was injury of the spinal cord in the cervical region, with paralysis, produced by *indirect* violence applied to the vertex ; although agreeing in these particulars, they present, however, many marked points of contrast ; thus, in the *second* case there was no fracture, but a displacement forwards of the fourth and fifth cervical vertebræ, with laceration of the intervertebral substance ; the lesion was much higher up in the cervical region, which accounted for the paralysis of the upper extremities ; thirdly, the anæsthesia was not so complete ; fourthly, the temperature was much more elevated ; and lastly, reflex movements were excitable in the lower limbs. The slight sensation on abdomen was, I think, explained by the *post-mortem* examination, which revealed that the spinal cord itself had escaped laceration or injury from pressure, and that the loss of function depended upon the extravasation of blood in the substance of the medulla towards its centre, the outer portion remaining intact and regaining its function slightly, as the effects of concussion passed away. As in the above cases, the most common period of death, after fracture of the lower five cervical vertebræ, seems to be from about twenty-four to forty-eight hours from the receipt of the injury ; but there are many well authenticated cases on record, which show that this is by no means invariably the case. Mr. Hilton records a case which survived fourteen years (*Lancet*, Oct. 27, 1860). Mr. Greenwood's case recorded in Sir Astley Cooper, "On Dislocations," p. 472, survived fifteen weeks and six days, the injury being at the fourth and fifth cervical ; and in Dupuytren's celebrated case, the patient survived four months after fracture of the fourth cervical vertebra, caused by a fall on the back of his neck. This patient had paralysis of the bladder and extremities ; he was admitted into the Hotel Dieu, and after two months and a half of entire rest, he was convalescent and quitted the hospital, with only slight weakness in his left leg, and with his head a little bowed forwards. In returning from a long walk, he fell paralysed, and remained in the open air all night ; thirty-four days from this he died. On examination after death, the body of the fourth cervical, and the processes of the fifth were found to be broken, the fourth cervical being displaced forwards, and pressing on the cord. The fracture was united by true callus. The cord itself exhibited an annular constriction, which Dupuytren conceived to be the seat of the original lesion, narrowed by cicatrisation.

In the above cases, which I have detailed to the society, death took place in twenty-four and thirty-four hours respectively. The treatment adopted was purely expectant ; laying the patient upon a perfectly flat mattrass, and evacuating the bladder at regular intervals by means of the catheter. Should the patient survive any time, bed-sores should of course be guarded against by all the usual means, and I may here mention a treatment of bed-sores when they have formed, which I never saw adopted in Dublin, but which is very highly spoken of by the most competent authorities, viz., the method of galvanism first suggested and employed by Crussel, of St. Petersburgh. It is also of the greatest value in the treatment of indolent ulcers, and Hammond, in his work on "Diseases of the Nervous System," says, he has used it in indolent ulcers with almost invariable success ; and for twelve years employed it to a great extent in the treatment of bed-sores, caused by disease of the spinal cord, and it only failed in two cases where deep sinuses had formed. Mr. Spencer Wells also says he has often witnessed large ulcers, covered with granulations within twenty-four hours, and completely filled up, and cicatrisation begin in forty-eight hours by the method of galvanism ; and, finally adds, that in his opinion, it is the best of all methods for treating ulcers of indolent character and bed-sores. It is carried out as follows :—A thin silver plate no thicker than a sheet of paper, is cut to the exact size and shape of the bed-sore ; a zinc plate of about the same size is connected with the silver plate by a fine silver or copper wire, six or eight inches in length ; the silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois skin soaked in vinegar intervening ; this must be kept moist, or there is little or no action of the battery. Within a few hours, the effect is perceptible, and in a day or two the cure is complete in the great majority of cases. In a few instances, a longer time is required. Mr. Hammond says he has frequently seen bed-sores three or four inches in diameter and half an inch deep, heal entirely over in forty-eight hours.

As is usually observed in injuries of the spinal cord in the cervical region, the temperature, especially in the second case, underwent great elevation, reaching 106° F., and much higher temperatures than this have been recorded. Chossat long ago published an account of some

experiments on animals, in which he found that division of portion of the spinal cord produced a remarkable evolution of animal heat, so that the temperature was raised much above the natural standard. Sir B. Brodie did the same with similar results. He records a case in St. George's Hospital, in which there was a forcible separation of the fifth and sixth cervical vertebræ, attended with effusion of blood in the theca vertebralis, and laceration of the lower part of the cervical portion of the spinal cord. Respiration was performed by the diaphragm only, and of course in a very imperfect manner. The patient died at the end of twenty-two hours, and for some time previous to his death he breathed at very long intervals, the pulse being weak, and the countenance livid ; at the last there were not more than five or six inspirations per minute ; nevertheless, when the ball of the thermometer was placed between the scrotum and the thigh, the mercury rose to 111° F. Immediately after death, the temperature was examined in the same manner, and found to be the same. Mr. Churchill records in St. Thomas's Hospital Reports a temperature of 110°F. a quarter of an hour after death, in a case of fracture of the fifth cervical vertebra. But by far the most remarkable case on record, is that by Mr. G. W. Teale, of Scarborough, in which the astonishing temperature of 122° F. was registered, after an injury of the spine sustained in the hunting field. Mr. Teale brought this case before the Clinical Society of London, and it is published in the *Lancet* of March, 1875. During the case, no fewer than seven different thermometers, made by Harvey and Reynolds, were used, of which four had received Kew certificates. The temperature was generally taken in the axilla, one thermometer on each side, and then the instruments were reversed ; usually the readings of the left side were about ½° higher than those on the right ; the pulse at no time exceeded 120, and was usually between 90 and 100. There was no notable increase in the frequency of the respiration. This patient recovered. From this case alone, we must abandon the idea that the temperature *per se* is an element of danger.

As Mr. Jonathan Hutchinson has written a good deal upon this subject, I corresponded with him, and he is of opinion that the rise in temperature is chiefly due to paralysis of the vaso-motor nerves, permitting of arterial dilation and increased blood supply, especially in the skin ; hence, increase in surface temperature, and probably increased oxidation. The removal of the influence of sensory nerves probably permits an alteration in the general state of nutrition in all the paralysed parts. This change is probably attended at first by increased waste ; hence, we have a possible explanation of part of the increase of blood temperature. Other elements to be considered are the "trophic" centres and nerves ; that the latter travel with the sensory nerves seems certain, but whether the two are distinguishable, is perhaps doubtful. Again, we have Virchow's well known doctrine of an inhibitory centre, situated somewhere in the intra-cranial nervous system, whose influence on the tissues, after injury of the spinal cord, is annulled by the severance of the channels by which it was formerly exercised.

Dr. Burdon Sanderson, writing on this subject, says :— "If in man, or in an animal, severance of the cord takes place below the origin of the phrenic nerves, the respiratory movemements, although altered in their character by the paralysis of the muscles of the trunk, continue, and consequently life is preserved. The phenomena which present themselves in these cases, from their extreme interest in connection with the heat economy of the living body, have of late years concentrated upon themselves the attention of pathologists. Those which are of most importance in relation to our present inquiry are the following : Section of the cord at the level of the seventh vertebra, or accidental destruction of the organ in man, produces as its primary effect an enormous diminution of the pressure on the arteries, in consequence of which the circulation diminishes. The influence exercised by this diminution on the temperature of the body varies both in degree and direction, according to the animal observed and the nature of its environment.

"In man, as is well known from the historical case of Brodie, alluded to above, as well as from many others, it often happens that the bodily heat rises above the normal, sometimes above that of fever. In small animals, such as rabbits, the temperature falls rapidly, notwithstanding that they are so well clothed in fur, and that the observation is made in summer weather. In animals of intermediate size, such as dogs, the result varies, according to the outside temperature and the protection which is afforded against surface cooling, either by the natural covering or by artificial clothing. Thus, if the creature is invested in an envelope of non-conducting material, and kept in an ordinary room, the temperature of the blood inevitably rises to a height which often exceeds that of fever. Without clothing, especially if it be of relatively small size, its temperature rapidly sinks until it dies in collapse.

"From these facts it is obvious that the most striking difference between the heat economy of the injured and that of the normal animal consists in this, that in the latter the bodily temperature is independent of external conditions, whereas in the former it is affected even by very slight changes in the environment. We have already seen to what an almost incredible extent this is true of man. Similarly, it is found that a healthy dog accustomed to the temperature of summer may be exposed to that of a winter's day without the slightest variation. After the cord is divided the same animal must be clothed, even when in a warm room, else it cools too much ; while if the room is only a very little too warm it passes into a state of intense pyrexia. To prevent either result, depression on the one hand, or collapse on the other, the surface loss has to be accurately adjusted to the thermogenesis by artificial means, for the animal has lost its powers of making any adjustment for itself."

Both Dr. Sanderson and Dr. Murri think that "there is no direct physiological relation between the nervous system and the chemical processes on which the production of heat depends, for it has been shown experimentally by Dr. Murri that after the severance of the cord the temperature rises, even when the thermogenitic function may undergo a very great diminution. As, therefore, there is no increase of production, the hypothesis of increased discharge, which is necessarily associated with that of increased production, falls to the ground of itself. Dr. Murri has, however, by another series of researches, furnished us with the direct proof that no such increased liberation of heat takes place. It is a fundamental and well-known fact, that in relation to the distribution of temperature in the animal body, that the greater the vigour of the circulation the less is the difference of temperature between the central and superficial parts, so that by measuring simultaneously the temperature of the skin and that of the rectum we are enabled to judge very accurately of the velocity of the blood-stream. Why this is so is easy to understand. When the arteries are distended and the blood-current is rapid, a larger quantity of blood is brought to the surface from the warmer central parts of the body than in the contrary case. The mass of blood being therefore greater, the cooling it sustains by exposure to the cooler environment of the body is proportionately less, so that it returns by the veins towards the centre at a temperature which does not differ from that which it possessed in its outward course. Consequently, if we find the temperature of the surface much less than that of the central parts we are quite certain that the circulation through the surface vessels is feeble, and that little heat is given off. We are thus thrown back (says Dr. Sanderson) on the one fact of which the importance has already been indicated as affording the most striking characteristic of the thermal state of an animal after section of the cord, namely, that the bodily temperature yields with abnormal facility to the influence of outside conditions, that the temperature equilibrium, to use Vaunyn's expression, becomes labile."

That the variation of temperature attendant on section of,

or injury to, or disease of the spinal cord and other parts of the nervous system, may be partly explained by the help of a vaso-motor mechanism is undoubtedly true, but many of the facts recorded point to a direct influence of the nervous system on the production of heat. When, after division of the sciatic or the sympathetic nerve, the temperature of the corresponding vascular area rises, this can easily be explained on the ground that a larger quantity of warm blood than usual passes through the part.

But I think it is difficult to account by any working of a vaso-motor mechanism for the marked rise of temperature often seen in slight cases of spinal disease, as in Teale's case. It seems hardly possible in such instances as I have mentioned not to entertain the idea of some direct action of the nervous system on heat producing metabolism. I think the great mass of evidence collected from all sources points to the truth of the conclusions arrived at by Mr. Corley in an able paper on this subject, read before this Society in 1874, viz., that there is a heat-regulating region of the cord extending from the third cervical to the upper dorsal vertebræ. 2. That this function resides in the grey matter. 3. That the effects of injury differ ; a simple lesion giving negative results, whilst a continual irritation produces thermal symptoms.

THE INFLUENCE OF GREEN TEA IN COUNTERACTING POISONING BY OPIUM. (a)

By JAMES SEWELL, M.D.,
Professor in the University, Quebec, Canada.

A LADY. æt. 35, had been, for several years, a sufferer from angina pectoris, for which she had consulted a number of medical men, both in America and Europe, and had taken almost every remedy recommended for this painful affection. Of course, amongst these, opium, but there is no reason, whatsoever, to believe that she had acquired the habitual use of this drug in any form.

One afternoon, having been attacked by a more than usually severe paroxysm, she took from a bottle at hand, of her own accord, as much as two drachms of Battley's fluid, and repeated this dose every half hour until she became insensible.

Dr. Sewell was called in to see her at half-past eleven p.m., and is of opinion that she must have taken at least three fluid ounces and a half of Battley's sedative solution of opium. Her condition was then as follows :—

She had had a severe convulsion, and was now cold up to the hips and shoulders, with the face cold and drawn, and the pupils contracted to pins' points. The pulse was not perceptible at either wrist, and the respirations occurred only three times in two minutes. Dr. Sewell regarded her as dying, and another medical man, one of Dr. Sewell's colleagues in the University, considered that life must be extinct within ten minutes.

Having had considerable experience of the efficacy of green tea as an antidote in other poisonous conditions of the blood, Dr. Sewell determined to try it in this case, and making a very strong infusion he threw half-a-pint up the rectum, and retained it there.

In twenty-five minutes there was the slightest possible tinge of red on the lips, and the respirations had increased to six times in the minute, instead of thrice in two minutes.

In fifteen minutes from this time, Dr. Sewell threw up another half pint of the infusion, and steadily noted progress. By four o'clock, a.m., the patient had become sensible, and recognised Dr. Sewell by his voice, but could not see, as she requested that the gas might be lighted, although the sun was shining brightly at the time, and fully so into the room.

By 8 a.m. she was out of danger.

So confident is Dr. Sewell of the efficacy of green tea as an antidote to poisoning by opium, that he says that he would have no fear for one of his children, or feel anxiety at seeing it swallow a wineglassful of laudanum, if he had only an infusion of green tea at hand.

Dr. Sewell's object in making this communication to the Surgical Society of Ireland, is the hope that the remedy may receive a trial in Dublin, and that its adoption here may prove as efficacious in saving life as it has been in Quebec.

(a) Read before the Surgical Society of Ireland, for the Author Jolliffe Tufnell, F.R.C.S.I. (hon. sec.).

EPITHELIOMA OF THE LOWER LIP. (a)

By B. WILLS RICHARDSON, F.R.C.S.I.,
Surgeon to the Adelaide Hospital.

AT the meeting of the Society held on the evening of the 8th of December, 1876, I exhibited sections of an epithelioma I removed, by operation, from the lower lip of a gentleman, then in a pay-ward in the Adelaide Hospital.

The sections, a characteristic specimen of which I have brought here this evening, show the ulcerating stage of epithelioma, with highly developed club-shaped and conical papillomatous looking upgrowths, springing from the ulcerated surface. This section will allow of the members comparing the papillomatous condition of that epithelioma with a less advanced non-ulcerated epithelioma I recently removed, by operation also, from a patient in the Adelaide Hospital. It will not be necessary to give more than a few of the leading points of the case.

The patient, John Barry by name, and about 40 years of age, fourteen months ago, commenced to suffer from a scaling irritable spot, as he called it, to the right of the centre of the lower lip. In course of time a small lump became perceptible, which, increasing in size, so alarmed him that he sought admission to hospital. He was an inveterate smoker but rarely held the pipe with the portion of lip engaged.

There was no family history of cancer. But little dependence, however, can be placed upon the information given to us by patients concerning the family history of their diseases when they venture as far back as their grand-parents, and I suspect no dependence at all upon what they state regarding the diseases of their great grand-parents. Sir James Paget has not overlooked this matter in his clinical lectures, published in 1875.

I had better now return to the case.

When Barry was admitted to hospital a nodule was found in the part of the lower lip he mentioned, a little to the right of its centre. It was nearly round in shape, extremely hard, about the size of a large marrow pea ; and, its upper surface, slightly depressed, monopolised to a corresponding extent, the place of the labial red surface. This part was formed of dense exfoliating horny-looking epithelium. No enlarged glands could be detected. I removed the nodule with small adjoining portions of the lip by a slightly modified V-incision. It is needless to go further into the steps of the operation; suffice it to mention that the wound was healed in six days, and the man returned home on the seventh.

The evening of the day of the operation I made sections of the epithelioma with the freezing microtome. They are very thin, and some of these stained with carmine, I have here this evening. But, were it not that they show epithelioma of the lip in a stage less advanced than it is usually met with, in hospital practice at all events, I should not have felt warranted in occupying the time of the Society with their exhibition. They are, for this reason, however, worthy of comparison with the section having the papillomatous projections to which I have alluded. The following appearances with a little care, can be made out in the sections of Barry's epithelioma :—

1. Great relative development of epithelium which is

(a) A paper read before the Surgical Society of Ireland.

exfoliating at the surface, and at its deepest part dislocating and invading the underlying structures.

2. Pearly globes, some of which are situated in the exfoliating epithelium.

3. Elongated papillæ of great relative length, buried in the living epithelium, and which probably would have formed papillomatous projections had the disease been allowed to run its course. Some of the papillæ span the whole field of Smith and Beck's large angular apertured 1-5th objective.

4. Enlarged sebaceous follicles, but of this I am somewhat doubtful.

I have on the table a section of the healthy lip that the members may compare it also with the epitheliomatous sections.

Clinical Records.

WEST LONDON HOSPITAL.

A Case of Impassable Urethral Stricture Illustrating the Value of Whalebone Bougies in the Treatment.

Under the care of Mr. TEEVAN.

THOMAS F., a labourer, æt. 50, was admitted into the hospital on February 11, 1878.

Previous History.—Twenty-seven years ago the patient caught a gonorrhœa, which was treated by medicine only; had a gleet on him for some time afterwards. Eighteen years ago he put himself under the care of Mr. Worle, of the City Road, who, by gradual dilatation, enlarged his stricture to No. 13, English. He was put into a very comfortable condition, and attended once a week to have an instrument passed. He then neglected himself, and on several occasions had to apply to St. Bartholomew's Hospital and Charing Cross Hospital for relief. Has been gradually getting worse for the past five years, and for the last two the urine has dribbled away "guttatim."

Condition on admission.—Is in fair health. Can only pass a few drops of water after much straining; urine dribbles away night and day. Stricture sub-pubic, situated five inches from meatus externus. No instrument, soft or metal, could be passed through the stricture.

Treatment.—The patient was put to bed and gently purged. Attempts were made every other day to introduce instruments, without success. On Feb. 18 Mr. Teevan managed to pass the smallest olivary metal catheter into the bladder and to draw off some urine. Considerable irritation followed the introduction of the instrument, although not a drop of blood escaped. A few days later, when Mr. Teevan tried to pass the same catheter he could not do so. On Feb. 28, Mr. Teevan, at 3 p.m., managed to introduce one of the finest olivary whalebone bougies, and tied it in. No discomfort was occasioned by its presence, and it was removed on March 2, at 3.30 p.m., when Mr. Teevan successively passed Nos. 12, 13, 15 olivary bougies (Charrière's guage). The man was so well that he left the hospital the same day, with orders to attend as an outpatient, to complete his treatment and learn how to pass a catheter for himself.

Remarks by Mr. Teevan.—In the first place it may be observed that the patient had never used an injection. Amongst a portion of the public there is a belief that strictures are caused by the use of injections, but it is quite fallacious, for I found that out of 412 cases of which I had taken notes, only about one-half the patients had ever used an injection, thus clearly proving the error of the belief. Happily the abortive treatment of gonorrhœa had fallen into disease, and strong injections were rarely used.

It occasionally happened that a metal catheter could not be introduced on the second attempt, owing, doubtless, to some inflammatory swelling and spasm. A metal catheter was a bad instrument wherewith to carry out the treatment by continuous dilatation, for it usually set up so much irritation that its presence could not be tolerated, and there was always the risk that the posterior wall of the bladder, which rested on the tip of the catheter, might slough and be finally perforated. Now, an olivary whalebone was very pliant, and each hour more and more tended to accomodate itself to the shape of the canal, and its olive tip prevented any injury happening to the soft parts. Catgut bougies might advantageously be laid aside for ever, for they had sharp points, which did harm, and, after a few minutes presence in the urethra the bougies became soddened, and finally unravelled into their component strands.

For the relief of retention of urine, filiform and whalebone bougies were invaluable, and, as they were much finer than any catheter, they could be introduced through strictures impassable to catheters. There was an idea in the profession that, in order to relieve retention, it was necessary to pass a catheter, but it was a delusion. If a fine bougie were introduced and allowed to remain in for a few minutes, the urine would flow on its withdrawal, and the knowledge of this fact would often save a patient from an operation. A few weeks ago I was aroused in the night to relieve an officer suffering from retention. I could not introduce any catheter, soft or metal, but managed to wriggle in a fine olivary whalebone bougie, and so relieve the retention. The ultimate cause of retention in tight strictures was often the impaction of a plug of thick mucus, and its removal was sufficient for the relief of the retention. When a bougie was tied in the bladder the patient would often inquire how he was to urinate. He could be told he need have no trouble about it, andthat the water would come by the sides of the instrument.

ASYLUM OF EVREUX.

LESION OF THE BRAIN IN AN EPILEPTIC—ABSENCE OF THE INFERIOR PARIETAL LOBULE OF THE RIGHT SIDE WITHOUT OCULAR DERANGEMENT ON THE OPPOSITE SIDE.

Under the care of Dr. CLOVIS GALLAPAIN.

Imbecility - Epilepsy—No Visual Derangement — During the last Six Months Cephalalgia—Vomiting—Somnolence—Apoplectiform Attac s - Hemiplegia of Right Side—Encephaloid Cancer of the Left Frontal Lobe, with an Extension into the Lat ral and Third Ventricles—Absence of Development of the Gyrus Curvis (*Pli Courbe*) *and of the Lobule of the* Gyrus Curvis *on the Right Side.*

Guillem, Julie-Louise, æt. 39, was admitted to the Asylum at Evreux, on the 18th May, 1875. She had been a patient at the Salpêtrière, which she entered on Nov. 6, 1851. Discharged from this hospital on the 4th July, 1860, she was admitted a second time on the 29th June, 1861, and remained there up to the period of her transfer to the asylum at Evreux. The certificate of Dr. Moreau, declared that she was suffering from epilepsy.

Guillem is an imbecile, who does not know her own age, and who has no power of "initiation." She requires surveillance and direction in all her actions, but she is quiet and is easily managed. During two years, attacks only of the *petit mal* were observed, consisting of vertigo, accompanied by some twitching of the muscles, and more frequently by convulsions of the muscles of the face: these attacks were never followed by agitation, she had a slight embarrassment of speech, and dragged, slightly, the left leg; no visual disturbance.

May 4, 1877.—Had to-day three violent attacks, not preceded by a cry, which consisted in falling, loss of consciousness, clonic convulsions, a state of coma; her tongue has been bitten deeply.

5th.—Two attacks.

9th.—Three seizures, similar to those of the 4th, not followed by agitation, but by very deep stupor. Since these attacks she continually complains of cephalalgia, more or less violent, affecting particularly the left side.

July 14th.—Obstinate cephalalgia developed, especially pronounced on the left—continued somnolence, which confines her to bed; nausea, sometimes vomiting. This state has lasted more than a month. She is often discovered striking the left side of her head with her hand.

August 7th.—Same state; constipation; prescribed *eau de seidlitz*, purgative clysters, and ptisan of barley.

15th.—Feels a little better, suffers from her head; somnolent.

23rd.—Had to-day ten or a dozen apoplectiform attacks, preceded or accompanied by vomiting, and consisting principally in loss of consciousness, muscular resolution, immobility, with swollen features, &c. (*face vultueuse*).

24th.—Paralysis of the right side noticed; deviation of the mouth and features to the left, drooping of the right upper eyelid; sensibility increased on the right; pulse strong, full; perspiration general; somnolence.

25th, 26th.—Same state; cannot take any food.

27th.—Comatose.

28th.—Comatose state still continues; pulse very strong full, *face vultueuse;* 200 grammes of blood taken away; a clyster, croton oil one drop, sulphate of soda 15 grms.

29th.—Better. The state of coma almost disappeared. Powder of digitalis, 0·10 centigrammes.

30th.—Improvement. Powder continued.

Sept. 4th.—Can raise herself, and use the paralysed limbs.

15th.—Can use fairly her right arm, but cannot walk without assistance; always complains of cephalalgia, and often strikes the left side of her head, continued tendency to sleep.

27th.—Somnolence; cephalalgia; nausea and vomiting; several slight apoplectiform seizures.

29th.—Comatose; leeches to the anus.

Oct. 2nd.—Improvement; clyster of aloes and savon, 5 grains.

9th.—Can raise herself, but has become *gateuse;* always complains of cephalalgia.

14th.—Vomiting; and apoplectiform attack; somnolence.

15th.—Vomiting; coma becoming more and more pronounced. Death in the evening.

AUTOPSY.

Cranium.—The right parietal presented towards the middle an elevation more marked than in the normal state, corresponding to a deep ovoid hollow, on the internal face this cavity measured antero-posteriorly 6 centimetres and a half, and transversely 4½ centimetres. The bone at this point is very thin.

Meninges.—On incising the dura mater, about 200 grms. of serosity flowed from the arachnoid cavity, the pia mater is vascular, but thin. Numerous corpuscles of Pacchioni are implanted on the portion of this membrane covering the feet of the second and third right frontal convolutions; they also exist at the top of the frontal lobe; the dura mater is thin and sieved. The pia mater at the top of the right inferior lobule is thickened and opaline, and raised, presenting the same dimensions as the *fosse* before mentioned; it formed a fluctuating tumour, from which escaped, on incision, a quantity of serous fluid.

BRAIN: *Right Hemisphere.*—Weight, 311 gr.

The first frontal convolution is very voluminous, and occupied almost half of the external face of the frontal lobe. The *insula* has a smooth aspect, and did not present on its surface any appearance of a convolution. The ascending frontal convolution is divided in the middle, into two trunks by a *sillon*—the inferior piece is again cut into two, by a second sillon.

In place of the inferior parietal lobule a deep ovular excavation is found, extending from the fissure of Sylvius in front, to the parieto-occipital fissure behind.

This excavation is six centimetres in length, two centimetres and a half wide, and nearly two centimetres deep, its bottom is a plane surface, corresponding in its anterior third to the external face of the *corpora striata.* Behind, the excavation is separated from the lateral ventricle, by a membrane from 1 to 2 mm. in thickness. The ascending parietal convolution only exists for a length of two centimetres and a half. In a word, this excavation resulted from the absence of development of the inferior thirds of the ascending parietal, of the superior extremity of the first temporal convolution, and especially of the "pli courbe" and its lobule, of which there is not even a trace. The superior parietal lobule is normal. The superior parieto-occipital fissure is very developed, as well as the paracentral lobule.

Left Hemisphere.—Weight 531 gr.

The pia mater is so adherent to the subjacent tissue, for the greatest part of the external face of the frontal lobe, that it was impossible to detach it. This surface embraces the second frontal convolution, and part of the inferior bifurcation of the first, the latter being atrophied.

The third frontal convolution is normal; the insula is very voluminous and composed of fine convolutions, forming a very prominent lobule, elongated antero-posteriorly and presenting a crest rising above the lips of the fissure of Sylvius. The ascending parietal convolution is thinned at its superior extremity. The para-central lobule is less developed than the right. A soft pulpy mass (reddish white) filled the lateral ventricle, and this substance passing by the foramen of *Monro* occupies the third ventricle. After opening the lateral ventricle, we noticed that the tumour had made its way into this cavity, by the vault of the ventricle, and we find a regularly rounded pedicle, about five centimetres in diameter. Between the tumour and the caudal nucleus are many small clots.

An incision into the middle of the tumour reveals to us that the centre is formed of yellow resisting tissue infiltrated with calcareous granulations, whilst a second incision on the smooth plate noticed on the anterior and superior part of the frontal lobe, shows a nucleus the size of a chestnut, formed of a white resisting milky tissue, also infiltrated with calcareous granulations. The cortical substance (very much altered) of the frontal convolution, and the pia mater, which is intimately adherent to it, form a thin shell, covering a pulpy tissue mixed with blood clots. The white and grey substance of the frontal convolutions are completely destroyed or altered.

The cerebellum and bulb, 150 gr., did not present anything particular, the floor of the fourth ventricle was abnormally vascular.

The heart natural, cavities filled with blood clots. Some tubercles in right lung, other viscera healthy

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 22ND, 1878.

CASES OF EFFUSION INTO THE PLEURAL CAVITY.

Dr. W. H. BROADBENT read notes of three such cases.

CASE 1. *Rapid Effusion of Bloody Fluid into the Right Pleural Cavity at the age of 76; Paracentesis; Recovery.* A gentleman æt. 76, under the care of Mr. Meehan and Dr. Broadbent, unusually vigorous for his years, who had for a few days suffered from dyspnœa after exertion, was found on May 16th, 1877, to have fluid in the right side of the chest up to the level of the nipple; the heart and other lung being sound. Next day the pleural cavity was nearly full, and on the following day quite full. The patient could not now turn in bed without serious shortness of breath. Under these circumstances, paracentesis was considered to be urgently required; and after consultation with Sir William Jenner, was performed on May 19th. Eighty ounces of fluid were withdrawn. The fluid had almost the colour of blood, and rapidly deposited a layer of blood corpuscles nearly an inch thick. Notwithstanding this, the patient made a good recovery, and still remained well. The points worthy of remark in this case were considered to be—2. The rapid

effusion of the fluid, which was unexampled in the experience of the reporter. 3. The large amount of blood which, with the rapidity of the effusion, was suggestive of malignancy. This, however, might be considered as set aside by the recovery and present good health of the patient. Probably the cause was undue exertion. 1. The age of the patient. Advanced age was taken by Dr. Broadbent as a reason for early operation when the pleural cavity was full of fluid. The patient was then less able to bear a long illness, and the want of elasticity of the structures rendered the pressure effects more dangerous, and prevented the falling in of surrounding parts during resorption, should the lung fail to expand.—CASE 2. A second illustration of recovery after paracentesis thoracis in advanced life, was a case of pleurisy with effusion, at the age of 73. The patient, a billiard maker, was admitted into St. Mary's Hospital on September 24th, 1874, with all the signs of effusion into the left pleural cavity, filling it completely, and displacing the heart. On October 6th, five pints of clear fluid were drawn off; and on the 17th, he left the hospital convalescent. He resumed his occupation, and was well twelve months later, but died in 1876.—CASE 3. *Pleurisy of the Right Side, with Effusion; Sudden Death.*—A gentleman, æt. 24, of a phthisical family, but personally healthy, began to suffer pain in the left side in August, 1877; a fortnight later he was compelled, by shortness of breath, to give up cricket and violent exercise generally, but he continued to go out up to September 24th, when Mr. Wigmore was called in; and finding signs of fluid in the left pleural cavity, confined him to his room. On September 28th, the patient was seen by Mr. Wigmore and Dr. Broadbent in consultation, and it was agreed that paracentesis should be performed next day at 4 p.m. There had been no dyspnœa nor other urgent symptom. At 6 a.m., on waking up after a good night, he was suddenly seized with shortness of breath; and after a struggle of two or three hours, died. A *post mortem* examination could not be obtained; but probably the cause of death was thrombosis in the veins of the compressed lung extending to the heart.

THE APPLICATION OF MAGNETS FOR THE REMOVAL OR DISPLACEMENT OF IRON OR STEEL CHIPS FROM WITHIN THE EYE.

Mr. MACDONALD MCHARDY read notes of a case illustrative of such use of magnets. The patient, a man, æt. 31, came under treatment at the Royal South London Ophthalmic Hospital during July last, for an injury to his left eye, caused by a chip flying from either a steel tool, or the hammer with which he was striking the tool. Twenty-four hours after the accident there was commencing slight iritis; an altered reflex from a portion of the cornea indicated where the steel chip had impinged. Before dilatation of the pupil, no lenticular opacity could be detected, and the ophthalmoscope revealed nothing abnormal in the vitreous. Tension was normal. There was but insignificant tenderness. The eye was far easier than on the night after the accident. Atropine drops, two grains to the ounce, were prescribed. The next day, forty-eight hours after receipt of the injury, the eye was quieter. The pupil was widely dilated. Vision equalled six-twelfths. The corneal surface was almost normal, but there was a fragment of metal upon the anterior surface of the lens, occupying a situation downwards and inwards from its centre, and so placed as to be completely concealed, except when the pupil was widely dilated. The lens was seen to be perfectly transparent, except at the small area hidden by the chip, which was a long narrow strip. From the position and shape of the chip, Mr. McHardy judged that if left alone, it was certain sooner or later to gravitate down behind the iris, and lead to destructive mischief of one or both eyes; hence, that its removal was imperative. Recognising the possibility of the lens capsule being wounded by the chip, notwithstanding the continued transparency of the lens, possibly through the chip by its very presence plugging a laceration in the lens capsule, and thus excluding the aqueous; he could not feel sure that the lens capsule was then so damaged as to necessitate the formation of cataract. He hesitated to subject the eye to the dangers attending the extraction of a transparent lens by the scoop, and was not satisfied that such a measure would insure the removal of the chip. The use of forceps for removal or di lodgment of the chip was undesirable, as they would almost certainly wound the lens capsule, and through occasioning a loss of the aqueous, would cancel the hydriatic action of the atropine, so as to conceal the chip from view. To meet the requirements of the case, Mr. M'Hardy devised a magnetic spatula, which, being inserted through a needle-puncture which it just plugged, would prevent an escape of aqueous, and the attendant diminution of the pupil, so allowing the foreign body to be manipulated whilst fully in view. Mr. McHardy had preferred a spatula which was an electro-magnet, as he could apply such an one to the chip before calling the attractive force into play; and this power could be interrupted at pleasure, so that any undesirable position of the fragment, with reference to the spatula, might be changed, thus obviating the risk of damage to the lens capsule which would be incurred if the chip were induced to jump across, on the approach of a permanent magnet. Seventy-two hours after the accident, when the condition of the eye was that described on the previous day, his colleague, Mr. Brundell Carter, suggested that before introducing the spatula, it should be tried what, if any, influence a magnet would exert through the cornea upon the chip. Accordingly, Mr. McHardy sat the man up in a chair, held before his eye a powerful electro-bar magnet, with the result that when its pole was four inches from the cornea, the chip was seen to spring away from the lens to the inner surface of the cornea. On withdrawal of the magnet, the chip fell into the anterior chamber, whence it was evacuated through an ordinary iridectomy incision. As soon as the chip left the lens, it revealed a patch of opacity precisely of its own size; it was, therefore, evident that complete cataract might be anticipated. This followed, and the injured lens underwent absorption without setting up any inflammatory reaction. Atropine was continued during the absorption, and the patient, who was present, had normal distant vision with a lens of twelve dioptrics, and read No. 1 of Jaeger's types with a lens of fifteen dioptrics:—the most favourable possible issue to such a case, and one that had been attained without subjecting the eye to any danger other than that directly produced by the entrance of the chip. Mr. McHardy was indebted to Mr. Ladd for the loan of the large magnet, as well as for valuable hints respecting the battery power to be used; and to Mr. Faveaux, of the firm of Messrs. Weiss, for the great prompt and faithful pains he had taken in carrying out the suggestions for making the electro-magnetic spatula which was exhibited. In his concluding remarks, Mr. McHardy quoted from a paper by Dr. McKeown, in the *Dublin Journal of Medical Science*, who had successfully used magnets for the removal and diagnosis of chips of steel or iron in the vitreous. He said that this case had so enlisted his interest in the subject, that he looked forward to carrying out investigations with a view to ascertain the most favourable conditions under which the magnetic power could be applied for these purposes.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of the Society held 26th ult., Dr. GEORGE THIN read a paper

ON THE CONDITION OF THE SKIN IN TINEA TONSURANS,

in which he described the appearances seen in section through the entire thickness of the skin of a horse affected with ringworm. The spores of the tricophyton tonsurans are found amongst the most superficial scales of the horny layer of the epidermis. They are found in the cutis only in the shaft of the hair, and between the shaft and the internal root-sheath, hair-root, or hair-papilla, or connective tissue surrounding the hair-follicles, in no living tissue in fact. The changes observed in the cutis and rete mucosum, are of an inflammatory nature. The spaces between the bundles of connective tissue are more or less infiltrated with colourless blood-corpuscles (pus-cells), the walls and immediate neighbourhood of the blood-vessels being thickly studded with them. Retrogressive changes are found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis has completely broken down, leaving the cutis denuded. In the latter case the surface is found covered with pus-cells. Small localised abscesses are found in the internal root-sheath and in the rete mucosum. The author suggested that these changes are due to irritation, produced by the absorption of soluble matter set free during the growth of the fungus. The parasite feeds upon effete epidermic structures, and can only assimilate by decomposing them. The incapacity on the part of the fungus to exist in living animal tissues explains the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied are simple irritants, whilst the paraiticides in common use are also irri-

tants. Inflammation, when sufficiently acute, cures ringworm, as is shown by the fact adduced by the author, in which a simple wound through a ringworm spot cured the whole patch. It is thus that the beneficial effect in chronic case of a continued slight congestion is explained.

Dr. F. TAYLOR said he was engaged in a similar examination of a portion of the scalp of a child affected with ringworm, and so far as he had gone his results agreed with those of Dr. Thin.—The PRESIDENT said that according to his experience, ringworm was more prevalent among the children of the better classes than among the poor, and Dr. Thin said it was certainly more common in London than in many other places.—Dr. THIN added that the best method to prepare the skin for microscopical purposes was to harden it in alcohol, and after making thin sections, to place them in water, and then in caustic potash.

Another paper was read by Dr. LAIDLAW PURVES, on the

RESULTS OF 100 CASES OF PARACENTESIS OF THE TYMPANIC MEMBRANE.

Of the different methods employed—the knife, the trephine, acids, oils, and ointments, pancreatine, and the galvano-cautery—the galvano-cautery, combined with pressure and ointments, is preferred for maintaining or attempting to maintain a permanent opening, but the maintenance of such is exceptional. The frequent repetition of the paracentesis causes a permanent thinning at the spot perforated, which acts to a certain extent in the same way as a perforation. Of eighty-three individuals operated on, forty-six were benefited temporarily or permanently. In cases of tinnitus one-fourth were benefited. In acoustic affection no improvement occurred. Of thirty-nine cases of cataractous drums twenty-three were improved; five out of seven relaxed drums improved. Of twenty-one paracenteses for the removal of substances from the cavity fifteen were benefited.—Mr. DALBY said that, excluding Astley Cooper's practice, the first in this country to advocate operations on the tympanic membrane was the late Mr. Hinton, in 1868; and he had seen him perform the operation two or three hundred times. But his opinion had changed since then. In many cases in which the operation is performed, there is no fluid in the tympanic cavity, but either thickening of its lining membrane, or inspissated and altered secretion. In such cases paracentesis could do no good.—Mr. C. BROOKE said he was in 1817-18, the subject of that operation at the hands of Sir Astley Cooper. The operation was for deafness from enlarged tonsils, and was attended by complete relief. How long the openings remained patent he could not say.—Dr. C. BRANDEIS spoke in favour of the operation. A permanent opening might, if necessary, be effected by resorting to excision of a portion of the membrane. Not only is the division of the drum membrane seviceable in such cases in which there is a morbid secretion or an obstruction in the normal aeration of the tympanic cavity, but it is called for in cases where there is a disturbance of the natural contour of the membrane, or an anchylosis of the chain of bones, or an impaction of the stapes in the fenestrum rotundum. In these cases paracentesis of the membrane in the posterior inferior quadrant will serve to admit the sound waves directly into the tympanum, whence they can reach the lamina membranacea covering the fenestrum rotundum, and thus reach the labyrinth. The division of the membrane, however, is only of temporary service; it is necessary to maintain a permanent opening if any lasting improvement is to follow. This is best done by introducing a small aluminium canula, as recommended by Voltolini, a millimetre and a half in diameter, and from six to nine millimetres in length. The great difficulty met with is the tendency of the membrana tympani to throw off any foreign body, and this can best be obviated by a consideration of the configuration of the parts. At the proximal extremity of the external meatus there is a normal depression of the canal, and the distal end of the canula must rest in this depression, while the other end impinges upon the inner wall of the tympanic cavity, in order to prevent a displacement of the tube.—Mr. CUMBERBATCH agreed with Mr. Dalby as to the necessity of restricting the operation to cases of fluid accumulation in the tympanic cavity.—Mr. LENNOX-BROWNE was of a similar opinion, and that it was also applicable to the class of cases in which Dr. Purves had been most successful, namely, those of lax membrane which had been cured by cicatrices of repeated punctures.

SURGICAL SOCIETY OF IRELAND.

THE Eighth Meeting of this Society, took place on Friday evening, March 15th, 1878, Dr. COLLES, the senior member of the Council of the Society present, in the chair. The minutes of the previous meeting having been read by Mr. B. WILLS RICHARDSON and confirmed,

Mr. F. W. WARREN read a paper on

FRACTURE OF THE SPINE,

which will be found on page 291.

Mr. TUFNELL asked whether Mr. Warren had ever seen galvanism used in the treatment of bed-sores, because in cases of injury to the spine that was what he (Mr. Tufnell) had the greatest difficulty in contending with. He had never used galvanism himself, but he had seen sloughing going on in spite of everything he could devise, and in spite of the use of water-cushions from the first moment, and going on to such an extent that both trochanters were exposed, so that the patient could not be turned in bed.

Dr. O'LEARY wished to know what was the reaction of the urine, particularly immediately before death; also what was its specific gravity, and the amount of urea, as that information would be interesting in connection with the high temperature.

Dr. HENRY KENNEDY said that although he could throw no light on the cases, he might mention that in the "Clinical Reports" there were, to the best of his recollection, several cases, certainly some given, in which bed sores were treated by galvanism. By that means the sore was healed, but it broke out again and again, though still the galvanism was sufficient to heal it. The galvanism did not, however, alter the state of the parts sufficiently long to keep the sore permanently healed. In reference to the general question of temperature, it must not be forgotten that a large number of cases of medical disease gave rise to temperatures of a very considerable height. It would appear as if they were far more common in England than in this country, for they were constantly seeing details in the periodicals of cases where the temperature ran up to 109° and 111°. He had never seen a temperature of 109° in our city. He knew there were some cases on record, but they were exceedingly rare in comparison with England. In any explanation of the fact, then, they must take into account that those high temperatures were attained not after any injury, in the common sense of the term, but without any injury to the spine at all. Mr. Weir Mitchell, in his very interesting book (he did not know whether Mr. Warren alluded to that work in his paper), alluded specially to the treatment of some of those cases where the nerves were injured, and where galvanism was used with very good effect. It was certainly a means they should not overlook, especially where an illness was likely to be prolonged.

Dr. WARREN, in reply, said, with regard to Mr. Tufnell's questions, that he had never seen galvanism used himself in Steevens's Hospital or anywhere else. He merely had read of it, and seeing it backed up by such great authorities, and spoken of with such great emphasis, he thought it was worth mentioning. He was very glad that Dr. Kennedy had seen it do a great deal of good. With regard to the urine, the cases were so very acute, and death taking place in 34 hours and 24 hours after the receipt of the injury, he did not think it necessary to make a very careful examination of it, but he tested its reaction, and it was acid. To the eye it looked quite normal.

Mr. TUFNELL read a communication by Professor SEWELL, of Quebec, on

THE USE OF GREEN TEA IN COUNTERACTING POISONING BY OPIUM,

which will be found at page 275.

After having read the paper,

Mr. TUFNELL stated that Dr. Cameron, the city analyst of Dublin, had promised to undertake a series of experiments as to poisoning by opium, and the efficiency of green tea as an antidote. Perhaps on a subsequent occasion they would be able to learn what the result of Dr. Cameron's experiments on the lower animals had been.

Dr. HENRY KENNEDY said there were one or two points in connection with medical theories in the communication that he thought would mystify any person, and that prudence would therefore make them slow in accepting the

results set forth by the writer of the paper. In the first instance, the writer himself mentioned that to the best of his belief, the patient had taken 3¼ ounces of Battley's solution. That was not a positive fact—not such a fact as would satisfy them in accepting the whole of the conclusions based upon it. Three and a-half ounces of Battley's solution, which was known to be a very strong preparation of opium, was an enormous quantity. It did not appear, as far as he heard from the paper, that Professor Sewell had used an emetic or the stomach pump to clear out the stomach, and to suppose that 3¼ ounces of such a fluid should pass away, and allow the patient to recover without any real difference, was certainly a straining of anything they knew on the subject. There was another point, too, connected with the details of the case that he thought would also stagger most people—that was, the rapidity with which the patient recovered. It had been his lot to see several cases of poisoning--five or six—by opium, and even when they did recover the recovery occupied a very much longer time than that recorded in the case now under notice. This lady was seen first at 11 o'clock at night, and by 4 the next morning the symptoms had so far improved that the patient was recovering, and by 8 o'clock she was quite herself, as regarded danger to her life. That was not in keeping with what he (Dr. Kennedy) had seen of cases of the sort. They required very many hours before they recovered] Without throwing the slightest slur upon what had been detailed by the writer he (Dr. Kennedy) would try to explain the result of this case differently from what he had done. In reference to the antidote that was used, the late Dr. Maxwell published a paper many years ago, in which he recommended green tea for use in fevers. There was also a further contribution on the subject by Dr. Grimshaw, who gave a number of cases. He (Dr. Kennedy) had used it very largely, and it was a very useful stimulant in the low state to which fever brought a patient. Coffee had been long recommended for the antidotal effect it had on persons who had taken too much opium, and he need not tell this meeting that coffee and tea were precisely the same, except in this respect—that tea had a trifling quantity of thein that coffee had not. However, at the present day, he need scarcely mention that they had another antidote to which he imagined the gentlemen present would surely have recourse rather than to tea, with the slight experience that they had of the use of the latter at the present moment. He alluded to belladonna, which, in a case of poisoning by opium, should be used; and there were many cases—probably many of the members present knew of them—in which the specific effects of belladonna seemed to be very antidotal to those of opium, and he thought, with the knowledge that they had at present, that belladonna should be had recourse to before tea, after emptying the stomach by the aid of the stomach-pump. That should be the means adopt to counteract the bad effects of opium.

Dr. E. H. Bennett thought before the close of the discussion that it would be out of place to proceed further before he moved a vote of thanks to Professor Sewell for his communication, because, not being a member of the Society, and setting the ball going with reference to a new matter, they owed him certainly their thanks, whether they agreed with his opinions or not, or whether they could put those opinions to test if opportunity offered, certainly for his communication Professor Sewell deserved their thanks. He (Dr. Bennett) was entirely with Dr. Kennedy in his views. He thought the evidence before them was not sufficient to make them accept all the facts, and the same was the case with almost every case of recovery from poisoning put on record. With reference to the very matter to which Dr. Kennedy alluded, the relief of opium poisoning by atropia or by belladonna, the most recent cases—recorded within the last month—showed that enormous doses of atropia, to such a degree as Dr. Harley had pointed out—so far, at all events, as experiments were concerned—the combined effects would be poisoning, no matter whether given antidotally or not. He did not know anything of the effects of green tea. In conclusion he moved that the thanks of the Society be given to Professor Sewell for his communication.

Dr. Bigger had great pleasure in seconding the motion. He thought consideration ought to be made in Mr. Sewell's case for the period at which it was estimated the antidote was given, and the immediate effect it had in counteracting the poison. If he had waited until the case had progressed it would have been downright stupidity, and it would have been very difficult to bring anything to bear upon it. He had seen a case in which a gentleman suffering from stone in the bladder was in the habit of taking a certain quantity of drops made up in doses in ounce bottles. As he was going to the country suddenly, the bottle was sent to the apothecary, who returned it filled with laudanum. Unfortunately it was mistaken for one of the dose bottles, and the gentleman took the whole quantity, The effects of the laudanum were immediately produced, and stupidity to a frightful extent ensued, the patient falling about the room in the most helpless way. He, however, outlived the accident. Coffee was very largely used in the treatment of that patient—not by enema. He knew that turpentine was also used. The patient was put into a carriage and driven violently about and constantly kept in motion for a long time, although emesis did not occur for some time. The stomach-pump was used, but he did not think they got any laudanum from the stomach. When emesis did occur laudanum was smelt in the discharges. Although the patient recovered, he never was the same man again. There was another case in Dublin in which the sister of a gentleman of considerable notoriety in the city was in the habit of taking more than an ounce of laudanum every day. She lived a very long time. He treated her for some time, until he got wearied and tired, and felt that the patient was committing suicide under his auspices. She afterwards was in the hands of several other practitioners, but she ultimately died. The effects produced were very curious. She half slumbered during the day, but the moment night came on, and she got her dose, she had the people in the house running about in every direction to get impossible things, and that lasted until towards morning, when she got another dose. That lady went so far that the apothecaries refused to sell her laudanum, and she then made it herself.

Dr. Bennet—What did she make it of?

Dr. Bigger—Out of opium, I suppose. Dr. Bigger continued to say that there was another case in which a gentleman was in the habit of taking doses of solid opium in very large quantities. He had seen that man take six-and-twenty grains. He had seen him do it several times. He was now in a lunatic asylum. That man's case would be a very fit case, if he could be got at, for making some of the researches which had been proposed, and if he could be treated with green tea it would be a most excellent case. He was still living, and in very fair health, although he had been confined for several years. He had been a long time in an Eastern climate, and there acquired the habit of taking large quantities. He always carried it about in a box with him. Yet, at times that man was perfectly calm, quiet, and deliberate, and as full of mental energy as any one could be.

The resolution proposed by Dr. Bennett was then put from the chair, and passed by acclammation.

Mr. Tufnell, who replied on behalf of the author of the communication, said that with reference to the quantity of Batley taken, he might state that after Dr. Sewell had sent him the notes of the case he (Mr. Tufnell) thought it was very desirable to write them out, and to return them to Quebec for Dr. Sewill's revision before they were read before this Society, and Dr. Kennedy would observe that the quantity he (Mr. Tufnell) put down was three fluid ounces, and that Dr. Sewell had added "and a-half" afterwards. In a letter Dr. Sewell had written to him (Mr. Tufnell) he stated—"Your description from my notes is perfectly correct, with the exception that you are short by half-an-ounce of the quantity which was taken." What led Dr. Sewell to believe it was that quantity was from knowing what quantity was originally in the bottle, and what quantity was left. With reference to belladonna, they were aware of its influence in these cases, but the great point, and what was desirable in practice, was to have a remedy which was at hand, and which could be used. They knew very well that the public, even the profession, hardly knew how to use belladonna, and the way to give it as an antidote to opium; but they knew also that any old woman could make an infusion of green tea, and administer it per rectum. He was not really prepared to say what was the difference in the effect as between ordinary black tea and green tea. Dr. Cameron had, as he had said before, kindly offered to conduct a series of experiments, and to give the Society the results, and as the Professor of the Royal College of Surgeons in Ireland, and as public analyst of the City of Dublin, he (Dr. Tufnell) thought his opinion on the case would be very desirable. There was a great deal of argument now-a-days about green tea—whether it was prepared by being

done in copper vessels, and so on; but there was no doubt about this—that it was extremely stimulating.

Dr. B. WILLS RICHARDSON then read a paper on

EPITHELIOMA OF THE LOWER LIP,

which will be found at page 275.

The members having inspected the specimens prepared by Dr. Richardson,

The Society adjourned to the 29th ult., when the last meeting of the Session will be held.

THE SCOTTISH UNIVERSITIES.

THE Royal Commisioners appointed to inquire into the Universities of Scotland have issued their report, which is the result of their having held 93 meetings and examined 112 witnesses. The following is a summary of their recommendations as regards the medical departments of these corporations:—

That every candidate for a degree in Medicine shall, before commencing his professional course, be required to pass the "First Examination" with the modifications stated in paragraph 14, and shall thereafter devote not less than four years to the course of professional study at present prescribed.

That no candidate for a degree in Medicine shall be admitted to examination in Human Anatomy or Physiology, or in any purely medical subject, unless he has passed an examination in Natural Philosophy, Chemistry, Physiology, Botany, and Zoology, as constituting the second and third groups of the fifth or Natural Science department for the degree of M.A

That the final examination for the medical degree shall be confined to the practical subjects of Medicine and Surgery, both systematic and clinical, Obstetrics, Pathology, Therapeutics, Medical Jurisprudence, and Hygiene; and that no candidate shall be admitted to examination in these subjects unless he has passed in the other subjects of the medical curriculum.

That the degree of Bachelor of Medicine shall not be granted without a degree in Surgery, the degree to be granted in Surgery along with the Bachelorship of medicine being that of Bachelor in Surgery (Ch. B.) which has been recognised as a registrable title by the Medical Practitioners Act, 1876; and that the examination fees to be paid by candidates for the double degree shall be 20 guineas (£21), to be paid in instalments at different stages of the candidate's examination.

That the degree of Master in Surgery (C.M.) shall be made attainable separately at a future time, under similar conditions to those which now apply to the degree of Doctor of Medicine (M.D.)

That for the degree of Bachelor of Science (B.Sc.) every candidate shall be required to pass the "First Examination," with the same options as those which apply to candidates for degrees in Medicine; and that, after passing that examination, he shall be required to attend and to pass an examination in either (1) courses in the subjects included in the fourth or Mathematical Science department for the M.A. degree, and also the subject specified in the second group of the fifth or Natural Science department for the same degree; or (2) the courses specified in any three of the groups of the fifth or Natural Science department.

That while no entrance examination, a failure to pass which would exclude from the University, ought to be instituted, it shall be the rule of the University that no attendance by a student given before passing the "First Examination" shall be available for any degree; but that a power of dispensing with this rule in cases where the circumstances may seem to justify the relaxation shall be reserved.

That in the University of Glasgow a new professorship shall be instituted—viz., a professorship of Pathological Anatomy in the Faculty of Medicine, and a lectureship on Mental Diseases.

That in the University of Aberdeen a new professorship shall be instituted of Pathological Anatomy in the Faculty of Medicine; and that there shall also be instituted a lectureship on Mental Diseases.

That in the University of Edinburgh the name of the chair of General Pathology in Edinburgh shall be changed to Pathological Anatomy; and that a lectureship on Mental Diseases shall be instituted.

That the following provisions for assistance and apparatus shall be attached to different chairs in the Universities of Edinburgh, Glasgow, and Aberdeen, viz.:—To the chair of Institutes of Medicine or Physiology, two assistants, one at £150, and the other at £100 a year: also a sum of £1,000 for the purchase of apparatus and material of a permanent kind, with an annual sum of £100 for the maintenance and provision of new material. To the professorship of Botany, two assistant demonstrators at £100 each, if the class numbers as many as a hundred; any additional demonstrators beyond two, if required by the size of the class, being provided by the professor; and, if the class does not much exceed fifty, one assistant demonstrator being sufficient. To the professorship of Pathological Anatomy, an assistant at a salary of £100. To the professorship of the Practice of Physic, an assistant at a salary of £50; and to the Professor or Professors engaged in clinical instruction at the infirmary a clinical tutor at a like salary; also for the two professorships of Pathological Anatomy and Practice of Physic an annual sum of £100 for the maintenance of a joint class museum. To each of the professorships of Surgery and of Clinical Surgery (where such a chair exists), an annual allowance of £50 for the purchase of instruments and mechanism; and for the Professors engaged in clinical instruction in Surgery at the infirmary a clinical tutor at a salary of £50.

That, as far as possible, and subject to exception where a Professor's teaching duties are very light, as well as where the Professor properly associates professional practice with the discharge of his academic duties, provision shall be made whereby the emoluments of a Professor shall not be less than £600 a year; the endowment of any Professor whose emoluments are now less than that sum being fixed at such an amount as with his estimated probable income from fees may bring up his total emoluments to not less than £600 a year.

That in each of the Universities of Edinburgh, Glasgow, and Aberdeen, the salary of the Principal shall be increased by £200, so as to raise the salary in each of the former Universities to £1,200, and in Aberdeen to £800 a year.

That the conditions of retiring allowances to Principals and Professors retiring on the ground of age or infirmity shall be revised to the effect—(1) Of allowing an addition of fifteen years instead of ten as at present, to the actual period of service in computing the amount of retiring allowance. (2) Of allowing a Principal or Professor, at an age of sixty-five, to retire on the retiring allowance applicable to his period of service, without the necessity of his producing a medical certificate of incapacity. (3) Of reckoning each academical year of service as a year in computing the years of service. (4) Of allowing years of service in any of the Queen's Colleges in Ireland to be reckoned by a Professor who has held office there previously to becoming a Professor in Scotland.

THE annual death-rate last week in the four principal cities of the United Kingdom were—London 24, Edinburgh 26, Glasgow 29, Dublin 32 per 1,000 of the population. Plymouth still maintains the highest rate in the United Kingdom, viz., 34 per 1,000, the excess being chiefly attributable to whooping-cough.

ST. PETERSBURGH has still the highest death-rate in Europe, the mortality last week being 60 per 1,000 of its population. Out of 776 deaths, the enormous proportion of 180 occurred from typhus and enteric fevers. Munich is next highest with 45, Rome 41, Buda-Pesth 40, Venice 35, Turin 34, Vienna 33, Brussels 33, Rotterdam 30, Geneva 29, Paris 27, New York 25. Of the Indian cities Madras shows a death-rate of 84, Bombay 46, and Calcutta 31 per 1,000.

A PUBLIC meeting in aid of the London Hospital will take place to-morrow, under the presidency of the Lord Mayor, who will be supported by the Duke of Cambridge, the Duke of Westminster, and other persons of distinction.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 3, 1878.

WILLIAM HARVEY.

MONDAY, the 1st of April, was the 300th anniversary of the birth of William Harvey, the discoverer of the circulation of the blood; and we should be wanting in respect for that great name if we did not make a few remarks in acknowledgment of the claims he has upon our memory.

Several incidents have lately occurred to direct more than ordinary attention to Harvey's valuable discovery. Only a few months ago the original notes of the first lectures which he delivered in the College of Physicians in 1616, as Lumleian Lecturer on Anatomy and Physiology, were re-discovered in the British Museum. Soon after that event Dr. Sieveking delivered his able and learned Harveian Oration, in which special allusion was made to these precious manuscripts; while still more recently we have had Professor Huxley's lucid and popular exposition of the originality and unrivalled merit of Harvey's great discovery. Unfortunately there has been another memento of a less pleasing nature. There have not been wanting those who have detracted from the fame of the great physiologist. He has, in fact, in this respect shared the fate of many other great men; and just as Bacon's reputation as a philosopher has not escaped the captious animadversion of his critics, so that his claim to be the apostle of the inductive or experimental philosophy has been disputed, and he has been called an "impostor" in respect of his scientific pretensions, in like manner there have been those who have questioned the merit of Harvey as a great discoverer, and have refused him that great honour which has been accorded to him by the all but unanimous assent of the civilised world. Only last year we were all startled by the announcement that on Oct. 30th a monument of Andrew Cesalpino was unveiled at Rome, on the ground of his being the first discoverer of the circulation of the blood. Dr. Guilio Ceradini, Professor of Physiology at Genoa, asserted on that occasion that Cesalpino produced experimental proof of the circulation in 1593, and that Harvey's merit only consisted in having sustained a battle against ignorance and prejudice by divulging the discovery of Cesalpino. Fortunately, however, for Harvey, his fame rests upon too strong a foundation to be even shaken by the rude shocks of his detractors. While the latter may be counted on the fingers, his defenders are innumerable. The unanimous voice of his own countrymen, the testimony of his most respected contemporaries, and the all but unanimous assent of foreign nations, are the best guardians of his fame; and he is more to be envied for the unapproachable position he holds at the present day among great discoverers, than to be pitied for the petty jealousies and criticisms that his great reputation has in a few instances excited. We were reminded by Dr. Sieveking of some of the great men who readily acknowledged Harvey to be the real founder of the doctrine of the circulation. The celebrated Descartes, in 1637, spoke of the English physician as a man to whom the world was indebted for this knowledge. Professor Waldæus in Leyden, in 1640, Joannes Trulsius in Rome, in 1651, and Plempius in Louvain, in 1652, supported the new doctrine. The learned Schlegel makes the same admission, and says that having been in familiar intercourse with the most distinguished anatomists of Padua, Venice, and throughout Italy for some years, he had found "the movement of the blood almost entirely unknown, or that it was certainly regarded as incredible." Later on, Flourens, in his "Histoire de la Circulation du Sang," says that when Harvey appeared, all was hypothesis and conjecture; nothing was established.

It must, however, be admitted that there have been few great men whose discoveries in science have not been based upon some previous knowledge of the subject. As Dr. Whewell as shown in his "History of the Inductive Sciences," there have been few discoveries in physics, in astronomy, in geology, in botany, and in physiology, which had not their "preludes," and which were not foreshadowed, or even partly anticipated by some able but less successful, labourer in the field of science. As long ago as 300 years B.C., Erasistratus laid the foundation of the theory of the blood by his discovery of the valves of the heart. He noticed that this organ was furnished with valves which admitted of the blood flowing in one direction, but not in another. He did not, however, make any further advance; and observing that the arteries were usually empty after death, he fell into the error of supposing this was their normal condition, and that during life they are filled with air. More than 400 years afterwards, the celebrated Galen, whose great genius and anatomical labours have earned for him the reputation of being the founder of experimental physiology, not only showed by experiments on living animals that the arteries are as full of blood during life as the veins are, but he almost entirely demonstrated the pulmonary circulation. He correctly asserted that the ramifications of the pulmonary artery in the substance of the lungs communicated with those of the pulmonary veins by direct, though invisible, passages, called by him anasto-

moses ; but he supposed that a large part of the blood in the right ventricle passes directly through certain invisible pores in the septum, into the left ventricle. He thus knew that the blood passes from the right side of the heart, through the lungs to the left side, and that, moreover, it undergoes a great change in quality and in colour, brought about by its relation with the air in the lungs. But while he had a very good idea of the pulmonary circulation, and some conception of the process of respiration, he knew nothing about the systemic circulation. Nor did the great anatomists who lived in the fifteenth and the beginning of the sixteenth centuries, add much to what was previously known respecting the functions of the heart and great vessels. Vesalius added much to our knowledge of the structure of the human body, but he did nothing towards removing the prevailing errors respecting the movements of the heart and of the blood. Servetus did little more than confirm the doctrine of Galen with regard to the pulmonary circulation, and the first anatomist that declared that the septum of the ventricles is imperforate, and that all the blood of the right ventricle traverses the lungs in its passage to the left ventricle, was Realdus Columbus, Professor of Anatomy in the School of Padua. Columbus, therefore, as acknowledged by Ambrose Parè in 1579, was the first to establish the existence of the pulmonary circulation, in the modern sense of that term ; and, as Professor Huxley very justly remarks, he was the only physiologist, between the time of Galen and that of Harvey, who made any important addition to the theory of the circulation. For so far was Cæsalpinus from anticipating Harvey's great discovery, that he did little more than reiterate the teachings of Columbus. Dr. Sieveking observes, that Cæsalpinus was not himself conscious of having made any discovery, "for he introduces the subject of the circulation incidentally in a chapter headed, *Cor non Solum Arteriarum set et Venarum et Nervorum Principium*, and nowhere lays stress upon what is now claimed as his prerogative." Nor did the contemporaries of Harvey have a clear idea of the systemic circulation. The most celebrated of them, Van der Spieghel, or Spigelius, taught that the pulsation of the arteries had an effect in promoting the motion of the blood in the veins, but this was the only fresh step that was made towards arriving at the truth. "From Galen to Spigelius," says Professor Huxley, "they one and all believed that the blood in the vena cava and its branches flows from the main trunk towards the smallest ramifications," and that most of the blood distributed by the veins is derived from the liver. "According to the view of Harvey's predecessors, the veins may be compared to larger and smaller canals, fed by a spring which trickles into the chief canals, whence the water flows to the rest. The heart and lungs represent an engine set up in the principal canal to aërate some of the water and scatter it all over the garden. Whether any of this identical water came back to the engine or not would be a matter of chance, and it would certainly have no sensible effect on the motion of the water in the canals. In Harvey's conception of the matter, on the other hand, the garden is watered by channels so arranged as to form a circle, two points of which are occupied by propulsive engines. The water is kept moving in a continual round within its channels, as much entering the engines on one side as leaves them on the other ; and the motion of the water is entirely due to to the engines."

Professor Huxley, from whose able disquisition we have made the above quotation, alludes to the controversy there has been respecting the method by which Harvey obtained the results which have made his name famous. Those who have advocated the propriety of scientific men making more use of the deductive method of reasoning than they are in the habit of doing, have contended that Harvey discovered the circulation of the blood by reasoning deductively from the disposition of the valves of the veins. Unless we are mistaken, Buckle, in his "History of Civilisation," shares this opinion, no doubt influenced by a conversation that took place between Robert Boyle and Harvey himself. Professor Huxley, on the other hand, only allows that Harvey was "induced to think of a circulation of the blood" by considering the disposition of the valves of the veins, and denies that Harvey reasoned out the circulation from the datum of the veins. In order to show the justice of his views, the Professor quotes at length that celebrated passage which contains the fullest account of the considerations which led to the doctrine of the circulation. In our opinion, however, this very passage shows that if Harvey did not reason out the circulation from the datum of the valves only, he reasoned from other previously established facts in a manner that warrants us in concluding that the *theory* of the circulation flashed across his brain in consequence of his *deductive* reasoning, and that what was for a time a theory was afterwards shown by experiment, by *inductive* reasoning, to be a great reality. Want of space will not permit of us mentioning these data, but the last sentence of this well-known passage is very significant. He says, "So I began to think whether there was a kind of motion, as it were, in a circle ; this I *afterwards* found to be true." The question, however, is not one of much importance. Deductively or inductively, William Harvey made a grand discovery, and laid posterity under obligations, which even we, at this distance of time, gladly acknowledge—a discovery which will continue to awake the admiration and the gratitude of generations to come, as long as medicine is studied as a profession and physiology as a science.

THE ARMY MEDICAL DEPARTMENT.

Mr. Hardy's parliamentary utterances have made it sufficiently obvious that the state of the Army Medical Department is, confessedly, one of disorganisation. The War Secretary has adopted a very frank and honest course under the circumstances. He has applied direct to those who are in contact with the student, asking advice from them as to the causes of the unpopularity of the service. The letter thus addressed to the Medical Schools is as follows :—

War Office, 21st March, 1878.

Sir,—I am directed by Mr. Secretary Hardy to acquaint you that it has been brought to his notice that a great unwillingness to compete for commissions in the Army Medical Department has for some time existed on the part of Medical Students, and this, notwithstanding that many measures for the improvement of the Department have been introduced by Mr. Hardy and his predecessors. Mr. Hardy is most anxious

to place the Department in such a condition as to attract the best candidates in the profession—and with this object in view he will be much obliged if you will favour him unreservedly with the opinion of the Royal College of Surgeons, Dublin, as to the specific causes which produce the existing difficulty in obtaining candidates for the Department.

I am, Sir,

Your obedient servant,

Signed RALPH THOMPSON.

At the present moment the schools are engaged in considering their reply. The Royal College of Surgeons in Ireland has appointed a committee to consider and report to the Council on the subject, and that committee has taken steps to ascertain the actual opinion of the Army Surgeons themselves in a manner which will leave no room for doubt as to their feeling on the subject. They have issued to them the following circular :—

SIR,—The President and Council of the Royal College of Surgeons in Ireland, being desirous of learning the actual state of feeling now existing in the Army Medical Service relative to the Unification and Regimental systems respectively, have considered that the best way of ascertaining the same would be by ballot.

I am therefore directed to enclose to you a Voting Paper, and the President and Council will feel obliged by your kindly putting a X before the system (Unification or Regimental) which you yourself prefer, and which you think will induce the best men to enter the Service, and to forward the same paper to me in the enclosed envelope by return of post, if possible.

Should you also desire to offer any suggestions for the improvement of the Army Medical Service, or to point out any abuses which you feel to be now existing in it, the Council will be glad to receive the same; and as the sources from which such information is derived will be totally unknown, you may without hesitation *unreservedly* give your opinion and experience to the Council for their guidance.

I remain, &c.,

Your obedient Servant,

J. STANNUS HUGHES,

Secretary, Royal College of Surgeons in Ireland.

We apprehend that the Secretary for War will learn from the replies to his letter more than he has ever known respecting the feeling of the Army Medical Officers and the causes of abstention of students. Without doubt, the three principal causes are :—*a*. The Short Service System. *b*. The abolition of the system which associated the doctor with his brother officers. *c*. The uncertainty of tenure and of position which has been created by the frequent violation of the warrants. The Unification System must—we imagine—be taken as inevitable, but the Ten Years' System must be got rid of if the Service is to be recognised.

LUNACY IN ITS RELATIONS TO THE STATE.

LAST year a Select Committee of the House of Commons was appointed to inquire into the operations of the Lunacy Laws, so far as they afforded security against violations of personal liberty. A large number of witnesses were examined; but so voluminous, and, in some respects, so contradictory was the evidence received, that the publication of the Report of the Committee was deferred to the present year. That Report is not yet published, and while we, in common with the general public, are anxiously waiting for its appearance, our attention is drawn to a pamphlet in which the author, Sir James Coxe, M.D., F.R.S.E., Commissioner of Lunacy, Scotland, has endeavoured to bring into clearer relief the more valuable portions of the evidence on which the Report will be based.

The subjects brought before the notice of the Select Committee were so numerous that we can only briefly remark on those on which the question at issue chiefly turns, and which most directly affects the interests of the public. These questions have reference to the kind of supervision the State has, first, over the admission of lunatics into public and private asylums; and, secondly, over their detention after admission. Now, the State supervision with regard to the admission of patients into asylums (public and private) differs in England and Scotland. In England, observes Sir James Coxe, no judicial authority is necessary for the purpose, the action of the relieving officer, with the perfunctory assistance of a justice or clergyman being, along with one medical certificate, all that is required for the purpose in the case of paupers; while, in the case of private patients, two medical certificates and a request for admission by a relative, or, indeed, by anybody, fulfil all the requirements of the law. In Scotland, on the other hand, an order by the sheriff is required for the admission of private and pauper patients alike, and two medical certificates are necessary in both cases.

Before, however, we compare the relative merits of these two systems, we must dwell a little on the subject of medical certificates, about which there has been almost as much discussion and as much difference of opinion as on any question of lunacy. For the question has been very generally raised, whether it should be in the power of anyone to place a relative or friend into an asylum on the certificates of two medical men, whose only qualifications may be that they are both duly registered practitioners. Consequently, some of the witnesses examined by the committee, advocated the appointment of skilled experts, who should be deputed to examine all alleged lunatics, and determine whether they were or were not insane. Now independently of the practical difficulties there would be in the way of carrying out such a plan, and the delay there would often be in securing the attendance of the expert, there are good reasons for approving of the confidence which the State has hitherto placed in the evidence of the ordinary physician or practitioner. For a very significant fact in favour of the present system, is that those very witnesses who recommended the employment of skilled experts, were obliged to admit that cases in which a sane person had been dealt with as a lunatic were exceedingly rare; so rare that men with large opportunities of observation could scarcely recall a single case. It cannot, therefore, be contended that the present law with regard to the signing certificates of lunacy has in any appreciable degree jeopardised the liberty of the subject. It may even be doubted whether the appointment of experts would not do more harm than good. Lord Shaftbury's opinion, as quoted by Sir James Coxe, is on this point very decided. "I confess," he said, "I should be very much alarmed if special doctors of that kind should be instituted. They would so completely surrender everything to science, that they would take leave of common sense . . . . . you may depend upon this if ever you have special doctors, they will shut up people by the score." This observation is certainly not very complimentary to a class of specialists whose experience and learning should claim for them a more respectful opinion; but his lordship's sarcasm is not altogether unwarrantable, even on the sup-

position that nearly all the cases of alleged lunacy that come up for examination are of a very doubtful nature. For the mind of the expert being biassed by opinions and impressions which long devotions to one pursuit has engendered, his judgment might often be less sound and practical than that of the ordinary practitioner, who, taking a more comprehensive, practical, and common sense view of the case, would be more likely to give the patient the benefit of the doubt, and consequently secure his personal liberty. But are these cases, as a rule, of a very doubtful nature? We all know that they are not. Generally speaking, when medical men are called upon to sign these certificates, the symptoms of insanity are so evident that few people could mistake them; and where there is any doubt, the penalty which the medical attendant knows he is exposed to by making a mistake, usually induces him to decline all responsibility in the matter, and to request the relatives of the patient to have a higher opinion. Besides, it should be borne in mind that every year, as the standard of medical education improves, the ordinary practititioner will be more and more fitted to make a correct diagnosis, even in the more doubtful forms of insanity. Some time ago, in an article on the Study of Psychological Medicine, we urged the necessity of making this study a part of the medical curriculum of the student, or, at least, of its receiving more consideration from the lecturers on medicine than is usually accorded to it. This step has indeed already been partly taken, and students have inducements held out to attend lectures on Psychological Medicine, as well as to attend the practice of some asylum. If, therefore, when the study of insanity formed no necessary part of medical education, the committal of sane persons to asylums was, nevertheless, a matter of exceedingly rare occurrence, how much less likely is such a mistake to be made, and how much less reason will there be for the State to delegate to experts an office which has been hitherto entrusted to the ordinary practitioner, when a knowledge of insanity is demanded of every candidate that presents himself for a license to practise medicine.

We may therefore venture to question whether the Select Committee will, in their forthcoming Report, think it advisable to make any change with respect to the class of practitioners by whom certificates of lunacy should be signed; but we have still to consider whether the other provisions relating to the admission of lunatics into asylums are more open to criticism, and in what way they might be altered for the better. In the first place, the very fact of these provisions differing, as we have seen, in England and Scotland, appears to us a serious objection; for surely in such an important matter as that of placing patients in asylums, there should be some uniformity in the procedures adopted in both countries. With regard to the relative merits of the English and Scotch systems, the evidence given before the Select Committee does not afford much ground for decision. Of the witnesses questioned on the point, those residing in England were in favour of the English system, while the Scotch witnesses were in favour of their own; but, as Sir James Coxe justly remarks, the opinions taken were those of persons concerned in administering the statutes, and not of members of the general public, whose persons and interests are disposed of under them. If the question were put to the latter under which system they would prefer to be dealt with, the answer, in the judgment of the above physician, would be under the Scotch system. Nor are we disposed to differ from him in this opinion, for the procedure adopted in Scotland seems, as far as the interests of the patient are concerned, to have certain advantages over the English practice. The course pursued in Scotland is the same for all classes of patients. An order by the Sheriff is required for the admission of private and pauper patients alike. Two medical certificates are necessary in both cases. A patient may be received into an asylum on what is called a certificate of emergency, which may be granted by any one medical man, and even by the medical officer of the asylum, and which is in itself sufficient authority for detention for a period of three days. Whereas, moreover, in England no limit is placed to the duration of the order, in Scotland it runs out in three years, and is then only continued in force by the declaration of the superintendent of the asylum that he has fully considered the case of the patient, and is of opinion that further detention is necessary. By this declaration the sheriff's order acquires renewed authority for another year, at the expiration of which the medical officer of the asylum is again called upon to certify to the necessity of continued detention, and this certificate has to be repeated every year so long as the patient is detained. It is obvious that the interests of the patient and his relatives are more considered in the above system than in that pursued in this country. The certificates of emergency not only afford security against undue haste in having recourse to permanent asylum treatment, but it obviates the objection to the sheriff's order, which, coupled with the fact that it only holds good for three years, and has to be reinforced by a proper certificate every year afterwards, is calculated to inspire the public with confidence in the assurance that no one can be deprived of his liberty unless upon grounds sufficient to command the acquiescence of a high legal authority. This supervision of the certificates by the sheriff may be said to have its counterpart in the same supervision by the English Lunacy Board, but then it must be borne in mind that the inspection of the English Commissioners is not made till after the patients have entered the asylum; and considering how desirable it is to avoid if possible "the brand of lunacy," the examination of the certificates by the sheriff before admission is, as Sir James Coxes justly urges, a preferable procedure to the examination by the Commissioners after the patient has been admitted and proclaimed a lunatic.

From the foregoing facts, however, and more especially from the circumstance that the committal of sane persons to asylums is of exceedingly rare occurrence, it is evident that the personal liberty of the subject is not in much risk of being violated through the present provisions of either the English or Scotch lunacy law with regard to the *admission* of patients into lunatic asylums. It is not, in our opinion, of the course now pursued before the lunatic is admitted into an asylum, that the Select Committee will report so unfavourably, but rather of the provisions of the law with regard to the supervision of patients during their detention in the asylum. It is questionable whether in the former case any very material alterations will be deemed advisable; but with regard to the limits of

detention, and the safeguards of patients after they have entered an asylum, the present law is, as we shall hereafter see, more open to objection; for insanity may last many years, "and there is no statutory provision under which a patient, unless his recovery is absolute, must necessarily regain his liberty, or even have his case brought under review."

Notes on Current Topics.

Apothecaries' and Other Weights.

THE Weights and Measures Bill prepared by the Board of Trade, and now before a Select Committee of the House of Commons, is a much-needed consolidation of the many Acts or parts of Acts in the British code which relate to weights and measures. It proposes to repeal, and practically to re-enact in one, the whole or sections of twenty-two acts from Magna Charta downwards. It is reviewed by the *Chemist and Druggist* which points out that the majority of the provisions of the Bill do not greatly concern chemists and druggists generally, but considers that an unnecessary confusion has been occasioned by what seems to us the insufficiently-considered opposition which the Pharmaceutical Council has seen fit to offer to the desire of the Board of Trade to abolish the apothecaries' weight. The grain, as the 1-7000th part of an avoirdupois pound, is now a recognised weight. The troy ounce of 480 grains, which is the same as the apothecaries' ℥, is to be retained. What more is needed? Quinine and some other medicines, it is said, are sometimes asked for by the drachm or scruple. Surely they could be sold by the 60 or 20 grains. The absurdity of having among our weights two quite different drachms, one being the 16th part of an avoirdupois ounce and the other rather more than double that value, is not worth perpetuating. The signs ℈ and ʒ might be legalised to represent 20 and 60 grains respectively, and thus, as we conceive, all inconvenience would be obviated. The Bill, as it now stands, however, is rather indistinct on this point. The preliminary memorandum says that, "By 5 and 6 Will. IV. c. 63, s. 10, all articles sold by weight were required to be sold by avoirdupois weight, except gold, silver, and precious stones, which, under 16 and 17 Vic. c. 29, s. 1, are to be sold by the troy ounce, or by multiples or decimal parts of that ounce, and except drugs, which, when sold by retail, may be sold by apothecaries' weight; a weight with respect to which no enactment is made." Clause 20 of the proposed Bill requires that all articles sold by weight shall be sold by avoirdupois weight, except (1) gold, silver, platinum, precious stones, &c., which *may be* sold by troy weight, and (2) drugs, by retail, which *may be* sold by apothecaries' weight. They *may* also, we presume, be sold by avoirdupois weight, so that if we go to a shop and ask for an ounce of diamonds the jeweller may legally give us 437½ grains, or 480 grains, as he may think best.

FOOT-AND-MOUTH disease is prevalent among the swine in Berlin to such an extent, says the *Veterinary Journal* for April, that in one week more than a thousand head were compulsorily slaughtered by order of the veterinary inspectors.

The New Sydenham Society's Publications.

WE noticed recently the issue by the Society of Dr. Neale's "Medical Digest," the publication of which we conceived to be essentially the work of such a society. We are glad to observe by the Annual Report that another very important work of the bibliographic class was offered to the Council by Dr. Waring, and has been accepted, and is in course of printing. Under the title of "Bibliotheca Therapeutica," Dr. Waring has compiled a synopsis of the literature of therapeutics and materia medica, classified, first, alphabetically, and secondly, according to subject. The titles of all works, and their place and date of publication, are given with, in many instances, a short abstract or descriptive reference. These, works between nine and ten thousand in number, divided into sections and arranged in chronological order, constitute an instructive history of therapeutics and materia medica from the introduction of printing to the year 1875. The author mentions the public libraries of Great Britain where copies of most of these works are to be found.

Without making any absolute pledge as to those which will be issued in 1878, the Council mention as probable the following:—Dr. Waring's "Bibliotheca Therapeutica," the third volume of Smellie, the second fasciculus of the "Atlas of Pathology," and the second series of Charcot's "Lectures." Should the accession of new members be large it is quite possible that the Society's funds may afford a fifth issue in one or both of the years 1877 and 1878, and if that is the case the first part of Mayne's "Lexicon," the second volume of Latham's works, and Dr. McDonnell's edition of Colles' works, will probably be available.

The Weather and Victims to Fashion.

IT is not generally known, even to members of the profession, that the present fashion in ladies' dress has, at this season of the year, much to do in the causation of the severe colds, sore throats, and rheumatism that are now so prevalent. There is no disguising the fact that one object of the present mode of dressing is to show the figure to more advantage than was formerly attainable under the old system of hoops, crinoline, stiff petticoats, &c.; and so far as the present style of dress is in more conformity with the natural shape of the body, we may congratulate the fair sex on the change that has taken place. From a hygienic point of view, however, the extent to which some would carry the present fashion is a strong temptation to discard that warm clothing which is so often indispensable in a treacherous climate like ours. Quite recently, we have been called to two cases, one of severe "cold," and one of rheumatism, in both of which the affection was owing to the patient having left off a portion of her dress with the view of more strictly conforming to the dictates of fashion. It is also a fact, not generally known, that the young ladies who officiate in the costume departments of our great drapers' establishments, are restricted to the smallest possible underclothing in order that their customers may see to advantage the dresses that are tried on. We venture to draw the attention of our readers to these facts, in the hope that young women will not be tempted to sacrifice their health to their vanity and love of dress.

Government Grants for Research.

Amongst the grants to be paid from the Government fund of £4,000, on the recommendation of the Royal Society, within the present year, we find the following :—

W. Saville Kent, St. Heliers, Jersey.—To pay for Microscopical Apparatus for the Further Prosecution of Investigations into the Structure and Life-History of certain Lower Protozoa - - - - - - - £50

Dr. W. A. Brailey, 38 King's Road, Brownswood Park, Green Lanes, N.—For Researches on the Causes determining the Tension of the Globe of the Eye in Man and Animals, and on the Physiological Influence on this Tension of such substances as Atropia, Daturin, Eserine, and Pilocarpine - - - - - - - £25

Dr. C. R. A. Wright, St. Mary's Hospital, Paddington.—For Continuation of Researches on Certain Points in Chemical Dynamics ; on the Determination of Chemical Affinity in Terms of Electrical Magnitudes ; and on some of the lesser-known Alkaloids - - £100

Also "personal" grants to—

Prof. W. K. Parker, 36 Claverton St., S.W.—For Assistance in Continuation of Researches on the Morphology of the Vertebrate Skeleton and the Relation of the Nervous to the Skeletal Structures, chiefly in the Head £300

Prof. A. H. Garrod, 10 Harley Street, W.—For Aid towards Publication of the Second Fasciculus of an Exhaustive Treatise on the Anatomy of Birds - £100

Also to Drs. Brailey and Wright for the same purposes as noted above, £25 and £200 respectively.

Tests of Endurance.

The recent extraordinary pedestrian competition at the Agricultural Hall, has given rise to a spirit of inquiry amongst scientific men, and even by Her Majesty's Government, which may eventuate in statistics of considerable value from a military point of view. The Anthropometric Committee under the direction of Dr. Farr, are particularly desirous of obtaining measurements of persons engaged in athletic sports ; and we understand that Mr. Gant, who was professionally engaged to examine the men during the recent six days walking match, has been asked to assist the committee in their investigations.

Oxygen in Sea Water.

Mr. J. Y. Buchanan, the chemist on board the *Challenger*, gave an account of his experiences to the Chemical Society on February 21. The most interesting discovery he made seems to have been the fact that the proportion of oxygen in the sea gradually decreases down to a depth of 300 fathoms, and from that point to the bottom it gradually increases. It is as well that every little scrap of information furnished by the officers of that scientific trip should be carefully preserved, for the country had to pay pretty handsomely for it, and the total results have not yet startled the world.

Extract of Pimentum as a Counter-Irritant.

This preparation has been lauded by some French physicians as a valuable revulsive, not being so fugacious as mustard, nor so irritating as antimony or croton oil. It begins to act in from ten to thirty minutes, according to the delicacy of the skin, causing heat, a slight tingling and redness, which go on increasing for about three hours, when they remain stationary. The plaster may be applied for eight to ten hours in children, and for twenty to twenty-four in adults. No great irritation capable of impeding occupations ensues, and it may be best compared with that of a sinapism arrived at half its power, and so maintained for the twenty-four hours.

Lectures on Heart Diseases.

We give in our present issue an abstract of the first of a series of lectures just commenced at the West London Hospital, by Dr. Milner Fothergill, no mean authority on the subject of heart diseases. The first lecture is on "Valvulitis," and the remainder, which will be delivered each alternate Wednesday, from April 3rd until May 1st, at 3 p.m., will be on "Hypertrophy and Dilatation," "The Gouty Heart and Fatty Degeneration," "The Neurosal and Reflex Disorders." The course is open free to medical men and students on presentation of card. We hope te lay copious abstracts of the entire series before our readers, and doubt not they will be appreciated.

At the last Antrim Assizes Dr. Spearing, of Antrim, sued Dr. Killen, of the same place, to recover the sum o £114 for medical services. It appeared from evidence that Dr. Killen, defendant, sustained an accident in December last, which occasioned a severe fracture of the leg, and was caused by a collision on the Northern Counties Railway line, near Antrim. Plaintiff paid 119 visits to defendant. For defendant it was contended that a large number of unnecessary visits were paid, and that some were friendly visits, for which no charge should have been made.

His lordship said it appeared from evidence that defendant had received as compensation for his accident the sum of £3,250 from the railway company, and also that when the company awarded to him that sum they had before them the account of plaintiff, and consequently made allowances for his services.

The jury found for plaintiff the full amount claimed.

The Pharmaceutical Society of Great Britain has just issued an excellent catalogue of the fine collections of Materia Medica and chemical products in their museum in Bloomsbury Square. The catalogue is the work of the Society's Curator, Mr. E. M. Holmes, F.L.S., and includes a great deal of information regarding the several products mentioned. The alphabetical classification of the plants according to their genera in each order, and the numerous references to figures in English, American, and foreign works, will make this book valuable, not only to students of the collection it illustrates, but also for handy reference on the subject generally.

An individual, named Charles Cherwood, representing himself as an American physician, has been arrested in London, on a charge of forging amounts on cheques by means of chemicals. Prisoner's *modus operandi* is very simple. He purchases goods to a small amount for which he pays in bank notes, asking for the change in a cheque. Having thus obtained the *bonâ fide* signature of a firm, he obliterates with chemicals the small amount thereon, filling in the line for hundreds of pounds. In one case he succeeded in obtaining £500 on a cheque which was

originally filled in for £5 only. It is now thought that the ranks of the profession in America will be *minus* one member for some time to come.

THE Chair of Dermatology at the Royal College of Surgeons, England, created by the munificence of Professor Erasmus Wilson, F.R.S., and subsequently held by him, has become vacant by the resignation of that gentleman. It is generally understood that Mr. Jonathan Hutchinson will be his successor, than which, a more acceptable choice could scarcely be made.

FORTY-TWO deaths occurred from small-pox in London last week, being fewer by eleven than the previous week. Of these, 30 occurred in public institutions, and 12 in private dwellings. Whooping-cough is, at present, the most fatal of the zymotics in London, 124 children having died from this cause last week. With these exceptions, the mortality is much lower than the average of this season of the year.

BY telegram we learn that typhoid epidemics have been carried from the seat of war into the interior of Russia, where the population of several towns and localities have been almost decimated by infection.

DR. FORBES WINSLOW and Dr. Winn, who were appointed to examine the mental condition of the Rev. Mr. Rodwell, who was convicted for misdemeanour in shooting at the Master of the Rolls, have reported him to be quite sane.

THE death is announced of Dr. J. R. Mayer, of Heilbronn. The deceased was famous as the propounder of the mechanical theory of heat.

Correspondence.

SUPERSTITIOUS MATERIA MEDICA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Seeing an article in your issue of the 6th of March, with the above heading, I think it may not be uninteresting to give a few "remedies" in common use among the poorer classes in the South of Ireland.

For Epilepsy.—Stuffing the mouth with salt.

For Thrush.—Blowing the breath of an orphan (if a bastard, so much the better) into the child's mouth.

For Coughs.—A tumbler of punch, with a lump of fresh butter in it. A decoction of gorse (in the South called Furze) blossoms.

For nettle-rash, produced by urtica ureas—Put a dock-leaf to the part stung, really useful, as I have often experienced.

To Increase Labour Pains.—Get the seventh son of a seventh son (rather a *rara avis* I should say), to give the woman three rolls in his arms.

To Check Uterine Hæmorrhage after Labour.—Tie all the limbs at short intervals with woollen threads. A rough idea of auto-infusion.

For Worms.—Large doses of saltpetre. A most mischievous remedy. I have seen violent gastritis set up by it more than once.

For Measles.—At first, hot-porter and sulphur, then new milk and sheeps' dung. Almost universal among the ignorant. Many a little life I have seen cut short by hot porter and sulphur within the last three months!

To Produce Vomiting.—Chewing tobacco, and swallowing the spittle.

For Warts.—"The fasting spit," *i.e.*, the first secretion of saliva after waking in the morning.

For Colic.—Application to the stomach of hot boards.

For Menorrhagia and Infantile Diarrhœa.—A decoction of blackberry bark. I have found this most useful in diarrhœa. Also mentioned by Dr. Churchill, in his work on diseases of children.

For Burns.—Strip off the raised cutical, and apply cabbage leaves. A most mischievous practice.

For Deficient Action of Kidneys.—A decoction of parsley. An excellent diuretic, as proved by personal experience.

For Sore Eyes.—Walking three times round a "holy well."

For Herpes Zoster.—Writing the patient's name over the spot. Dusting the vesicles with burnt wheat.

To Stop Bleeding from a Wound.—Cover the part with cow dung, A farmer's son once came to me with a wound in his cheek, and his face *masked* in cow dung; his very eyes full of it.

For Thecal Abscess, a very common complaint.—Bathe the part frequently in the patient's urine. Micturating over the affected fingers is a favourite method of "irrigation."

For Mammary Abscess.—Poultices of cabbage. The midwife will not allow her patient to sleep for two hours after delivery, for fear of flooding. The patient invariably gets a half-glass of whisky after the placenta comes away. She is made to sneeze with snuff, if the placenta does not come away immediately. The child is held up by the legs to open its stomach, and gets three turns from right to left. The reason for this I could never make out.

All the above "remedies" are so common that they have ceased to cause the slightest wonder, and are habitually practised in a district which contains three National Schools, which has a railway running through it, carrying the travellers in an hour and a half to Cork, and which was at one end to within two-hundred yards of the large town of Fermoy, and to within six miles of the town of Mallow at the other.

I am, Sir,

Your obedient servant,

THS. P. TUCKEY, M.B.

MEDICAL EVIDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Please let me know if it is quite the etiquette of the medical profession for members of it, when properly feed, to attend assizes and be prepared to swear to matters—on behalf of the side from which the fee came—in a case they never saw either during life or after death, and said evidence to be diametrically opposite to that sworn to by another member, who not only attended the case while alive, but who made the *post-mortem* examination afterwards? I am, &c.,

IGNORAMUS.

[Any medical practitioner is fully entitled to attend and give evidence when requested as to matters of opinion either as regards diagnosis or treatment, although he may not have seen the case, and although his opinion, when given, may not be found to be applicable. If his opinion happens to be at variance with that of the medical attendant he will give it nevertheless, but it will probably carry little weight unless he has had personal knowledge of the circumstances. —ED. M. P. & C.]

EXPERIMENTAL PHYSIOLOGY IN THE UNIVERSITY OF DUBLIN.

A DECISION arrived at last week by the Board of Trinity College in reference to the question whether experiments upon the lower animals, for purposes of research, should be permitted in their Medical School, has given occasion for much astonishment and no little displeasure within the profession. Since the passing of the Anti-Vivisection Act, the University has made no application for a license for

a place to carry on experimental physiology, although other schools in Dublin have applied for and obtained such authorisation. Recently the application was made by the Professor of Institutes of Medicine, and on its being submitted to the Academic Council of the University, it was approved with all the reserve proper to the granting of such a permission. This resolution was, we understand, referred by the Provost and Senior Fellows, to whom it came for confirmation, to the Professors in the School, who by a majority of one decided *against* granting the authority to ask for a license, and this decision was endorsed last week by the Board, who have thus reversed the decision of the Academic Council, and refused permission for the pursuit of experimental research in physiology within the walls of the University. This determination has been received with much disappointment, and it has evoked a memorial which—in the following terms—is now in course of signature by the Doctors of Medicine and Masters of Surgery of the University.

Memorial to the Rev. the Provost and Senior Fellows of Trinity College, from Doctors in Medicine and Masters in Surgery of the University of Dublin.

We, the undersigned Doctors in Medicine and Masters in Surgery of the University of Dublin, beg most respectfully to petition the Board of Trinity College, to reconsider their decision of the 23rd March, 1878, as to the question of registering certain places within the precincts of the University, under the Act 39 and 40 Vic. chap. 77.

In support of our petition, we beg to state that—

1. By the decision in question, all original research in the domain of experimental physiology, pathology, and therapeutics is absolutely prohibited. No professor can legally make the simplest observation on any living vertebrate, if the conditions to which the animal is subjected can be supposed to give the slightest pain. Considering the very strict provisions of the Act, and that over and above these the Board would always have full power to make whatever regulations might be deemed advisable, we cannot but regard the decision as needlessly sweeping; and we are of opinion that it will not only debar the University from the performance of a most important duty, but that it will tend to cause clandestine experimentation.
2. While most willing to comply with the provisions of the Act, which require that no painful experiment shall under any circumstances be shown to a class, we are of opinion, that the demonstration of certain vital phenomena, such as can be shown only on the lower animals, is of paramount importance in the teaching of physiology; and physiology we consider to be the basis of medical education. Hence, as the decision of the Board puts a complete stop to all such teaching, we cannot but regard it as highly detrimental to the educational powers of the University. The effect most certainly will be, that students who are thus debarred from learning their profession scientifically in the University, must go elsewhere if they are to learn it scientifically at all.
3. We are of opinion that the decision will have the effect of deterring competent and efficient men from coming forward to fill the Professorships.

In the interests of the University, and of its reputation as a scientific institution of the highest rank, we greatly regret the course adopted by the board and the professors. Without going as far as the memorial does in saying that the students cannot learn their profession scientifically without vivisectional experiments, we feel that the University lost somewhat of its scientific character when its government gave expression to doubts as to the value of experimental physiology and as to the humanity of its own professors. We are sorry that occasion should be given to anyone to say that the University has failed to appreciate the services of experimental physiology to medicine and to science, and has mistrusted the disposition of its own teachers in their method of using the permission sought for.

If for no other reason, we regret the position taken by the board because it is, in a certain sense, a recognition and acknowledgment of the altogether false assertion of certain fanatics that vivisection is, under no circumstances, justified by its scientific results.

We can hardly experience much surprise that a conclave of severe elderly clergymen should take this view, but it is almost humilitaing to think that they have been prompted to it by a majority of the professors of the school, who would seem to have allowed themselves to become unacquainted with the usage of other schools in this respect, and to have been unaware of the progress of physiological science within recent years. We hope it may not be too late to repair the error committed. The board should be at liberty to hedge with any restriction they please, the permission which they are asked to grant, but they certainly ought not to refuse to their medical school the opportunities accorded to others, nor ought they to let the University of Dublin be placarded in company with those whose ignorance of physiological science allows them to declare vivisection unjustifiable.

Medical News.

University College Hospital.—The annual general meeting of the governors and subscribers to this charity was held on Saturday last, under the presidency of Mr. J. Chisholm Gooden. The report showed a total under all heads of 18,077 patients relieved against 15,810 in the previous twelve months. Of these 2,131 were treated in the hospital, the other 15,946 being out-patients, whose total attendances numbered 65,823. The total expenditure was £15,387, of which £2,057 was on account of the debts of the previous year; £3,100 had been added to the invested funds. After deducting the estimated annual cost of out-patients, &c., the total cost per bed in the hospital was £79 2s. 6d., the average per bed occupied was £92 8s. 2d. The balance at the end of the financial year was £1,175, and the outstanding debt was £3,555. The total receipts for the year, including legacies and balances from previous quarter, and a loan of £1,000 from the bankers, amounted to £18,158. The committee of the Hospital Sunday Fund had awarded £975, and £151 had been granted by the Hospital Saturday Committee. It was intended to make some alteration in the hospital, the estimate for which was about £4,000, to provide which amount the committee trusted their friends would assist them. On the motion of the Chairman, seconded by Sir George Young, the report was adopted. After a short discussion, in which the contemplated improvements in the hospital were fully ventilated, the question of private wards for paying patients being touched upon, the hospital committee for the ensuing year were appointed, and the meeting closed with the customary vote of thanks to the chairman.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt.

DR. MORGAN WILLIAMS, Cardiff, is thanked.

DR. BERNE, Madras.—Communication received, and will be considered. The preparation about which you inquire is a decided improvement upon anything hitherto in the market. The profession are using it largely in this country.

MR. DICKINSON, Pailton, Rugby, will please receive our best thanks for his encouraging note.

A CANDIDATE FOR THE SERVICE.—Matters look a little more reassuring now than a week ago, and it is probable "the rush" will not take place.

A SUFFERER FROM QUACKS should have consulted his family medical attendant at first and kept out of the hands of the notorious Hunter and others. We never prescribe in our columns. We are sorry he has spent all his money upon quacks, but that is not a reason why he should be "doctored" by respectable men for nothing.

HOLLOWAY'S PILLS.—At the recent trial of the case of alleged poisoning in Galway, the following occurred in the examination of Professor Cameron by the Attorney-General: Prof. Cameron—I analysed Holloway's pills that were sent me; the deceased was not poisoned by the pills. I think the pills consist of aloes and some coloured matter—it might be *gamboge*. Seven of Holloway's pills would not injure him, 200 would not do him much harm.

DR. E. P.—We cannot undertake to advise you as to a London practitioner to be consulted in the speciality to which you refer.

THE MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.—This evening, at 8 o'clock, the following communications are set down for reading: Dr. Williams, "The Treatment of Pleurisy and Empyema." Dr. Harvey, on "So-called Compensatory Emphysema in Acute Thoracic Diseases." Patients presenting interesting forms of disease will also be exhibited by some of the members.

HARVEIAN SOCIETY.—Thursday, 8 p.m., Mr. Hy. Morris's "Report on Diseased Kidney." Dr. Griffith, "Case of Congenital Displacement of Heart." Mr. Teevan, "The Importance and Means of Effecting an Early Diagnosis of Stone in the Bladder."

DR. BUCKNILL will deliver the Lumleian Course of Lectures at the Royal College of Physicians of London on April 5, 10, and 12, at 5 p.m. each day. The subject chosen is "Insanity in its Legal Relations." Members of the profession will be admitted on presentation of card.

DR. CROFT.—The post-card you received is but one specimen of many we may expect if the obnoxious "Dental Reform Bill" becomes law. "To what depths," &c.; quotation very *apropos* just now.

AN Evening Meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, April 3rd, 1878, at 8 o'clock.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, April 3rd, at 8 p.m., Specimens: A Fœtus whose Head was Ruptured by means of the Forceps, by Dr. Cory; Cancerous Polypi removed during Pregnancy with microscopical sections, by Dr. Galabin. Papers: Mr. Lawson Tait, "Two Cases of Repair of the Female Bladder and Urethra." Dr. Hicks and Dr. Skinner, "Cases of Rupture of the Uterus."

PROF. GALEZOWSKI'S paper "On Hysterical Contraction of the Muscle" shall appear in an early number.

DR. HAMILTON'S "Method of Removing Tumours," Dr. Atkin's "Othœmatoma," and Mr. Swan "On Spinal Curvature" papers received.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Andrew Clark, London. Dr. Beaney, Melbourne. Mr. William Adams, London. Mr. Erichsen, London. Dr. Ferrier, London. Dr. de Fourmartin, Chelsea. Dr. Adams, Ashburton. Dr. Tuckey, Castletownroche. Mr. Marlett Boddy, Camberwell. Mr. G. P. Field, London. Mr. Burdett, Greenwich. Mr. G. Jesse, Henbury. Mr. Campbell, London. Dr. Greene, Peckham. Mr. Hay, Hull. Dr. Ogden, Toronto. Dr. Powell, London. Dr. Balthazar Foster, Birmingham. Dr. Gowlland, London. Mrs. Waring-Curran, Mansfield. Dr. Braithwaite, Leeds. Dr. Dolan, Halifax. Mr. Jabez Hogg, London. Dr. Gouzaley, Madrid. Mr. Jupp, Brompton. Mr. Lawson Tait, Birmingham. "A Member of the British Medical Association." Dr. John Drysdale, Liverpool. Mr. Seymour Haden, London. Mr. Lennox Browne, London. Mr. Holmes, Dublin. Dr. Ledwich, Dublin. Dr. Hamilton, Edinburgh. Dr. Smith, Manchester. Dr. Williams, London. Dr. Peirson, Scarborough. Dr. Jagielski, London. Dr. Edmunds, London. Dr. Stretch-Dowse, Hornsey. Dr. Richardson, Dublin. Dr. McGrigor Croft, St. John's Wood. Mr. Notter, Netley. Dr. Maclaghan, Dundee. Mr. Tufnell, Dublin. Mr. Watson, London. Mr. Nugent, Liverpool. Dr. John Williams, London. Dr. Meymott Tidy, London. Dr. Howard, New York. Mr. R. Skinner, Winchelsea. The Secretary, Royal Humane Society. Mr. Lepage, Calcutta. Dr. Bayes, London. Dr Rees Powell, Cwmpadest, Brecon. Dr. Barnard, Buxton. Dr. Milner Fothergill, London. Dr. W. Johnston, Leicester. Mr. Horsman, London. Dr. Herbert Major, West Riding Asylum, Wakefield. Dr. Walbaum, German Hospital, Dalston. Dr. Morgan Williams, Cardiff. Dr. Wolfenden, Tutbury. His Grace the Duke of Westminster. Mr. Hyslop, Church Stretton. Mr. G. M. Dickinson, Pailton, Rugby. Dr. Thornley, Newry. Dr. J. Kent Spender, Bath, &c., &c.

BOOKS AND PAMPHLETS RECEIVED.

Cholera in Relation to certain Physical Phenomena. By Drs. Lewis and Cunningham, Calcutta.

Army Medical Organisation. By Surgeon-Major Evatt, M.D. London: J. & A. Churchill.

Vaccination Reform. By A. M. Weir, M.D.

Morbid Craving for Morphia. Translated by C. Harrer, M.D. London: Smith, Elder, & Co.

Fat and Blood, and How to Make them. By S. W. Mitchell, M.D. London: Lippincott & Co.

Diseases of the Hip-joint. By J. C. Beaney, F.R.C.S. Melbourne: Baillière & Co.

The History and Progress of Surgery. By J. G. Beaney, F.R.C.S. Melbourne: Baillière & Co.

The Seamen's Hospital. Fifty-seventh Annual Report.

A Synopsis of One Thousand Five Hundred Labours. By W. T. Greene, M.D.

On Consumption. By R. Douglas Powell, M.D. London: H. K. Lewis.

The Plant Gynocardia Odorata. By R. C. Lepage. London: Trübner & Co.

Report of the Zymotic Diseases of Leicester, 1877. By W. Johnston, M.D.

Annual Report of the Metropolitan Nursing Association, 1878.

Annual Report of the Vigilance Association.

VACANCIES.

Athy Union, Athy Dispensary.—Medical Officer. Salary, £130. Election, the 9th inst.

Birmingham Queen's Hospital.—Physician. Honorary. Applications, with testimonials, to be forwarded on or before the 13th inst.

Bootle Borough Hospital.—House Surgeon. Salary, £80, with board. Applications to the Hon. Sec. before the 10th inst.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board and lodging. Election, April 25. Applications to the Secretary.

East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, &c. Applications to the Secretary on or before April 11th at the Hospital, Shadwell, E. (See Advt.)

Ennis District Lunatic Asylum.—Resident Pupil. Salary, £50, with apartments and rations.

German Hospital, Dalston.—Assistant Surgeon. Honorary. Candidates must be German, or thoroughly conversant with the German language. Applications, with diplomas, to the Hon. Sec., on or before May 1. (See Advt.)

Leeds Public Dispensary.—Junior Resident Medical Officer. Salary, £80, with board. Apply before the 10th inst. to Dr. Churton, Leeds.

Royal Cornwall Dispensary.—House Surgeon and Secretary. Salary, £200, with furnished apartments. Applications to the Hon. Treasurer at the Hospital, Truro, before the 24th inst.

Roscommon Infirmary.—Apothecary and Registrar. Salary, £60, with apartments, rations, &c. Election, the 19th inst.

St. Thomas's Hospital.—Ophthalmic Surgeon. Honorary. Full information of the Secretary. Election, the 17th inst.

Warneford Hospital.—House Surgeon. Salary, £100, with board. Applications, with testimonials, to the Secretary at the Hospital, Leamington.

APPOINTMENTS.

GOULD, A. P., F.R.C.S.E., an Assistant Surgeon to the Westminster Hospital.

HOLLAND, L., M.B., M.D., Aural Surgeon to the Newcastle Dispensary.

KYENE, J., F.R.C.S.E., Aural Surgeon to the Westminster Hospital.

LUSH, J. S., M.R.C.S.E., Medical Officer for the Seventh District of the Devizes Union.

PERCIVAL, G. B., M.B., M.R.C.S.E., a Surgeon to the Northampton General Infirmary.

ROE, St. George J., L.R.C.P., L.R.C.S.Ed., Medical Attendant to the Royal Irish Constabulary, Coolany and Templehouse, co. Sligo.

Marriage.

DE MONTMORENCY—KEMMIS.—March 28, at Booterstown, co. Dublin, the Hon. Arthur Hill Trevor de Montmorency, M.D., L.R.C.S.I., to Caroline, youngest daughter of the Rev. George Kemmis, of St. Helen's, Blackrock.

Deaths.

BROWN.—On March 22, at Milford Hants, Dr. Robert Brown, late of the Bombay Army, aged 75.

DICK.—On March 24, at West Claremont Street, Edinburgh, Robert Dick, M.D.

GANE.—On March 19, at Clifton, James Gane, M.R.C.S.E., aged 74.

KITCHING.—On March 25, at Heworth, near York, John Kitching, M.D., aged 65.

MARA.—On March 23, at Athy, co. Kildare, William Francis Mara, L.R.C.S.I., L.K.Q.C.P.I.

MORRISS.—On March 17, at Trieste, Samuel Morriss, L.R.C.S.I., Resident Medical Officer of the Borough Gaol, Liverpool.

PITMAN.—On March 22, at Acacia House, Highgate, Robert Pitman, L.R.C.P., &c.

ROBERTS.—On March 23, at Cimiez, Nice, John Roberts, M.R.C.P.L., late of Upper Norwood, aged 65.

THOMSON.—On March 22, at Partick, Glasgow, Wm. Cooper Thomson M.D.

TOOTELL.—On March 24, at Mitree, Scinde, Edward Tootell, L.R.C.P., Surgeon, 30th Regiment of Native Infantry, aged 28.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 10, 1878.

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THE CAUSES AND COURSE OF DISEASES OF THE HEART, WITH SPECIAL REFERENCE TO PREVENTION AND TREATMENT. (a)

A Course of Lectures delivered at the West London Hospital.

By J. MILNER FOTHERGILL, M.D., M.R.C.P.,

Assistant Physician to the Hospital, and to the City of London Hospital for Diseases of the Chest, Victoria Park.

Lecture II.—Hypertrophy and Dilatation.

The lecturer commenced by saying that it was commonly stated in text books that hypertrophy was to overcome obstruction, thus endowing the tissues of the heart with a species of intelligence. Certainly, obstruction to the onward flow of the blood is a common cause of cardiac hypertrophy, but by no means the only one. Whenever the pressure within the cardiac cavities is increased, and the heart walls are unwontedly distended, then changes are set up which will ensue in pure hypertrophy; in a blended condition of hypertrophy with dilatation, or in simple dilatation, according to (1) the amount of distending force; (2) the time allowed for muscular compensation; and (3) the nutritive powers of the individual. If the conditions permit of pure hypertrophy, a perfect compensation may be attained, which may last for many years, the patient not being conscious of anything being amiss with him. If, on the other hand, simple uncomplicated dilatation be the consequence, then the patient's powers are much crippled, and he, or she is to all intents and purposes an invalid.

The causes of obstruction to the onward flow of the blood leading to hypertrophy are aortic stenosis, the high blood pressure of chronic renal disease, and thoracic deformity distorting the aorta. When such obstruction is offered to the onward flow of the blood on the ventricular systole, the ventricle is incompletely emptied, and a certain amount of blood is already present in the chamber when the blood rushes in from the gorged pulmonic veins. The blood rushes in until the pressure within the veins and the ventricle is equal, the contraction of the auricle increasing the pressure within the ventricular chamber, and thus great distension of it results. This over-distension is the first step in the production of hypertrophy or dilatation; for they are not separate processes, but parts of one process. Over-distension is produced, too, in aortic regurgitation, where the ventricle is distended by the new current coming in through the imperfect aortic valves, as well as the normal current. Here there is usually massive hypertrophy, and yet the obstruction offered by the shrivelled valves is small. But the force of the incoming current, driven backwards by the powerful aortic recoil, is great. If it were not for this massive muscular growth, the left ventricle would soon be over distended to the point of paralysis by the incoming current. When the muscular walls become fattily degenerate, the dilating process goes on again, and death from paralysis of the chamber in diastole is common in the later stages of aortic regurgitation. This massive hypertrophy in aortic regurgitation has been spoken of by some writers as "over-compensatory;" and certainly it is over-compensatory to any obstruction to the blood flow which exists, but not over-compensatory to the force of the current flowing into the ventricle backwards through the incompetent aortic valves. Certainly this enlarged and powerful ventricle ruins the arteries from the distension to which it subjects them on its systole. Here again, too, we find, as Niemeyer points out, that in mitral regurgitation there is also often found a condition of hypertrophy of the left ventricle. Here, surely, there is no obstruction to be overcome, for there is an unchanged aortic orifice with a second orifice in the leaking mitral valve. But again we find an increase in the internal pressure during diastole, for the blood in the pulmonic veins is driven onwards by an enlarged right ventricle, and this current is met by the backward current through the insufficient mitral valve, so that the pulmonic veins are gorged. The blood rushes into the ventricle till the pres-

(a) Abstract of Lecture II. delivered March 27th, 1878.

sure within it and the veins are equal, and so over-distension of the left ventricle is produced in mitral regurgitation. In mitral stenosis, where the impact of the current from the gorged veins is broken by the narrowed ostium, the left ventricle is not so over-distended, and no change is set up, unless it be that at times the left ventricle is somewhat diminished in size. Increased internal pressure in diastole is then the exciting cause of hypertrophy and dilatation.

In order to comprehend this properly the lecturer said it was necessary to remember that the cavities of the heart are not of fixed and unalterable size. If a thin man be taken, and a finger placed on his apex beat, and he be told to hold his breath, the apex beat is soon lost, as the right ventricle becomes distended with blood. When the breathing is resumed the apex beat soon becomes again distinct. We know, too, that jugular pulsation is produced by over-distension of the right ventricle until the tricuspid valve flaps become insufficient, as a temporary condition. The same thing occurs in the left ventricle, and a mitral systolic murmur is heard along with a dilated left ventricle, and is lost when the ventricle recovers its normal size. Dr. George Balfour denominates this condition, "Curable Mitral Regurgitation." Dr. Broadbent has at St. Mary's Hospital an out-patient with aortic regurgitation, in which there is now secondary mitral regurgitation. The lad was confined to bed with an illness, and on getting up again the ventricle was found reduced in size, and the mitral murmur gone. On resuming exertion, the ventricle again enlarged, and the mitral murmur returned. These passing changes in the cavities of the heart may become more permanent as dilatation; and the same means by which temporary conditions are recovered from, are those by which the more permanent conditions are remedied. Claude Bernard held that the cardiac ventricles were, to some extent, reservoirs of blood at times.

As to how increased internal pressure leads to hypertrophy, we know that the more functionally active muscular fibre is the more blood it attracts to itself, and persons can voluntarily add to their muscular power by exercising their muscles. Also, too, we know that when a motor nerve is irritated, not only is its associated muscle set in action, but the blood-vessels belonging thereto are dilated; and this dilatation of the vessels is produced even when the muscle is paralysed by curara. We know too that when blood is experimentally driven into the heart with unwonted force, more rapid and more powerful muscular contractions follow. The sense of distension of the heart walls is transmitted by the sensory nerve of the heart to the cardiac ganglia, and more energetic nerve discharges lead to more powerful muscular contractions. Section of the vagi does not affect this. The more energetic muscular action is accompanied by dilatation of the blood-vessels and a more liberal supply of nutriment, and so hypertrophy of the muscular structure is brought about.

But for the development of hypertrophy it is necessary that the change necessitated be not too sudden; if too rapid, there is not time for the compensatory muscular growth to take place, and dilatation is unavoidable. It is also essential that the nutritive powers of the individual be good, else the growth is imperfect. Thus in women conditions of high blood pressure in the arteries in chronic renal disease, are commonly productive of dilatation, with more or less hypertrophy, where pure hypertrophy is the rule in men. Sex then influences the result. Position in life, the capacity to procure a sufficiency of food, and to avoid toil, affects the result; as does also the opposite condition of poverty. Rest in bed for a time will often enable a crippled heart to go on fairly well for some time.

From this review of the causal associations of hypertrophy, we can see how we may help the efforts of the organism to set up hypertrophy when not quite able to achieve it unassisted. We can enforce rest, furnish food suitable in quality and quantity, and improve the blood by iron. At the same time we can increase the energy of the ventricular contractions by acting on the cardiac ganglia by digitalis, strychnia, or belladonna. By such means we may in many instances build up hypertrophy around a dilated ventricle, even when we cannot succeed in reducing the enlarged chamber to its normal size.

The lecturer then referred to the progress of hypertrophy, and pointed out that when it was associated with aortic regurgitation it was not usually durable, because the blood, no longer caught by the aortic cusps on the aortic recoil, did not continue to fill the coronary vessels. When the coronary vessels were well filled the case might go on for a great number of years. When the structure of the heart is undermined by fatty degeneration, the walls yield, dilatation is unarrested, and the case is apt to end suddenly from over-distension of the decayed walls and arrest of the heart in diastole. Physical signs alone could not distinguish betwixt a heart once hypertrophied commencing to undergo the dilating process from decay of its walls, and a heart, where hypertrophy blended with dilatation had existed for a long time; here disease of the heart is not a matter to be settled by the stethoscope. The diagnosis here turns on the concomitant general condition.

As to the question, Is hypertrophy ever harmful? It must be admitted that it carries with it certain consequences of its own. By maintaining the high blood-pressure in the arteries in chronic Bright's disease, it leads to atheroma of them; while in aortic regurgitation, the large and massive ventricle ruins the arteries by suddenly throwing an abnormal amount of blood into them with unwonted force. The hypertrophy which was of use to resist the new and potent distending force, in its turn was ruinous to the arteries.

As to the treatment of hypertrophy, the lecturer said, the great point was to conserve it as long as possible. Certainly nothing should be done to attempt to reduce it, except by doing away with the exciting cause, as where it is associated with gout. The great dangers were the reduction of the powers till the hypertrophy became blended with dilatation; and the ultimate fatty degeneration of the muscular fibrillæ. In hypertrophy of the heart, small doses of digitalis only were permissible, and large doses were fraught with danger. While, in simple dilatation, it was questionable if a patient could be poisoned by medicinal doses of digitalis. Where there was good hypertrophy, the patient might take a fair amount of exercise, or work for a living; but with dilatation, the powers were greatly crippled, and rest and good nutrition, with the exhibition of appropriate medicinal agents, were doubly necessary. By judicious treatment, many dilated hearts might be reduced in size; and even where reduction to the normal size was unattainable, it was possible to surround the dilated chamber with an hypertrophied wall. In all cases the aim of the medical man should be to aid the natural efforts to attain hypertrophy and to avoid dilatation.

ON DERANGEMENT OF VISION IN HYSTERICAL PATIENTS.

(*A Lecture delivered in the Salpêtrière Hospital, Paris, by* Professor CHARCOT).

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.,
Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and the Dublin Eye and Ear Infirmary.

(*Continued from page* 253.)

THE following is a combination most interesting from a clinical point of view, and which has been met with several times by M. Charcot:—

The patient suffers only on one side, the right, for example, from slight analgesia of the trunk and limbs, while in the face, at the same side, there is complete and

well-marked anæsthesia. At the same time achromatopia is absolute in both eyes, or at most, the patient perceives with the left eye, and that only by moments, the peripheric colours—viz., blue and yellow.

This combination has shown itself among others in a very clear manner, in the case of a young woman, an hysterical patient, sent to M. Charcot by Dr. Fieuzal, and whom he has introduced during his lectures on colours. In those cases, the contraction, to a certain extent normal of its kind, of the field of vision in the comparatively healthy eye, has been exaggerated to such a degree (and it is in this that the anomaly consists) as to be almost equal to the contraction which takes place in the eye primitively and principally affected. This anomaly points out, if one can thus express oneself, the *high road* to the interpretation of certain cases of hysterical amaurosis, in which the existence of hemi-anæsthesia, and of several other permanent and fundamental symptoms of diathesis, are either wanting, or are very slightly indicated.

However remarkable they may be, it should be clearly understood that, setting aside the frequent mobility of symptoms and the almost necessary coincidence of the other phenomena peculiar to the diathesis, these symptoms of hysterical amblyopia do not properly belong to hysteria. This is the point upon which M. Charcot has long insisted. He has shown (*a*) that all of them are found in various shades of development in monocular amblyopia, accompanied by sensorial and sensitive hemi-anæsthesia arising from lesions in the commissure of the brain, which occur in the posterior parts of the internal capsule at that point which he has designated in his lectures under the name of *carrefour sensitif* (*b*)—the same diminution of acuteness of vision, the same concentric and general contraction of the field of vision for colours, marked in both eyes, but predominating to a high degree in the eye corresponding to that side opposite to that which is the seat of intra-encephalic lesion, the same absence in the body of the eye of lesions appreciable to the ophthalmoscope.

The various characteristics of this species of amblyopia belong, then, as may easily be seen, to cerebral hemi-anæsthesia in general, and not to hysterical hemi-anæsthesia in particular. The interest afforded by this relation can be easily understood, not only from a practical point of view, but also from a theoretical point of view. For example, the position occupied by the organic lesions of the commissure capable of determining the production of total hemi-anæsthesia—sensorial and sensitive—of cerebral cause appears to point out naturally the position of the lesions which are inappreciable to our actual methods of investigation, *dynamical*, as they are sometimes called, which control the corresponding hemi-anæsthesia of hysterical patients.

These latter lesions, therefore, are probably seated either in the fibres which traverse the sensitive ganglia, or in their prolongation on the surface of the brain, or in all these positions.

M. Charcot has, in the same lecture, pointed out another species of derangement of vision, long since remarked by him, and considered by him as being very frequently met with in hysterical patients, and which, to his knowledge at least, has not yet been described.

It is known that various and strongly-marked hallucinations of vision are, so to speak, normal accompaniments of the delirium of hysterical patients. Now, hallucinations of this kind exhibit themselves very frequently in patients in the intervals between the convulsive attacks, in their track, or even at the time when the patient is menaced by them..

It is very common to see hysterical patients, in their periods of calm, seated tranquilly at needlework, get up, leave their seat, uttering a cry as if they had been surprised by the sight of some terrible object with which they wish to avoid all contact. If they are interrogated as to the motive of these unexpected movements, they declare that they believe they saw animals, particularly rats, sometimes cats, and at other times fantastic beasts, running on the floor, or on the neighbouring wall; more rarely, it is the appearance of grimacing heads which causes this terror. One learns further that imaginary animals, generally grey or black in colour, sometimes, but more rarely brilliant red, are perceived by each patient always on the same side; and the side on which the hallucination takes place is always that which corresponds to the hemi-anæsthesia, and consequently to the amblyopia.

Thus, if hemi-anesthesia occur on the right side, it is always at the right of the patient that the imaginary animals appear; while if hemi-anesthesia occur on the left, they appear at the left.

The animals pass usually in a line, and run rapidly, coming from behind the patient and moving forward. They generally disappear when the patient turns her eyes directly towards the side on which they appear. However, it may happen that the hallucination persists much longer in all its vigour when the patient is on the verge of a sharp nervous attack, in the middle of the attack, or recovering from a fit.

M. Charcot has shown to his audience, and interrogated before them ,a certain number of women in whom is exhibited habitually, and in a very clearly-marked manner, this species of derangement of vision.

1. M.—Hemi-anesthesia of the left side. Dischromatopia of the left eye. Often sees grey and black rats running to her right on the floor, or on her bedclothes.

2. W.—Total anæsthesia, but predominating on the left side; achromatopia of the left eye; double predominant uvairitis at left side. Coming out of these attacks she is often tormented by the vision of lions, whose figures stand out in brilliant red on the white wall of the room in which she is lying. These animals always appear to the left-hand side of the patient; they pass rapidly, and disappear when she looks at them full in the face.

3. V.—Sees, in the intervals between the attacks, but above all, when one is on the point of seizing her, sometimes a black cat, sometimes a white phantom appearing to her left. The patient suffers from total anæsthesia and double uvairitis, but these phenomena predominate on the left. Dischromatopia of the left eye.

4. B.—Even when this patient is in a state of calm she is often frightened by the sudden and unexpected arrival of a large grey cat at her right side, which appears to jump upon her suddenly, and which she even believes she feels the touch. This patient suffers from hemianesthesia on the right side.

5. G.—Suffers from hemi-anesthesia and achromatopia at the right side. Often sees to her right cats and black rats running on the floor, which seem to come from behind her.

6. A.—Lost her sight almost entirely in infancy, in consequence of disease of the centres of the eyes. When threatened by an attack she imagines she sees red men appearing suddenly to her right. This patient suffers from hemi-anæsthesia, and uvairitis on the right side.

Numbers of such examples might easily be given. These are the principal derangements of vision which are usually met with in epileptic hysteria—hysteria major; and also frequently in common hysteria—hysteria minor. Many other derangements of vision may also be observed under the same circumstances; but are much more rare, such as faults of accommodation, certain forms of diplopia, &c. Such have been observed in the case of a patient sent by M. Galezowski; and the latter has, at the request of M. Charcot, entered into a description of them, the substance of which I hope to give at another time.

(*a*) "Legons sur les Localisations dans les Maladies du Cerveau." P. 119.

(*b*) "Legons sur les Localisations." Pp. 100, 104.

ON THE VICIOUS SYSTEM OF DRAINAGE PREVALENT IN WEST-END HOUSES. (a)

By Dr. FITZPATRICK.

Introductory.

I should like to begin by making a slight alteration in the title of my paper. When first communicated to our Society it stood thus—"On the Defective State of the Drainage in West-End Houses, with Cases of Zymotic Disease arising therefrom," and it is so printed in the medical journals. On consideration I would prefer to style it—"On the Vicious System of Drainage Prevalent in West-End Houses, &c.," because the idea I wish to express is not that the drainage in such houses is a minus quantity, or less in extent than it ought to be, but that it is designed on an entirely erroneous system. It affords ample facilities for the deportation of refuse matter, but exposes the inmates of the houses to a reflux of unhealthy gas. This is really the point of my paper, and, in order to illustrate it satisfactorily, it will be necessary to make a few prefatory remarks on house drainage in general. I hope it will be no disparagement to the knowledge of my professional brethren to assume that this subject does not ordinarily much occupy their attention. In point of fact, theory and practice in this department have advanced so rapidly within a short period that few of those engaged in it would submit to be judged by the work done or opinions advanced only two or three years ago, and it is because circumstances have made me familiar with its latest and most approved developments that I have been encouraged to bring the subject under your notice.

We know it is not taught as a branch of medical education. I do not remember having ever seen it adverted to amongst the multifarous subjects that form the staple of our introductory lectures, and I had occasion to remark that all mention of it was omitted from a late Presidential address delivered before this Society, in which the outgoing President specially occupied himself in delineating the acquirements of the ideal physician of the future.

Nevertheless, Sir, I think it can hardly been contested that for medical men engaged in the daily practice of their profession some acquaintance with the question of drains and drainage would be of great utility. *Rerum cognoscere causas* is an acknowledged part of the *rôle* demanded by public opinion of modern professors of our art. It will no longer suffice to inform a patient or his friends that he is the subject of typhoid fever, for simultaneously the question will arise how and where the disease has been acquired. It is an accepted and well-attested theory that sewer gas, or certain organisms resident in it, is a factor in the production of a whole class of diseases, and therefore, I submit, it is convenient, perhaps important, to some of us to know the conditions under which so deleterious an agent is likely to produce its effects. What is the nature of sewer gas? Where is it generated? By what channels does it obtain access to the interior of a house? By what means is its presence to be prevented or counteracted? These are a few of the questions that meet us on the threshold of this inquiry.

It will not be necessary here to enter into an examination of the numerous chemical constituents of sewer gas. It is enough to know that it is a product of decomposing excrementitious matters; that it is extremely light and volatile, and readily affected in its diffusive powers by variations of atmospheric pressure. Some other of its physical qualities I shall have occasion to point out as we go on. It is generated wherever there are decomposing excrementitious substances, and most freely from an admixture of solid and liquid sewage. Practically, as regards London houses, its principal source is the main sewer in the roadway, and, owing to the difference of atmospheric pressure, which is always less in the interior of houses than in the sewers, particularly in summer, and from the acquired warmth of the apartments, there is generally a current from the sewer into the house.

(a) Paper read at the Harveian Society.

Next, by what channels does this noxious agent obtain entrance into our dwellings? This is the most important question of all, and, as an eminent member of our own body expresses it, "is still very imperfectly understood by the public, by the majority, I fear, of builders, and by not a few house surveyors and engineers"—I would add, also, by some of our leading architects. To make this matter plain, it will be as well now to ask your attention to these drawings, and we shall take the water-closet as the starting-point of our descriptions. When excrementitious matter of any kind is deposited in the pan of the w.c., and the valve withdrawn, it is carried by the agency of the water into the soil-pipe. This is the vertical lead pipe, usually four inches in diameter, figured here descending to the house drain. In most London houses the water-closets are built at the back, so that, in order to reach the main sewer in the roadway, it is necessary to construct a drain which passes from rear to front under the basement. By this channel the contents just discharged from the water-closet are carried to the main sewer in the street. Now it is evident that the gas accumulated in the main sewer and subjected to atmospheric pressure, will readily find a way back through the house drain to the soil pipe, where we will assume it is temporarily arrested by the valve of the water-closet. Remove the valve, displace the column of water resting upon it, and immediately a door is thrown open for the entrance of sewer gas. II. But that is only one mode in which it finds admission to the house. Let us now examine a second. We all know that in London houses water is stored in cisterns. It is admitted to the cistern through an open pipe, which closes as the cistern becomes full, by the automatic action of a ball-cock. But if, through any hitch, this ball-cock ceased to act, the water would continue to flow uninterruptedly, and the house be flooded. To guard against so disagreeable and injurious an accident, every cistern is furnished with an overflow-pipe or waste, the open trumpet-shaped extremity of which stands a little above the surface of the water when the cistern is full, and the incoming water has ceased to run. Where does this pipe, ordinarily 2″ in diameter, terminate? Either in the drain or in the soil pipe; so, you see, here, again, is another channel for the admission of foul air, whence it is not only diffused into the atmosphere of the house, but becomes absorbed by the water in the cistern. Thirdly, there are the sinks (as you see here) situated in various parts of the house. There is usually one in the scullery, one in the pantry, one on each floor for the housemaid, and the gentleman of the house has probably one arranged as a lavatory in a corner of the w.c. on the ground floor. The wastes from those sinks run into the drain, or into what is equally bad—the trap of the water-closet, and thus afford, as you can readily see, another avenue for the entrance of sewer air. Nor is this all, for there exists yet another source of danger in the rain-water pipes. You see these descend from a balcony, it may be, or a flat, from the floor of a conservatory, or elsewhere, and run uninterruptedly into the drain. Thence, of course, the sewer gas is free to ascend and enter the open windows, or mingle its pestilential breath with the fragrant odours of the flowers in the conservatory. Thus there are five channels, as I have pointed out, by which this poisonous gas makes its way from the main sewer into the house: 1. The soil pipe; 2. The overflow pipes or "wastes" from the cisterns; 3. The "wastes" from sinks and baths; 4. The rain-water pipes; and, 5. The house drain itself if it should be anywhere imperfect. I shall have to advert to yet another source of contagion, independently of the sewers, but that will be more conveniently explained further on. Now, for the sake of simplicity, I have omitted in this brief sketch all mention of "traps," whose varieties are legion, but which have for a common object the exclusion of sewer air from the house. The principle on which they are all constructed is that of interposing a stratum of water between the house on one side, and the sewer gas on the other. One of the simplest is that which is usually introduced into the overflow pipe of the cistern—so simple, indeed, as, in practice, to be utterly fallacious.

A bend is made at one point of the pipe, so that, as it runs, some water is deposited there; but, practically, the ball-cock apparatus of the cistern always acts, and the overflow pipe is rarely, if ever, traversed by water. The consequence is, that whatever water was originally left in the bend very quickly evaporates, and the way is again perfectly open for the passage of the sewer gas. Another contrivance, similar in principle, is the ordinary D trap. This trap is a sort of fetish amongst builders, and, in their system of defence against sewer gas, they invariably assign to it the post of honour at the bottom of the water-closet. In that situation it is an unmitigated nuisance. It does not serve the purpose for which it is employed, and, by retaining a portion of the soil passing through it, it tends to become very foul, and forms itself a small cesspool. On no account is a D trap to be tolerated in a water-closet.

Let us now assume, for a moment that this D trap may itself, in the course of a year or two, become foul and coated with excrementitious matter. It will then form a further source for the discharge of sewer gas, either directly through the water closet, or indirectly in the following way: underneath the seat of every water-closet is what plumbers call a safe; it is a flat leaden tray, surrounded by a high flange, resting on the floor, and designed to catch any accidental overflow, such as slops, escaping between the pan and seat of the water-closet. It is, of course, provided with a waste to carry off its contents. and this waste is made to terminate in the trap. You see, therefore, there is an open pipe communicating between this independent focus of sewer gas and the air of the apartment.

Lastly, how are these evils to be prevented? Only in one way, which is almost self-evident from the statements I have made of the several modes in which contamination occurs. Every pipe leading from cistern, bath, and sink, and every rain-water pipe, must be "disconnected"—that is, instead of terminating in the soil pipe, or the D trap, or the drain itself, it must discharge its contents in the open air. You need not have a better illustration of the principle than this, where the set of pipes represented here are carried outside the house over an open water head (as here). Similarly, the "wastes" on the ground floor discharge in the area over gully traps; the rain-water pipes do the same.

DISCONNECTION

Can be applied without difficulty or hesitation to those pipes that carry only the waste water from baths, sinks, and cisterns, or the rain-water from roofs and balconies. In the case of the soil pipe there seems, antecedently, an insuperable objection to applying the same principle, for it is evident you cannot allow soil to be discharged in the area over the opening of a trap. But by more than one simple modification the disconnection can be virtually effected. The object of all disconnection is to admit atmospheric air to the pipes instead of sewer gas. Builders had an inkling of this, and attempted to effect it by what they call ventilating the soil pipe. This was done by inserting in the angle of the soil pipe, where it forms a bend to reach the topmost w.c., a smaller pipe, which was carried above the highest windows and surmounted by a cowl. It was thought that this pipe favoured the escape of the sewer gas pent up in the soil pipe, and so relieved its pressure upon the water-closets, and diminished the danger of its passing by those channels into the house. I am not prepared to deny that it may have some such effect, and, at any rate, I admit that this additional pipe, intended to act as a funnel to the sewer gas in the soil pipe, is a step in the right direction. But, as a whole, the arrangement is quite inadequate to the purpose intended. In the first place, the soil pipe ought to be carried above the highest windows *in its integrity* and not merely tapped by a smaller pipe of half the diameter inserted into it. And more than that, it is essential that air be admitted to the soil pipe from below, so that it be traversed by a perpetual current. The latter may be done in two ways—either as you see here, by a vertical shaft extending from the area into the drain; or as in this drawing, where the drain is virtually disconnected, and discharges its contents along this sunk channel into the syphon trap.

(To be continued.)

ON THE VALUE OF KOUMISS IN THE TREATMENT OF NAUSEA, VOMITING, AND INABILITY TO RETAIN OTHER FOOD IN THE STOMACH (*a*)

By N. JAGIELSKI, M.D., M.R.C.P.L.,
Physician-in-Ordinary to the Infirmary for Consumption, Diseases of the Chest, &c.

THE author selected ten remarkable cases on this subject that had come under his own observation, five cases successfully treated with koumiss by other medical practitioners, whose names are given below.

The first case described by Dr. Jagielski was a patient of Mr. Wallis Mason and Mr. B. Floyer, a very anæmic lady, who was confined with twins at full term. General paralysis followed, her prostration had become extreme in six days after the confinement in consequence of her inability to retain any food on her stomach; and when seemingly dying the koumiss was given to her in small quantities at frequent intervals. All nausea and vomiting disappeared during the exclusive treatment with koumiss, which proved, besides to nourish the patient alone sufficiently, to increase her strength and bodily weight in a very short time. The three medical attendants were firmly convinced that in this case life was saved by the koumiss.

2. A case of pregnancy with hæmoptysis, subsequent vomiting, and inability to retain anything on the stomach, in which the treatment with koumiss allayed the vomiting speedily, and enabled the patient to come safely over her confinement, her health remaining very good afterwards.

3. Acute attack of chronic bronchitis, with excavations in both lungs, &c., in a gentleman 78 years old, whose hapless condition on the sixth day of his severe illness caused Dr. Jagielski to give him the sparkling koumiss, under the influence of which the constant vomiting was readily overcome, and the rapidly declining strength renewed. His excessive expectoration diminished, his sleep returned, and his relative health was soon restored.

4. A case of most obstinate gastric catarrh, with all the appearance of a carcinoma pylori, complicated by very distressing vomiting and consecutive exhaustion, which resisted all drug treatment, and all varieties of dietetic food, soon yielding to the exclusive use of koumiss.

5. A case of uninterrupted hæmoptysis during nine weeks, with vomiting and inability to keep down any food, in which the styptic treatment was continued all the time with no good results. The koumiss treatment was followed by rapid improvement and complete recovery.

6. A case of pleura-pneumonia dextra followed by intractable vomiting and inability to retain food in the stomach, treated successfully by the koumiss. Equally favourable results, by the sole use of sparkling koumiss, were quoted by Dr. Jagielski in the following cases:

7. A lady, 66 years old, with pleuritis exudative dextra, a long sufferer from chronic bronchitis, with very severe vomiting, and scarcely any food in the stomach for ten days.

8. A case of old mitral incompetency, with anasarca and gastric catarrh, with constant vomiting.

9 and 10. Two cases of diabetes mellitus. Almost in a dying state from inability to retain food on the stomach and consecutive irritation.

Further, Dr. Myrtle's, of Harrogate, four cases described

(*a*) Abstract of a paper read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August, 1877.

in the *Lancet* of December 12th, 1874, one of marasmus in the adult, with unchecked vomiting—successful; one of pyæmia, with sickness and unchecked vomiting—successful; one of phthisis (advanced) with ulceration of mucous membrane, diarrhœa and hectic—successful; one of rheumatic fever, with gastric irritability of a most formidable nature—successful; and Mr. Carter Wigg's case, of Southminster, Essex (see the *Lancet* of January 9th, 1875), of heart disease and albuminuria, with constant sickness, retching, and vomiting, likewise successfully treated with koumiss.

In concluding, Dr. Jagielski recommended the koumiss treatment as harmless at the worst, and the more rational means with which to commence the early and primary treatment of disease for which it is suitable.

THE PULSE-RATE CONSIDERED IN RELATION TO *POST-PARTUM* HÆMORRHAGE. (*a*)

By J. ASHBURTON THOMPSON M.D.

THE author began by referring to the well-known assertion that if, after delivery, the pulse beat at or about 100, the patient cannot be considered safe from hæmorrhage, which, on the contrary, is, in that case, to be apprehended. He then remarked that this assertion, which, if true, is of great value, is based upon the opinion only of a number of authors who do not offer any series of precisely recorded observations in support of it. The object of the present paper was to ascertain, from a number of records of the pulse-rate in various cases, beginning immediately after delivery, what is the behaviour of the pulse in uncomplicated cases, and what its behaviour in cases of *post-partum* hæmorrhage. The total number of cases dealt with was 63; 54 of these were cases uncomplicated by hæmorrhage, and 9 were cases of hæmorrhage of different degrees of severity, which were classified according to Dr. George Johnston's mothod, and, moreover, showed the exact amount of blood lost in each. The observations in both kinds of cases began two minutes after delivery, and were taken at short intervals during the first thirty minutes. At every observation the watch was used, the pulse counted during not less than thirty seconds, and the result written down at once. In cases of hæmorrhage the observations extended over a longer period. The 54 uncomplicated cases resolved themselves into three classes, as follows:—In the majority, or 39, the pulse fell within a few minutes of delivery by from 3 to 29 beats (average 13½), a reduction which did not always bring it below 100. In 6 cases it remained absolutely steady at the first observed, or initial, rate, and this was also not always below 100. In 9 cases a rise from the initial rate was observed, in this case, also, bringing the rate above 100. The author concluded that the pulse may rise from, fall from, or remain steady, at its initial rate after delivery; that it may rise to, fall to, or remain steady at, a point above 100; that it is very commonly irregular for several hours; that it may intermit, after labour uncomplicated by hæmorrhage or by constitutional disease. A table of the 9 cases of hæmorrhage was then shown, and the author said that for his present purpose he preferred to call them cases of *post-partum* inertia of the uterus, since that is the essential condition of this kind of hæmorrhage, and since he wished to exclude very carefully cases of hæmorrhage from lacerations of the uterus or other soft parts. From this table it appeared that degrees of hæmorrhage requiring active interference are compatible with steady pulse rates of 60 (1st degree), 70 and 76 (2nd degree), or with a rate varying from 96 to 108, as in one case of the third degree. The author then inquired whether the causes of *post-partum* inertia are always such as are likely to influence other parts of the system, and observed that this complication is known to occur under a variety of circumstances in which no condition common to all can be discovered. But he observed that shock to the system is often accompanied by relaxation of the uterus, and by five other cases he showed that the pulse follows a very marked course, steadily rising while the state of shock (and hæmorrhage) persists, and steadily falling as recovery from the shock sets in. Here a coincidence might be observed between the hæmorrhage and the pulse rate, but it was accidental merely, because both were results of the condition of shock common to all the cases. This description of a characteristic behaviour of the pulse in cases of hæmorrhage originating in shock (from laceration of uterus, sudden laceration of perinæum, concealed accidental hæmorrhage, or extreme systemic exhaustion from tedious labour) the author believed to be original.

(*a*) Read before the Harveian Society of London, Feb. 1878.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. O'GRADY,

Surgeon to the Hospital; Member of the Surgical Court of Examiners, Royal College of Surgeons.

THE following cases have recently been under observation in the surgical wards.

Severe Smashing of Left Foot consequent on a jump from a height.—A girl, æt. 23, whilst partially under the influence of liquor, jumped from a fourth-storey window into the area of the house. She seems to have first struck the ground with the left foot, and then to have fallen over heavily on the right side. When brought to the hospital, the foot was found to have lost all shape and form, it was a crushed bruised mass, the great toe lay transversely across the bases of the other toes, pointing directly outwards; the whole organ was enormously swelled, and when touched conveyed to the hand, in all directions, the sense of grating bones. Though the skin was badly lacerated and torn here and there, none of the fractures were compound. By manipulation the great toe was restored, and the foot gotten into such shape as was practicable; in the first instance it was merely steadied by loose bandaging to a high foot board adapted to one of the ordinary fracture boxes of the hospital, and cold lotions constantly applied; as the swelling began to subside, the hollow of the foot was kept carefully padded, and suitable pressure maintained by a shaped pasteboard splint on the dorsal aspect. The girl made an excellent recovery, leaving the hospital in twenty-seven days, with a well consolidated and shapely foot, no trace whatever of the accident recognisable, with every prospect of an unimpaired limb. The region of the right hip where she fell was severely contused; the trouble here, too, speedily passed away.

Perforating Wound of Foot.—This injury occurred in a lad, æt. 14, under the following circumstances. He was endeavouring to raise the body of a donkey cart, one of the wheels of which had came off, when it slipped from his grasp, and a bolt or rod of iron projecting from the bottom impaled the foot, transfixing the outer metatarsal space, and carrying before it and out through the sole a circular piece of leather, as large as a fourpenny bit, punched out of the "upper" of his boot, and which when the lad came to the hospital was projecting from the orifice of exit on the sole of the foot. At first iced- and subsequently cold-water dressings were applied; no bad symptoms of any sort occurred. When discharge was taken nine days after the accident, the little wound had very nearly healed.

Strangulated Femoral Hernia, Reduction effected after Tapping the Sac.—A woman, æt. 70, was admitted with strangulated femoral hernia of the right side; on this occasion it was three days "down," and the symptoms were very urgent, there was much local pain, constant and most distressing vomiting. Taxis, freely tried outside, was again unavailingly attempted. The sac was of large size, and contained a quantity of fluid; on tapping with a small hydrocele trochar some ounces of reddish fluid

escaped ; the gut was now easily reduced. The symptoms at once ceased, and the case did well.

Extensive Sloughing of Piles.—A source of material palliation occurred in a man, æt. 47, who from time to time had been under treatment for large masses of piles mainly intermediary. They were a source of much annoyance, principally from their bulk. Without obvious cause sloughing occurred, there being, when the man was admitted to the hospital, two large gangrenous masses extruding from the anus. These separated in due course, eaving clean granulating surfaces which healed steadily.

Excision Elbow was necessitated by extensive disease associated with necrosis of ulna, the patient being a strumous boy, æt. 8. The single posterior incision was selected ; convalescence, though tedious, was eventually very satisfactory ; when the boy left the hospital, some six weeks after the operation, his health had much improved, and though one small sinus (from which, however, there was scarce any discharge) still remained patent, there was considerable and increasing powers in the limb, with nearly normal control of motion.

Compound Comminuted Fracture of Leg, attended with much damage to soft structures and extensive comminution of both bones occurred in a groom, a healthy man, æt. 47, in consequence of a horse falling on him ; the accident was followed by diffuse and prolonged suppuration along the intermuscular planes, necessitating a stay of three and a-half months in hospital, ere satisfactory consolidation took place. A large piece of the tibia exfoliated.

Trismus following Severe Burns.—The patient here was a girl, a prostitute, æt. 19, whose clothes took fire whilst drunk, causing extreme and very deep burns of the right upper extremity and back. The tetanoid trouble became manifested at the end of a week, when the sloughs were separating. The treatment, mainly by chloral, proved unavailing, the patient succumbing on the fourteenth day.

ROTUNDA LYING-IN HOSPITAL.

Case of Arm Presentation in which Decapitation was practised.

Under the care of Dr. LOMBE ATTHILL,
Master of the Hospital.

Reported by JAMES C. CAMERON, M.D. Montreal.

ELIZA FEATHERSTONE, æt. 19, admitted 9th December, 1877, at about the eighth month of her first pregnancy. Patient had well-marked signs of secondary syphilis. She stated that the pains began at 3.30 a.m., and continued regularly and of good strength till 12.30, when the waters began to drain away ; the pains at once diminished in strength and frequency. On admission at 8 p.m., by means of internal and external examination, the child was found to be in the dorso anterior position, the os about the size of a sixpence, and the left elbow presenting. Although the elbow was made out, still the presenting part was so high, and it was so difficult to examine thoroughly, that chloroform was administered at 10 p.m., and the diagnosis cleared up. There being no doubt that the pelvis of the mother was roomy, the child premature, and probably dead, it was decided to wait in the hope that spontaneous expulsion might take place. At 11.30 p.m. the left arm descended and the hand protruded through the vulva. At 12 the temperature was 100·4°, pulse 112, pains short and chiefly in front. The patient was left undisturbed till 2.30 a.m., by which time the temperature had risen to 100·8°. and the pulse, though constant at 108—112, had become much feebler. The pains were almost constant, and occasioned her great distress, so that she kept rolling and tossing from side to side, crying out bitterly the while. The arm still protruded, and not the slightest advance had been made during the last three hours. Chloroform having been administered at 3 a.m., Dr. Atthill introduced his hand into the vagina and two fingers into the os, which was very rigid, and endeavoured, by combined internal and external manipulation, to push up the shoulder and bring down the head, but without avail. Next he attempted to pass up his fingers to seize a foot and perform ordinary version, but so firmly and so accurately were the walls of the uterus contracted about the child that no amount of force which he could apply made the slightest impression upon the child. The only alternative then being decapitation or evisceration, Dr. Atthill determined to decapitate. First, with a pair of long and strong curved scissors he endeavoured to divide the neck, but found it impossible to sever the neck with the scissors, and was obliged to resort to the blunt hook, by means of which he very readily separated the head from the trunk. The body was then without difficulty extracted, and immediately afterwards the head. The child was putrid. During the administration of chloroform her pulse became at several times indistinguishable, and on two occasions breathing ceased for a few seconds.

Dec. 11th.—A.m., temp. 100·8°, pulse 84 ; p.m., temp. 101·2, pulse 96. Feeling tolerably well ; complains a little of abdominal pain.

12th.—Temperature 100° ; pulse 86.
13th.—Temperature 100·2° ; pulse 90.
14th.—Temperature 99·6° ; pulse 100 ; slight rigor.
15th.—Temperature 99° ; pulse 90.
18th.—Discharged quite well.

Dr. Atthill, in his clinical lecture, pointed out that in cases of presentations of the upper extremities, where the child is premature and the pelvis roomy, it was right to wait and see if nature would effect delivery by "spontaneous expulsion" —that is, by the fœtus being expelled doubled up, the breech being gradually forced down. When the child is premature, and especially if it be dead, as was the case with this patient, "spontaneous expulsion" frequently occurs, but in this instance the pains were so inefficient that no progress was made, while the pulse and temperature rising simultaneously rendered delivery imperative. The difficulty, however, of effecting this was considerable ; the os was not more than half dilated, while, the waters having drained away many hours before, the uterus had contracted so firmly that it was closely moulded to the fœtus, rendering any attempt at turning impossible.

Dr. Atthill then pointed out that the choice under such circumstances lay between evisceration and decapitation, and commented on the numerous objections which existed to the former operation, and the reasons which induced him to decide on performing the latter. In this case he succeeded in severing the head by means of an ordinary blunt hook, but had the child been older, and not partially decomposed, it would not have proved an efficient instrument, and he would, under such circumstances, advocate Paget's method of decapitation by means of a piece of whipcord, which, being passed over the neck, should then, by a see-saw movement, be made cut through the neck. Decapitation once effected, no difficulty, as a rule, is experienced in extracting the body. The head, too, is generally removed without difficulty.

Transactions of Societies.

DUBLIN MEDICAL SOCIETY.

THE Fifth Meeting of the Session was held on Wednesday, March 6th, 1878, Dr. GORDON, President of the College of Physicians, in the chair.

DISTRIBUTION OF CHOLERA IN DUBLIN IN 1866.

Dr. GRIMSHAW made a communication to the Society on the subject of the distribution of cholera in Dublin in 1866, and its relation to the geological formation of the Dublin district, in which he gave details of the death-rate and geological formations of the portion of the Dublin district which were visited by the malady. The highest death-rate occurred in a district containing most pervious strata, and the greatest number of deaths occurred either on pervious strata or close to old river sources. The facts adduced by the writer of the paper concerning Dublin went to corroborate the views of Pettenkofer.

The PRESIDENT said he believed it was pretty well established that cholera kept to light gravel surfaces.

Dr. LALOR said there was one thing which struck him with regard to the paper generally, and that was that it excluded altogether what, to his mind, was a very important point in reference to the propagation of cholera contagion. He was a very strong believer in contagion, and his experience would lead any man who had similar experience to come to the same

conclusion—that cholera was a very contagious disease. The time allowed for making remarks on papers was too short to enable him to give the results of his experience, but he was a strong believer in contagion; and any theory that excluded the consideration of the theory of contagion, was, in his opinion, radically at fault. In reference to cholera following the course of being connected with certain strata—gravel beds and water courses—his earliest reading about cholera, calling now but the dim recollection to his mind, was that at that time cholera was considered to follow the courses not of extinct water beds, but of rivers, and at that time it was explained on the theory of contagion, which was then the favourite theory, and that cholera was carried along the course of those rivers which were covered rivers. In reference to the question in Dublin, with all respect for the reader of the paper, he would object to the use of the name altogether, for in his humble opinion there was no such thing as a river in Dublin (laughter.) The Liffey was an open sewer, the Dodder was not much better, and the Pottle was a covered-in sewer. In reference to the strata of Dublin, he was not a geologist, but as far as his experience went of the locality in which he resided—in the 56 acres of the Richmond Lunatic Asylum—all the gravel beds that he had been able to find were those of what was vulgarly called gravel bed. The Richmond Lunatic Asylum had a substratum of alluvial cultivated soil cultivated as market gardens. Immediately below these was generally a stratum of what was commonly called gravel, but what was really alluvial soil—rich garden soil. In some portions of the grounds there was a stratum of fine river salacious sand, which was only about one-and-a-half to two inches in thickness. In reference to what was called gravel, he would point out that there was no extent of gravel—that if there was any subsoil of gravel, as gravel was commonly understood (that was limestone gravel)—that the existence of such a bed was disproved by the fact of the exceedingly bad materials provided for their streets in Dublin. He thought one very considerable cause of the dirt and unwholesomeness of their streets was that they had no limestone gravel; that they had nothing to put upon their streets of a porous character, such as lime-stone gravel, which would empty the *brackish* surface water, whether that water was pure rain water or water impregnated with noxious matters; that they had no stone or gravel to empty that. The stone all around Dublin was calp—an exceedingly bad building stone—which was to a certain extent a pervious stone, but not a pervious stone of the same nature as lime-stone gravel, which allowed the percolation of fluid matter, whether that water was pure or impure. The stone was not of that nature, it was exceedingly soft, and in that way it was an exceedingly unwholesome material for the surface of their streets. As far as his experience went, they had no gravel as it was understood in the central part of Ireland, from which he came. They had no limestone gravel in Dublin, or within ten miles of it, and what was called gravel was either a mixture of calp or *aluminous* soil, or what was called blue marl, which was not gravel proper. As to cholera taking the course of old river beds, he would object to any general conclusions being formed upon that subject from the experience of one cholera outbreak in 1866; and he would also object to any general conclusion being formed that excluded the question of contagion. He would also object to any general conclusion being formed as to the city of Dublin on the ground of the general and indefinite use of the term gravel. Above all, and before all, he would object to any general conclusion being formed as to what caused propagation of cholera principally in the city of Dublin, in reference to water courses, whether open or closed, or extinct, which did not deal with the question as to what the definition of that water course was—whether it meant a river, simply meant what he said in Dublin was the true definition of its water courses—sewers either open or closed.

Dr. H. KENNEDY, in reference to the question of rivers being conducting agents for cholera, reminded the meeting of the very elaborate report of the late Dr. Graves. That was the point with which the writer started, and started in the strongest possible way. He (Dr. Kennedy) thought that in any discussion such as the present, the name of Dr. Graves should not be forgotten. He (Dr. Kennedy) had, at the time cholera first appeared in this country, been sent at one time to Finglas, and at another to Dalkey, and resided at both of those places, at each of which he saw the disease in a very virulent form, more particularly on the quarries at the last-mentioned place. With regard to the important question of contagion, it was discussed by the Society a few years ago, when medical officers who had seen cholera in India were present, and were unanimously against the opinion that it was contagious. He thought those were points which they should not forget in reference to the spreading of the disease. Any extension of epidemics should attack anything in the nature of a living thing. It should not apply to human beings alone. He could easily understand the circumstance of the increasing mortality amongst human beings, from their residence, civilisation, and other things; but any general theory that should be started about the causes of epidemics, should take in other creatures besides man. Epidemics were known to rage amongst the lower animals, just as amongst mankind. Otherwise how were they to explain the reason that birds of the air and fishes of the sea suffered so much. He thought theories on those points to be accepted, ought to take in every living thing. The remark applied even to vegetables.

Dr. CRANNY would like to ask Dr. Grimshaw whether he could give any information as to the districts outside Dublin, if cholera followed gravels in other parts of the country as well as in Dublin.

Dr. DARBY thought the Society was greatly indebted to Dr. Grimshaw for the paper, and for the attempt he had made to throw light upon a most obscure and difficult problem. Dr. Darby then spoke of a case of cholera that he had seen with the late Professor Smith in Red Cow Lane, Dublin, where an old man was dying in a corner of a small room, and the dead body of his wife lying beside him. There were such numbers of neighbouring young boys and girls about the place that they had difficulty in jostling their way into the room where the sick man lay. There were, as far as they could ascertain, no cases arising out of that case, and he thought they might fairly infer that if contagious, the disease would have spread amongst those people. He happened to be in Paris when people were dying very fast of cholera, and at the Hôtel Dieu, Charité, and three or four other hospitals, he saw all cholera cases brought in, without having any special cholera ward, and placed amongst fever and chronic cases. The authorities there evidently had no idea that cholera was contagious, or they would not have acted in the way he described. There was, however, one hospital in the neighbourhood of the Madeleine where there were cholera wards. He did not agree with Dr. Lalor as to his theory of contagion. He (Dr. Darby) had seen cholera on the banks of rivers, and he had seen it also on the tops of mountains.

Dr. WILLIAM MOORE thought it was desirable that they should have some idea of what was meant by contagion. According to his idea of Pettenkofer's theory, it, above all others, started the idea of contagion. He would certainly expect to find typhoid fever moving over gravel beds. He thought there could be little doubt that the virus passing from the patient at the beginning of the epidemic, was discharged into the gravel bed, where it underwent a process which rendered it fertile, and caused the disease to spread in the neighbourhood. If that was true he considered that the theory of Professor Pettenkofer would be strongly in support of the theory of contagion.

Dr. GRIMSHAW, in reply, said he stated in his paper that one of the points assumed was that the disease was contagious, and if cholera was not contagious, in the true sense of the word, Pettenkofer's theory would not hold water in any shape. He would have to account for it in a totally different way to what he did. The discharge from the patients' bowels, or the product of that matter, promoted cholera, and there was no other cholera contagion known. Dr. Lalor had told them very truly that there was no real river in Dublin. With reference to cholera following river courses, the disease followed the river course because it was the run of traffic, and it followed a river course in the same way as it followed a railway, and other lines of traffic, whether by rail, road, or river. That was admitted by almost all persons. He did not think any person had argued against cholera following the direction of great rivers, just in the same way that it followed the course of the Great Southern and Western Railway, which it undoubtedly did in the last epidemic, and also the road to Balbriggan. With reference to the geological strata of Dublin and gravel, Dr. Lalor evidently wanted a definition of gravel. Dr. Lalor, in speaking of gravel, had described a thing that was pebbles imbedded in boulder clay, and that was the same impervious strata that he (Dr. Grimshaw) had spoken of in his paper. Finglas was a cholera focus, and ought to have cholera, according to Pettenkofer's theory. Kingstown was, as most people knew, on granite, but Juggy's Well—a celebrated well there—proved by a rather serious ex-

periment to be one source of cholera. It broke out in Holyhead, and was brought thus from London to Dublin. But it was also proved conclusively that the water brought from Juggy's Well to the mail steamboats caused cholera on board boats; and upon inquiry, that water was condemned. He held that an isolated case did not prove the absence of contagion; but it was very hard to trace contagion. They did not know anything about the incubation stage of cholera. Pettenkofer seemed to think it was indefinite; and moreover that writer held the opinion that cholera contagion might be carried by a person who did not get cholera himself at all. He thought Pettenkofer had so far proved a good case, and he had not been shown to be wrong; and the end of his (Dr. Grimshaw's) paper was simply to test Pettenkofer's views by the experience of Dublin, and the test of Dublin was very much in favour, he believed, of Pettenkofer's theory.

The Society then adjourned.

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WEDNESDAY, APRIL 10, 1878.

REPORT OF THE SELECT COMMITTEE ON LUNACY LAW.

THE Lunacy Committee who met last session, and occupied their time in examining Government officials, discharged and *quasi* lunatics, and medical officers of asylums, have at last issued their Report. We must confess that, considering the vast amount of evidence placed before them, they have utterly failed to grasp in a material way the question *sub judice*. The points to which the Committee direct our attention are: 1st. Whether a possibility exists of persons being unduly deprived of liberty by a false allegation of lunacy? 2nd. Whether persons properly detained are placed under restraint of a nature calculated to retard their cure and consequent discharge? 3rd. Whether undue obstacles are opposed to their release when restored to sanity? The Committee received upon each of these questions copious evidence, and made a careful examination of such, which consisted in petty squabbles between officials and medical experts, always ready to air their grievances, exaggerated statements of discharged lunatics, dating back for a considerable period of years, opinions expressed by various medical specialists, but giving results diametrically opposite. With such a blaze of bewilderment it is not to be wondered at that the Committee were unable to separate the wheat from the chaff, and arrive at a definite and rational conclusion. With regard to the first of the questions to be considered—the possibility of detaining a person on a false allegation of lunacy—the Committee state that the allegations of *mala fides*, or of serious abuses, were not substantiated. To the second and third questions, we reply that, if no serious abuses were proved, there could be no instances of improper detention or treatment. The Committee seem to have failed to distinguish between harmless and dangerous lunatics, and regard the two classes as being in different categories. We maintain that if a man is of unsound mind there is every justification for his detention in an asylum as a lunatic, and such an act is not an improper or illegal one. If we were to accept the view that harmless lunatics ought not to be confined in asylums, we should at once liberate all our demented cases, and simply retain as inmates acute and dangerous lunatics. Such an interpretation of our lunacy law is not, happily for society in general, as well as for the protection and, well-being of the lunatic, acknowledged by those who are competent to give an opinion on the subject. The Committee pass on to compare the trifling nature of the abuses alleged, as compared with the horrible cruelties with which lunatic asylums were conducted less than half-a-century ago, and the exposure of such atrocities before select committees of the House of Commons on various occasions. They contrast the chains and ill-usage then employed with the occupation and amusement "which may be said to be the universal characteristics of the system in this country at the present day."

Attention is drawn to the importance of the treatment of insanity in its earliest stage, and the Committee suggest that provisions might be made for this in many cases outside the precincts of an asylum, but in the majority such a proceeding would be impossible, as also the establishment of an intermediate hospital, which was suggested to the Committee. Objection is raised to the power given in Scotland by which a certificate of emergency may be signed by the medical officer of the asylum. The Committee state that the order upon which the patient is admitted should continue in force for a limited period not exceeding three years, and at the end of this time a special report of the patient's state should be made by the medical superintendent, and repeated at the end of each subsequent year. This report is to be sent to the Commissioners. It is difficult to realise such a suggestion emanating from the Committee. What do the Committee imagine the Commissioners are doing at each of their six visits made to all lunatics asylums during the year? Can they be aware of the fact that the Commissioners in Lunacy carefully examine each individual case, and inspect the case-book kept at the asylums, and they do so in a thoroughly effectual way? Any case they are not satisfied with

they instruct the medical officer to send a full statement of such to the board. The Committee now go on to consider the signing of the order of admission, and here again they fail to grasp the subject. They recommend that the "Order" should be signed by the nearest relative of the patient, and that the reasons should be given stating by what authority he intervenes. Such a provision is happily found in the present Order, to which it would have been advisable for the Committee to have referred before drawing up their Report. One good suggestion is, however, made that the person who signed the Order should visit the patient once in every six months, and this applies not only to those in asylums, but to single patients in unlicensed houses. We cannot, however, endorse the expressed opinion of the Committee that the detention of persons should cease "as soon as they are no longer dangerous to themselves or others, and are not likely to be benefited by further detention." The Commissioners are to decide when the time has come for this discharge. We think that the present provisions in our lunacy law are sufficient, which enable the Commissioners to discharge a patient, if after two visits, a certain interval elapsing between them, they can detect no symptoms of insanity. We think it would be a most hazardous practice to empower the Commissioners to discharge a lunatic on one single visit. We are unable to endorse the opinion that a report should be sent to the Commissioners of patients kept under restraint in private families "not for profit." If a person has a sister or a near relative insane, and is desirous of maintaining them at home, there appears to us to be serious objection to making such a proceeding a formal one, and quite undesirable. We, however, agree that the patients who are confined in religious houses, should be reported to the Comissioners. We cannot see the force of the argument that the Commissioners in Lunacy should, in the discharge of their duties, follow the example of the Chancery Visitors, which consists in the personal examination of the lunatic. Here a lamentable want of knowledge is again shown by the Committee. Both the Chancery Visitors and the Commissioners in Lunacy inspect and personally examine the lunatics, the former those found lunatic by inquisition, and the latter not only these, but also the other inmates of asylums; whilst the former visit the asylums *once* a year, and the latter *six* times. An amalgamation is suggested between the two bodies of officials—the Chancery Visitors and Commissioners in Lunacy. We heartily endorse the statement that in the admission of boarders into licensed houses it is unnecessary to restrict this privilege to those who have been placed under certificates. By such a provision we shall be enabled to admit into our asylums dipsomaniacs—a want long felt. This is by far the most important suggestion made by the Committee. These voluntary boarders have to be reported to the Commissioners within twenty-four hours from admission. We are glad that the condition of private asylums is considered to be such as to receive the laudatory remarks of the Committee. Suggestions are made that in each of the rooms of asylums a notice should be affixed setting forward the right of appeal of patients by letter to the Commissioners. It is also suggested that all letters which have not been forwarded to the persons to whom they are directed, should be sent to the Commissioners in Lunacy. We cannot, however, see the advantage of this, for at the present time all letters which are not forwarded are placed before the Commissioners at the time of their visit. Most serious consequences would result from following out the suggestions made that patients on their discharge should have access to all documents connected with their detention; this would give rise to endless family disputes, and probably, in some cases, to a life-long misery. We think that the present system of permitting patients to inspect their certificates upon which they have been admitted is quite enough for the purpose, and that any further steps would be inadvisable. We cannot regard the Report, taken as a whole, as one likely to be of any benefit. The suggestions, with the exception of that which refers to "boarders," are mostly useless, and a certain inability is shown throughout the inquiry to grasp the question at issue. The Committee have utterly failed in establishing any cases of illegal detention on which assumption they started, and it is a satisfaction to us to know that after a long and tedious inquiry by a Parliamentary Committee, no material alteration has been suggested in our present Lunacy Laws.

THE PARLIAMENTARY DEBATE ON VACCINATION.

None of our readers will be surprised that the long debate on the vaccination laws which took place in the House of Commons resulted in the discomfiture of those who would relax the penalties at present inflicted upon parents who disobey the law. Mr. Pease formally moved the second reading of the Vaccination (Penalties) Bill, the object of which was to amend the law with reference to accumulating penalties, by providing that no parent should be liable to be convicted for neglecting to have a child vaccinated, or for disobedience to an order directing vaccination if he had been previously fined 20s., or had been twice adjudged to pay any penalty. On the House dividing, however, the motion was lost by a majority of 189, 271 voting against the second reading, and only 82 for it. Many hon. members, among whom was Mr. Gladstone, took part in the debate, but very few reasons were brought forward in support of the motion. Mr. Pease himself merely stated that a large number of children had died in consequence of the operation, but he did not adduce any evidence in support of this assertion. He also expressed his conviction that if the proposed bill were passed it would put a stop to a great deal of public agitation. Mr. Forster was convinced of the great efficacy of vaccination as an almost certain remedy for one of the most terrible scourges that afflicted humanity; but it could not, he said, be concealed that there were people who entertained conscientious objections to the practice, and their constant prosecution excited more sympathy and agitation than would be the case if the state ceased to interfere after a certain amount of punishment had been inflicted. Nor did Mr. Gladstone bring forward any better arguments in favour of the bill; but he drew the attention of the House to the

fact that they had a vaccination law working in two ways in the two kingdoms of England and Scotland. In the former country they had cumulative penalties, but Scotland (or Ireland) were not subject to cumulative penalties.

But, while not even a plausible reason could be given for relaxing the penalties to which the opponents of vaccination are now exposed, very cogent reasons were given why Mr. Pease's bill should not become law. Even allowing that the subject of cumulative penalties might be dealt with, the Government could not give their assent without qualifications to the present bill, as they were convinced that if any material change took place the Anti-Vaccination Society would readily relieve persons from the payment of penalties, and thus nullify the Act of Parliament. Besides, as Sir J. M'Kenna said, and we ourselves urged more than twelve months ago, the passing of this bill would be offering a positive premium to obstinate resistance to a law which had done much for the health of the people. Or, as Mr. Mitchell-Henry put it, it was an immoral thing to say that persistence in refusal to obey the law should produce an immunity from its penalties. Dr. Lyon Playfair also remarked that the passing of the bill would be "selling a legal indulgence to disobey the law."

It will, however, be in the memory of our readers that we have all along thought it at least questionable whether some alteration should not be made in the law so far as these accumulating penalties are concerned. There can be no doubt that they excite a good deal of animosity and hostility among the opponents of vaccination; that they are regarded as a species of petty and unwarrantable persecution on the part of the State, and that even as the law stands, these repeated penalties are often paid by the Anti-Vaccination Society. Besides, it is evident that the Government have some misgivings on the subject, for we find Mr. Sclater Booth himself confessing that in some cases it would be advisable if fewer prosecutions had been instituted, and he "would be glad if magistrates had a discretion as to issuing an order or enforcing a penalty." Surely this admission is nothing less than a confession of weakness on the part of the Government, of which the opponents of vaccination will not be slow to take advantage. Either the law respecting accumulating penalties is just and politic, or it is not so. If just and politic, why should the authorities flinch from acting upon it; and why should it, at the option of the magistrates, be at one time compulsory, and at another time a permissive law. As we long ago suggested, the difficulty might, in any future amendment of the law, be got over by not prosecuting the offender more than once, or at most, twice; with this provision, however, that in the event of his child contracting and dying from small-pox, he should be liable to a very severe punishment, equal to or approaching that at present inflicted in cases of manslaughter. If a parent wilfully neglects to have medical advice for his sick child, he is, in the event of that child dying, in the eyes of the law, guilty of manslaughter, and we are at a loss to conceive why a parent who allows a child to catch and die from small-pox, when such an event might have been certainly prevented by vaccination, should not be subject to a similar punishment.

THE ART OF PRESCRIBING.

In a recent number of *Guy's Hospital Gazette*, it is mentioned as a fact that candidates for the second M.B. Lond. are often incompetent to write an ordinary prescription; a remark which is also applicable to a large number of far less ambitious candidates than those who aspire to the above degree. It is indeed a very common complaint against half the students who appear before the different Examining Boards. Nor is it difficult to account for this deficiency in a somewhat important part of a medical man's education. A writer in the journal just mentioned, says, that as a teacher of pharmacy, he is able to understand the difficulties which lie in the way of a medical student acquiring the art of prescribing. He states that there is not—as there should be—any provision made for the systematic teaching of this art; that a good knowledge of Materia Medica, Practical Chemistry, and Practical Pharmacy, is essential to a good prescriber, and that unfortunately these subjects are taught in the first year, when the mind of the student is not sufficient to grasp the importance of the facts which come from the lecturer. He further, and very justly, adds that Practical Pharmacy is very rarely well learnt by students, and that the art of prescribing is almost entirely left to be picked up by him as best he can.

With some of these remarks we unhesitatingly agree, but notwithstanding the importance of the subject, there are serious objections to either making special provisions for teaching the art of prescribing, or to the teaching of Materia Medica and Chemistry at a later period of the curriculum. As far as lecturing and demonstrations go, there ought to be a good opportunity for the student to acquire a knowledge of this subject during the course of lectures, and the course of instruction that are respectively given on Materia Medica and Practical Pharmacy; and that he has not this opportunity is not so much his own fault as that of the lecturers themselves. It is well known that no subject of study is so unpopular among students as that of Materia Medica. Students that have distinguished themselves for their knowledge of Medicine, or Surgery, or Pathology, have shown a lamentable amount of ignorance of the doses of, and the mode of prescribing, the commonest drugs. Students who have passed with credit the higher examinations of our great universities, have, through their ignorance of Materia Medica, had the mortification to be rejected at the Apothecaries' Hall. One reason, no doubt, of this, is the fact that to the medical student Materia Medica and Pharmacy is only one, and the least attractive one, of many subjects to which he has to give his attention; and consequently at the end of his curriculum of studies his knowledge of pharmacy and the Pharmacopœia is such as the most ordinary candidate for the licence of the Pharmaceutical Society would be thoroughly ashamed of. On the other hand, the future chemist knows that to pass the examinations of this Society he must have a good knowledge of practical pharmacy and pharmaceutical chemistry; consequently his whole attention is given, and therefore successfully given, to those subjects. So again the candidates for the "Assistantship" of the Apothecaries' Hall always show a far better knowledge of these subjects than those medical students who go up for the primary examination. But this consideration, it

will be said, is one that cannot be got over, as Materia Medica, &c., will always form but a part, and a very unpopular part, of the medical student's studies. Then all the more reason, we say, for making the lectures on these subjects a little more attractive and more practical than they are at present. All the less important drugs and the less important preparations should be kept in the background, all petty details respecting the natural history, preparation, chemical constitution, &c., of a drug should be strictly avoided. On the other hand, all the great and indispensable medicines should be brought into bold relief. A knowledge of their action, their uses, and their official preparations should be, by all means, impressed upon the student's memory. He should be taught the most usual and most useful combinations of medicines; and there should be a *practical demonstration* of those which are incompatible with each other.

Lastly, the abolition of the system of apprenticeship is another reason why many candidates for a medical diploma or license are imperfectly acquainted with practical pharmacy. Formerly every student had, before he entered a hospital, an opportunity of compounding medicines, and of getting a good practical knowledge of the doses and uses of drugs, of the chief constituents of the most important compound preparations, of the mode of making tinctures, infusions, &c., and of the most common combinations of one drug with another. He had probably made several tinctures, rolled out thousands of pills, spread a few plasters, and dispensed a variety of mixtures, draughts, powders, &c. The sons of medical men do not in this respect labour under the same disadvantage as do the sons of gentlemen who do not belong to the profession; for they have in most cases the same opportunities of learning practical pharmacy as were offered under the old system of apprenticeship. But the boy who directly marches from his school or college to the hospital, enters upon his medical curriculum without the slightest knowledge of materia medica and pharmacy, and other and more attractive subjects engaging his attention, the former are either altogether neglected, or studied in a very perfunctory manner.

It is to be hoped, therefore, that more attentien will be given to these subjects at our medical schools, and that the usual course of instruction on Materia Medica, as well as that on Practical Pharmacy, will, in future, at least, enable a candidate to write an ordinary prescription.

Notes on Current Topics.

Dr. Bucknill on Insanity in Relation to the State.

Last Friday, Dr. Bucknill delivered at the Royal College of Physicians the first of his lectures on insanity in its relation to the state. The subject, said the lecturer, was one of great importance to the general practitioner, who was liable to be called upon to give his opinion in the witness box; besides which, his peculiar position as the family medical man gave him an advantage over the expert, inasmuch as he had the opportunity of seeing and treating the incipient lunatic at an early and more remediable period of his disease. It was very difficult, however, to say what insanity is, and what it is not, and the difference of opinion among lawyers and physicians, as to the proper definition of the term "insanity," arose from the fact that the two professions looked at the subject in very different lights, the physician looking chiefly at the causes, the symptoms, and the treatment of insanity, while the lawyer had, in his definition, to regard the question of the actual existence or not of the disease, and the conduct of the supposed lunatic. In all such questions there should be a compromise between the two professions, each borrowing from each other's peculiar department of knowledge, whatever facts threw most light upon any particular case. A contrast was then drawn between our past and present knowledge of insanity, but whereas formerly, as in the time of Willis, our knowledge was very gross and imperfect, so that the above physician divided all states of insanity into the *high* state and the *low* state, there was now a vicious tendency to refine too much, and to multiply unnecessarily the different forms of the disease. This error, said Dr. Bucknill, arose from the habit of indulging too much in hypotheses, of admitting such terms as "the insane neurosis," and of extending the meaning of insanity beyond its legitimate limits. When the profession did this, it was only right for the lawyers to step in and interfere.

In reference to another subject, the lecturer remarked that the question of capital punishment had very much influenced the decision of professional witnesses with regard to the responsibility of criminals, although, it was clear that medical witnesses had nothing to do with the kind of punishment that would be inflicted upon the criminal if found guilty. With regard to the law of insanity in questions of criminal responsibility, the guilt or innocence of the prisoner was made to turn, upon whether the prisoner at the time of his committing the crime knew right from wrong. But, as Dr. Bucknill long ago insisted, criminal responsibility depended more upon the power than upon the knowledge of the criminal; and for some time this legal definition of insanity has given much dissatisfaction even to some of our most eminent legal authorities. Lord Chief Justice Bramwell was satisfied with it in a logical point of view, but in actual practice found that it did not embrace those concrete cases that came before him for judgment. Lord Chief Justice Blackburn also acknowledged the great difficulty there was in making a satisfactory legal definition of insanity, and in the case of a woman who had murdered her infant during a fit of temporary insanity, he directed the jury in her favour, on the grounds that although she did know what she was about, the crime was evidently committed under an uncontrollable impulse. The lecturer then dwelt at some length upon the law as amended by Sir Fitzjames Stephens, according to which the question of criminal responsibility depended upon *whether the criminal was, from a diseased state of his mind, prevented from controlling his own conduct.* Lastly, attention was drawn to the difference between our knowledge of the morbid anatomy of insanity, and that of the true pathology and practical diagnosis and treatment of insanity. The former was certainly only in its infancy, but much had been done to extend our knowledge of that rational pathology upon which we base

our judgment with regard to the existence, the nature, and the causes of the disease. It is, moreover, to be regretted that owing to absence of inquiry on the part of prison authorities, and others, and to want of funds, there is often a miscarriage of justice, and that as Lord Godolphin Osborne once said, a large number of criminal lunatics have been found guilty, and have suffered the extreme penalty of the law, while on the other hand, many perfectly sane criminals have been released on the plea of insanity.

The Coming Arctic Expeditions and Total Abstinence.

THE summer of 1878, says a lay contemporary, promises to be a memorable one in the annals of Arctic discovery, or at least, attempts at discovery. The Dutch have almost completed their preparations for a northern reconnaissance. Professor Nordenskjold is preparing to make an effort to sail along the Arctic shores of Europe and Asia. The Americans have a sort of tentative expedition afloat; and now Mr. Gordon Bennett, of the *New York Herald*, has chartered Sir Allen Young's yacht, *Pandora*, for an Arctic cruise, under United States naval officers, but at his expense. This praiseworthy liberality and enterprise in the cause of geographical research is sometimes spoken of as a characteristic of our day. On the contrary, the last generation or two has seen little of this kind of thing. "Government" is called upon to do everything; and, as a matter of course, centralisation increases, and lack of public spirit diminishes. In former times was witnessed a very different state of affairs. Take Arctic Exploration for example. Most of the great expeditions of the middle ages, and even on to within forty or fifty years ago, were undertaken either by private companies of "gentlemen adventurers," or at the cost of munificent merchants. Sir John Ross named Boothia Felix, after Sir Felix Booth, a London distiller, who had defrayed the greater portion of the expense of the expedition which discovered it. Mr. Grennell fitted out two expeditions for searches after the remains of Franklin's crew. Mr. Oscar Dickson, a Scoto-Swedish merchant of Gottenburg, has liberally aided more than one Arctic expedition; while the German merchants, and the Messrs. Gibbs, of London, to their own great loss, have fitted out at least two similar expeditions. English yachtsman, such as Birkbeck, Lamont, Leigh Smith, and Wiggins, have also been active in the same direction; and now if Mr. Bennett succeeds in despatching the *Pandora* this summer, he will have added one more to the list of geographical expeditions originated, and the costs of which were defrayed, by private individuals.

In connection with these expeditions there is one subject which is not only of interest, but of vital importance, viz, should alcohol be served out as part of the daily rations supplied to the men, or should its use be entirely dispensed with? We have evidence of the strongest character from Arctic voyagers against its use.

Dr. John Rae, formerly in the Hudson's Bay service, who conducted many expeditions in the Arctic regions, ascribes the scurvy that attacked Captain Nares' late expedition to the grog and salt provisions. He speaks thus of his own experience:—"I may mention that I am not habitually a total abstainer from the use of wines and spirits, although I, as well as my fine fellows were so—not from necessity, but choice—on all the Arctic expeditions in which I was engaged. Although now about a quarter of a century older, were I going on another Arctic expedition I should again be a teetotaller, so perfectly am I convinced, after many years experience, of the bad effects of alcoholic drinks in a cold climate."

The late Arctic expedition, under Sir George Nares, furnishes us with some facts of a suggestive and striking character. There were six total abstainers amongst the number of explorers; five adhered to their resolution and principles; the scurvy did not attack them; the sixth was induced to take alcohol during a temporary attack of illness; he subsequently suffered from the scurvy. The total abstainers were living under the same conditions as the other members of the crew. They were equally exposed to hardship, and deprived of lime juice. The question then suggests itself, if all the men alike were without lime juice, and under similar conditions, in their journey over the ice, how happened it that the teetotallers escaped the scurvy whilst the alcoholists contracted it?

Can it be said definitely it was the use of rum which caused the disaster? There can be no doubt from the following evidence that the reduction in the quantity of spirits administered was beneficial, for Sir George Nares says:—"The ration of spirits was reduced from two-thirds of a gill (given in former expeditions) to one-half daily, and this only drunk just before retiring to rest, and never whilst the men were travelling. Each sledge carried extra tea in lieu of the usual mid-day allowance of spirits; and both men and officers were unanimous in favour of the change."

How can the difficulty be solved? How test the value of alcohol and total abstinence in the Arctic regions?

There is one way, and we think it is well worthy of the attention of total abstainers, to discuss it before another expedition sails. Though the Government may consider the proposal, it will probably not meet with the approval of the authorities, but the total abstinence party might induce some private individual or firm to enter into the scheme.

We propose then that one vessel shall go out on total abstinence principles, manned by a teetotal crew, composed of picked men who have adhered to their principles for years, and who are willing to put their convictions to the severest test it is possible to devise. On board this vessel alcohol shall not be used in any form, or under any circumstances.

We cannot be accused of asking men to recklessly expose their lives in defence of their theories, for we have sufficient evidence already that alcohol is not a necessity for enabling men to bear up against fatigue or hardship either in temperate or cold regions.

The Americans have sent out whaling expeditions on somewhat similar principles, and we have every reason to believe that the men have not suffered in consequence. We offer this suggestion to the leaders of the total abstinence party, and we have no doubt they will be able to elaborate the scheme, and carry it to a satisfactory conclusion.

Provident Dispensaries.

AT the Annual Meeting of the Charity Organisation

Society on this day week, the further extension of provident dispensaries became a prominent question. The Chairman, Lord Aberdare, said he hoped to see hospitals, which had done a world of good, supplemented by the establishment of provident dispensaries. He censured those who, being able to pay, were the recipients of gratuitous medical relief; adding, that if a reform in this direction were brought about, it would be attributable to the exertions of the Charity Organisation Society, since it had so earnestly sought to establish a system of provident medical relief in this metropolis. Such institutions were generally established in the Welsh collieries.

Sir William Gull, in an earnest and forcible manner, fully endorsed the views of the Chairman, and moved the following resolution :—"That this meeting is of opinion that the establishment and extension of provident dispensaries would be the most important means of developing self-reliance and improving the condition of the people, and accords its support to the society in its efforts in that direction." He said he came there to advocate the cause of the poor, who would, he conceived, be largely benefited by the establishment of provident dispensaries. There was great difficulty in distributing the relief letters to hospitals—so much that he had himself once suggested that they should be scattered broadcast amongst the applicants, and that those who secured them should not be attended to, they being obviously the strongest. There were a million of persons receiving gratuitous medical relief in the metropolitan hospitals, but more relief and more efficient advice could be given at the local dispensaries. The poor should not be neglected ; they should be sought out for the purposes of medical relief, and if there were no higher motive to promote dispensaries, the rich should remember that diseases generated amongst the poor gradually and insidiously spread themselves over every other class of society. Sir T. Fowler Buxton seconded the motion, which was carried unanimously.

The Tax on Tobacco.

It was very generally supposed that one way in which the deficit of £3,500,000 would be met, would be by increasing the taxation on spirits, the more so as there has been lately such an outcry about the increase of intemperance among all classes of society, especially the lower classes. To the surprise of many, spirits have been passed over, and the more harmless tobacco has this time been chosen as a convenient means of enriching the Exchequer. As a lay contemporary observes, tobacco has been unaccountably lost sight of in the list of candidates for additional duty, because perhaps, it is thought that any further charge would act as a stimulus to smuggling. In a political point of view no doubt the choice is a happy one, considering how universal the habit of smoking has become ; but from a hygienic standpoint we should have preferred taxing the spirits instead of e tobacco. There is, as we have before remarked, too much smoking, especially among the more idle and well-to-do classes ; but while the new tax on tobacco will have little influence in keeping the habit within the bounds of moderation, as far as the middle and higher classes are concerned, it will tend to [illegible] the consumption of tobacco b tha e class of people among whom smoking is excusable, and to many of whom it is almost as indispensable as their daily food. With many smoking has been regarded as the parent of drinking ; but they may perhaps, with more truth, be regarded as antagonistic of each other. Great smokers are usually very moderate drinkers, whereas great drunkards are very indifferent smokers.

Wool Sorters' Disease.

The influence of occupation upon health and disease has received the attention of sanitary reformers, and we have, in consequence of their efforts, a diminution in the number and fatality of trade diseases. The great obstacle to the prevention of the waste of life occurring in many of our manufacturing industries arose in the past, from the apathy and indifference of the workmen themselves. They looked with suspicion upon contrivances designed to preserve their health, preferring suffering, disablement, and even premature death.

Amongst the more familiar trade diseases we may mention grinders' rot, match makers' necrosis, painters' colic and palsy, and miners' nystagmus. The affection commonly called sorters' disease has some distinctive features, for, whilst in other trade diseases we find premonitory symptoms and local lesions indicating danger—thus affording the victim a chance of abandoning his employment—in this case a man in previous good health may be at work in the morning and dead at night. We are now alluding to the form to which sorters of alpaca, camel-hair, and mohair are exposed. In the earlier days of the introduction of alpaca or mohair into textile fabrics the deaths were more frequent, but improved sanitary appliances have diminished the mortality, though not to such an extent as we could desire. In the districts where it is largely employed it is not by any means an unfrequent cause of death, and thus the life of the sorter must necessarily be one of risk and anxiety, for there is suspended over him, like the sword of Damocles, the shadow of the same visitation which has, perhaps, carried off many of his fellow workmen and companions.

It is natural that such a disease should have excited much interest, not only amongst the *employés*, but amongst medical men ; but though much valuable information has been gathered about it, much yet remains to be done in regard to clearing up its real nature and causes. It is, or should be, a preventible disease, and we are not saying too much in affirming that it ought to be stamped out from our medical vocabulary, and become a memory of the past, and we say this considering our advances in preventive medicine. If the exact cause of the disease were known chemistry might assist by submitting the fleeces to some agent which would destroy the poison without injuring their texture or commercial value. At present it would seem, on the evidence we have, that the disease resembles, in many respects, septicæmia.

We think the time has fully come for a scientific report on this disease. The medical practitioners resident in alpaca districts might usefully contribute to the elucidation of its pathogenesis.

The Future of Workhouse Infirmaries.

THE recommendations made by the Local Government Board, through its representatives, Dr. Mouat and Mr. Sendall, that the Leeds workhouse infirmaries should be placed under the control of the medical officer, marks a very important epoch in the history of these institutions. The separation of the infirmaries and medical department from the interference of the workhouse master is a step which will be hailed with satisfaction by all Poor-law medical officers, and it is a pleasure to learn, on the evidence of two such authorities as Dr. Mouat and Mr. Sendall, that this change will be effected, not only with economy, but with advantage to the sick poor.

Medical officers will thus be placed on a somewhat similar footing to that of medical superintendents of Poor-law asylums, and we shall be still more glad to hear that their salaries will also more closely approximate. We believe this is the first workhouse in the provinces which has considered the adoption of this scheme. If a success, it should extend to all infirmaries containing 200 beds.

We shall return to the subject again.

International Medical Congress for 1878.

AMSTERDAM has been fixed on as the place of meeting for the sixth congress, and a committee has been formed, consisting of the following members, to make all the arrangements—

President—Professor Donders, Utrecht.

Members—Dr. Van Cappelle (La Haye); Dr. Fabius, Professor Hertz, Professor Stokvis, Professor Tilanus, Dr. Zeeman (Amsterdam); Professors Heynsius (Leyden), Huet, Huizinga (Gronigen), Koster (Utrecht), Rosenstein (Leyden), Sanger (Gronigen), Snellen (Utrecht); Dr. Ramaer (La Haye).

Secretary-General—Dr. Guye (Amsterdam).

The Congress will last one week, commencing Sunday, Sept. 8, 1878: the official languages will be French and German. All communications relative to the Congress should be addressed before June 1, 1878, to the Secretary-General. We trust fuller particulars will be advertised in the English medical journals.

Mutual Benefit Societies.

THOUGH they manage some things "better in France," yet it seems, the question of mutual benefit medical societies affects the profession in a somewhat similar manner to what it does in England. *La France Médicale* is our authority for this statement.

M. Emile Genevoix deals with the subject as it affects the *pharmacien*, but he also tells us that it presses, none the less, upon the physician. In certain industrial centres, where clubs are numerous, a somewhat similar system to that in England of employing a special medical attendant is in vogue. The rights of combination we do not dispute, nor do we intend to discuss them, but there can be no doubt that the medical man who undersells his medical *confrères* and gives cheap medical advice cannot be mindful, either of his own honour or of his own interests. We have sadly too much cheap doctoring, too much abuse of medical charity, and we regret to find that it extends to other countries, but it only proves that human nature is much the same, no matter under what clime, and that parsimonious dealings with medical men are not an insular inheritance.

The London Hospital.

THE meeting in aid of the London Hospital has not been held a day too soon, for there are few hospitals the funds of which are so low and so out of proportion to the magnitude and indispensable character of the charity. We were, therefore, glad to see that the meeting, the object of which is to secure a maintenance fund of £25,000 a year, for five years, was both numerously and influentially attended. The first resolution, moved by the Duke of Cambridge, K.G., was: "That the London Hospital—the only large general hospital for the eastern part of the metropolis and adjacent suburbs, comprising a population of one million—occupies a position of paramount importance among the charities of London, and is worthy of the liberal support of all classes. The second resolution pledged the meeting to do all in its power towards securing the efficient maintenance of this institution. The third resolution, moved by the Duke of Westminster, K.G., was: "That whereas the income derived from the London Hospital from endowments is less than £14,000, while its necessary expenditure is nearly £44,000 a year, a special fund be established for maintaining the charity during the next five years, and that a committee of appeal be formed in order to obtain contributions for the purpose. As our readers are aware, the hospital has 790 beds, which require, as above stated, £30,000 annually more than the fixed income of the charity. The deficiency will compel the committee to close 400 beds, unless such a sum be raised by the end of the present year, and £25,000 a year is the smallest sum that can be considered necessary. Not so long ago the hospital contained only 500 beds, and perhaps some may think that the authorities have increased their number of beds before duly considering where the funds would come from to support them. A hospital charity, however, especially such a large and useful one as that of the London Hospital, is a very buoyant institution; and notwithstanding £25,000 a year seems a heavy demand upon the charity and liberality of the public, we have no doubt but that the appeal of the above committee will be liberally responded to. At the end of the meeting several large sums of money were subscribed, ranging from £200 to £5,000. Great economy has always been practised in the management of the hospital, and therefore it has all the more claim upon the support of the public.

The Prize for Hydrophobia by the Royal College of Physicians.

WE are informed that the Royal College of Physicians is empowered to offer a prize of £100 on the subject of hydrophobia.

1. The Council has recommended as general principles that the prize be offered for an essay on the "Nature of Hydrophobia, its Causes, Prevention, and Treatment."

2. That original investigations be regarded as of especial value as deciding on the merits of this case.

3. That the prize be not awarded unless an essay of sufficient merit be presented.

The Council is authorised to lay down in detail the points on which information is especially required.

The present epoch promises to be a fertile one in the

literature of rabies. A stimulus being given by our "Special Reports" on the disease, there is ample information now at hand for the compilation of an essay. We trust the College of Physicians will faithfully carry out the motto, *Palmam qui meruit ferat.*

The Inquest System in Dublin.

THE following facts have come recently to our knowledge :—

A woman named Teresa Gourlly, aged 56 years, a spinster, and by trade a tailoress, lived at 35½ New Row West, was apparently in good health up to the morning of March 9th. No medical man was in attendance on her, but it is believed she had attended at a dispensary, the locality of which had not been inquired into. Persons intimate with her, and residing in the same house, were unaware of her having suffered from weakness, faintness, or palpitation. On the morning of the 11th of March, deceased not having been seen about as usual, a resident in the house entered the room and found her apparently asleep, but really dead. She lay in her day clothing on the bed, there were no appearances of convulsion or of her having suffered pain, no wound, no blood. The police were sent for, and after a time the coroner for the city of Dublin and his standing medical witness arrived, who, after examining the exterior of the body, gave the woman who had first found her dead a certificate, the purport of which was that an inquest was unnecessary, and that the cause of death was "apparently internal hæmorrhage from rupture of a blood-vessel."

We note these facts as being illustrative of the inquest system peculiar to Dublin, and of the danger that such a system may produce a totally inaccurate decision as to the cause of death, and very possibly a miscarriage of justice. *Firstly*, the police, in summoning the coroner, omit to give, as they are bound to do by the law, to the coroner the most important part of the "information which they may be able to obtain touching . . . such death," *i.e.*, the name of the medical practitioner who had been in attendance on the deceased. *Secondly*, the coroner does not, as he is bound to do by the law, summon "a legally qualified medical practitioner being at the time in actual practice at or near the place" of death, but brings with him a gentleman who resides at a distance, and can have no possible knowledge of the circumstances, saving hearsay evidence, thus excluding the testimony of the only person who can have any real acquaintance with the cause of death. *Thirdly*, in order to avoid the expense of an additional medical witness and the trouble of a *post-mortem* examination, the coroner and his medical witness undertake to diagnose "rupture of an internal blood-vessel," it being just as probable that the cause of death was an overdose of some medicine or suicide by poison.

How many of such guess verdicts appear on the inquest-roll of the City of Dublin in the course of a year we know not, but there can be no doubt that the illegal employment of one individual as a salaried medical witness tends directly to the multiplication of such haphazard statements of the causes of death.

The police of a city in which such a system is tolerated needs to be vigilant, for we strongly suspect that many a corpse is quietly disposed of under the guess system, which could tell a tale of crime if the cause of death were investigated. It would be decidedly a safer arrangement if the Corporation which patronises such a system were to decree that in doubtful cases the coroner, his medical witness, and the police constable should toss "odd man out" whether the cause of death was accidental or criminal.

Tooley Street Redivivus.

HAPPY is the nation that numbers among its lawgivers even three master-minds capable of rising to the exigencies of a situation and settling a disputed question off-hand by a stroke of their pen! Dull-headed doctors, obtuse chemists, and even slow-minded judges, have been for years puzzling their brains over the settlement of the counter-prescriber's privileges and the rights of the holders of German and Yankee degrees. At length, we rejoice to learn, the Columbus of the occasion has arisen in the guise of a druggist, named Fitch, who has, not exactly passed (the rest is a matter of form), but promulgated a bill which is to set the dispute to rights at once, and in the most satisfactory manner. With the caution and modesty distinctive of a noble mind, the Fitch has not revealed his legislative panacea until it had been seen and approved by "a graduate of a foreign university and a registered chemist." The precaution was unncessary, but it was safe, and, therefore, wise, and the approval of these eminent and astute advisers will, no doubt, make the passing of the bill a foregone conclusion. The "Fitch" bill is brief and pointed—*rem acu tetigit.* It simply enacts "that no penalty (for illicit practice) shall be recoverable from any one holding a diploma from any colonial or foreign university, *whether registered or otherwise.*" Also that none of the penalties in illicit practice "shall extend or be construed to extend, or prejudice, or in any way affect the trade or business of a chemist and druggist in the buying, preparing, compounding, dispensing, *counter-prescribing*, and vending of drugs . . . but that all registered chemists shall be exempt from" such penalties. Also that the Apothecaries' Company shall be forbidden to prosecute without permission of a general meeting, and without notice to the offender.

This is all! The difficulty is gone. *Abeit! evasit!! erupuit!!!* Bravo Fitch! Honour to the graduate of the foreign university!! Glory to the registered chemist!!!

UNDER the will of Dr. Cameron, late of Richmond, New South Wales, the University of Edinburgh becomes possessed of £2,000, "the proceeds of which are to be given annually to such member of the medical profession as shall be judged by the Senatus Academicus, to have made the most valuable addition to practical therapeutics during the year preceding such adjudication."

IN the House of Lords on Friday last, it was stated by the Earl of Minto, that of the 16,323 deaths in Glasgow in one year, no fewer than 3,601, or 22 per cent. were uncertified. His lordship very properly called the attention of Her Majesty's Government to this serious state of things, and an inquiry was promised.

The Opening of Museums on Sundays.

THE opening or not of museums on Sundays has just been a subject of debate in the House of Lords, but with no more satisfactory result than that which has characterised previous debates on the same question. If the opinions of medical men were canvassed on the subject, they would be probably all in favour of the movement. Judging from the petitions that have been presented to Parliament, the working classes are themselves, to a great extent, averse to the opening of museums on Sundays; but this may be owing partly to religious influences, or to their jealousy of any innovation that may seem to trespass upon their hours of rest. Besides, the working classes are, in a certain measure, like children, and do not know what is good for them, physically or mentally. During fine weather innocent out-door recreations are certainly to be preferred, as being most conducive to the health of individuals who have been confined indoors for nearly all the week. But then we must recollect the number of rainy days we have in the course of the year; and surely their minds would be better employed and diverted, more refreshed and invigorated, their taste more improved and their sympathies more widened, if working men and women were allowed to pass on those wet days a few hours in one of our great museums, than will be the case if they are obliged either to remain moping at home, or to expose themselves to the demoralising influence of a public-house. As Lord Truro justly remarked, the majority of working men had never been in the galleries or museums, and could not judge of the benefit they would receive from them. The question was not whether places of exciting amusement should be opened on Sundays, but whether places of innocent recreation and instruction should be opened.

The Simon Testimonial.

OUR readers will remember that last year, when Mr. Simon retired from the office of chief medical adviser in Her Majesty's Privy Council, a proposal was made to raise a subscription in order to present that gentleman with some testimonial in token of his efforts on behalf of the medical profession, and of sanitary science in particular. On Saturday last, a meeting of the committee and subscribers to the fund was held at the rooms of the Social Science Association, Adelphi, Sir James Paget in the chair, when a report was presented, stating that the amount of money required had been liberally subscribed. Resolutions were passed adopting the report, and thanking the subscribers, and Mr. Woolner for so successfully carrying out their wishes, as well as Dr. Acland, chairman; Dr. Farr, treasurer; Mr. Alfred Haviland, hon. sec.; and Mr. J. Robinson, assistant secretary, for their services. The bust was on view, and was universally admired. It was subsequently taken to the Royal Academy, where it will remain for some time. Its ultimate destination is the Royal College of Surgeons.

THE loan by the Metropolitan Board of Works to the Asylums Board for the enlargement and building of asylums has been reduced, at the instance of Her Majesty's Treasury, from £100,000 to £50,000.

A Case of Rabies at Chelmsford.

SINCE our "Report on Rabies or Hydrophobia" has been concluded, we are informed that a case has been under treatment at Chelmsford, and that up to the present the man may he said to have recovered. We have not, as yet, the means of ascertaining whether it was a genuine case of hydrophobia, or what remedies were adopted, and we look forward with interest to a full report of the case from the medical officer in charge. The facts, as far as we can learn, seem to be—that a man, named Thomas Hicks, whilst in the act of eating his dinner, was seized with strong convulsions, followed by apparent lock-jaw. He was removed to the Infirmary, where he developed pronounced symptoms of hydrophobia, requiring two men to watch him day and night. It was known that he had been bitten by a dog about eight weeks ago; all hope of his recovery was abandoned, but despite the acute agony he has undergone he is now believed to be making rapid progress towards convalescence.

We laid down in the clearest and most unmistakable manner, in our "Report," that rabies was *a curable and controllable disease*, and if it turns out to be a genuine case, we shall congratulate, not ourselves, but the profession on the acquisition of a new fact to encourage us in dealing with this disease. If our suggestion, in reference to the appointment of official inspectors for every reported case of rabies were adopted, the authenticity of this case would be stamped with an *imprimatur* which would place it beyond further dispute, for many of the previous recoveries have been questioned, and if it were a spurious case, a similar beneficial result would follow. We would also impress the necessity of employing, in any future cases, the remedy we laid before the profession, and as we gave the fullest particulars as to method of administration and dose, there should not be any difficulty in its practical administration, if not by the medical attendant in charge, by some consultant, either from London or the provinces.

Sulphocyanides in the Urine.

SULPHOCYANIDES have long been known to exist in the saliva, and in works on medical jurisprudence analysts are warned to distinguish between it and meconic acid. Gscheidlew and Munk have recently, but quite independently, proved that these salts are also present in urine. In the human urine ·0225 grammes of sulphocyanic acid in the form of sodium salt are found in 1,000 cubic centimetres.

HOSPITAL SATURDAY, like Hospital Sunday, seems to thrive in Birmingham better than in any other large town. The sixth annual collection in the workshops of that town was made last week, and without the ostentatious display of flags, dressed-up boys, and ladies touting in the streets, £2,543 were collected from the *bona-fide* working man. This is as it should be—from the first we have deprecated the mode of collection of the London Hospital Saturday Fund, which with twelve times the population, does not collect so much from the working classes as Birmingham. The working man in the metropolis is, we are convinced, as willing to contribute as his provincial *confrère*, but bad management and exorbitant expenditure at the outset

have deprived him of that confidence which engenders special interest.

THE annual rates of mortality in the principal foreign cities, according to the last weekly official returns, were in Calcutta 34, Bombay 44, Madras 62 ; Paris 27 ; Geneva 29 ; Brussels 37 ; Amsterdam 31, Rotterdam 33, The Hague 27 ; Copenhagen 22 ; Stockholm 24 ; Christiania 21 ; St. Petersburgh 59 ; Berlin 26, Hamburg 29, Dresden 33, Breslau 28, Munich 43 ; Vienna 34, Buda-Pesth 46 ; Rome 42, Naples 42, Turin 29, Venice 38 ; New York 25 per 1,000 of the population.

THE rates of mortality last week in the four principal cities of the United Kingdom were 26 in London, 27 in Edinburgh, 28 in Glasgow, and 29 in Dublin, per 1,000 of the population. Of the other large towns, Portsmouth gave the most favourable return with 16 per 1,000, Brighton and Plymouth being at the bottom of the list with 32 each, Birmingham and Oldham 31, and Liverpool 30.

WHOOPING-COUGH is still fatally prevalent in London, 158 deaths having resulted from it last week ; whilst 48 died of small-pox, and 47 of scarlet fever. This mortality from whooping-cough was greater than it has been during the last 39 years.

THE second reading of the Endowed Hospitals and Schools Bill (Scotland), was passed in the House of Lords on Friday last.

Correspondence.

SEA VOYAGES IN PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A short time since the following case came under my observation, whilst Surgeon in the Union Steamship Company's steamships which sail between Southampton and South Africa, and I think is conclusive evidence of the benefit derived from well-chosen sea voyages in cases of phthisis. A gentleman, æt. 29, suffering from phthisis in the second stage, was recommended by an eminent physician to proceed to South Africa, for change of climate, and to avoid the English winter. A very small cavity had been diagnosed in the apex of the left lung. On coming on board, the state of the patient was as follows :—In the left sub-clavicular region, there was well marked comparative dulness, and occasional crepitus could be distinctly heard ; mucous râles could be heard over the upper half of the same lung ; the right lung was healthy. There was frequent cough, and marked irritability about the glottis ; the sputum was moderately abundant, the dyspnœa was perceptible, though not a marked symptom ; the pulse ranged from 104 to 112, and night sweats were more or less frequent. There was loss of weight ; the weight being 144½lbs.. The temperature was normal (98·2°) in the morning, but at bedtime, ranged from 98·9° F. to 99·28 F. The increase of evening temperature, as may be seen, was small, but still amounted from ·5 to ·75 of a degree Fahr. The patient was, moreover, weak, and the appetite indifferent.

The treatment adopted, was a tablespoonful of cod-liver oil three times daily ; half a pint of new milk twice daily, and occasional doses of pancreatic emulsion and pancreatine, so highly recommended by Dr. Dobell. In the tropics, the cod-liver oil was reduced to half the daily allowance, *i.e.*, 3vj ; to this treatment was added the recommendation that the patient should be on deck as much as possible. On the morning of the sixth day, the ship arrived at Madeira, where the patient had a walk on shore, and expressed himself as feeling stronger, but as the thermometer was 86° F. in the shade, and the *leste*, a dry, irritating, wind blowing, not much exercise was taken. On the night following, the thermometer in the axilla registered the normal temperature, 98·4° F., and continued normal throughout the voyage.

On the 11th day of the voyage, the cough and sputum could be observed to be somewhat diminished, and by the 18th day, both the cough and sputum had practically ceased ; the sputum entirely so, and the cough had diminished to a very slight bronchial irritation in the morning. On the 20th day of the voyage, the ship arrived at St. Helena, when the patient was able to walk 1¼ miles up the very steep street of James Town, and return to the ship, a distance altogether of 2½ miles. On the 26th day after leaving Southampton, the ship arrived at Cape Town, when on examination it was found that the patient had gained 3½ lbs. in weight (*i.e.*, from 144½ to 148 lbs.), that the crepitus in the left sub-clavicular region had ceased, and that the moist râles had become changed into dry sounds.

On taking a survey of the improvement of this case as a whole, I think it will be admitted that it was very satisfactory. On the 7th day after starting, the temperature had become normal ; the cough and sputum had practically ceased on the 18th day, and at the end of the voyage, weight, appetite, and strength, had all increased.

I consider South Africa much superior to Madeira as a health resort, on account of the greater dryness of the climate, the greater movement of the air, and the necessarily longer voyage to reach it. In Cape Town at midsummer, the dry bulb in the middle of the day is generally about 78° F., and the wet bulb 68° F. ; this gives a relative humidity of the air of 56 per cent. saturation ; further up country the humidity of air is frequently 50 per cent. saturation. I would not, however, recommend Cape Town as a residence for the consumptive, as it is badly drained, and the mortality from zymotic disease frequently alarmingly high. Port Elizabeth, 500 miles from Cape Town, is on a barren sand hill, and the neighbourhood almost destitute of trees or vegetation. East London is a somewhat similar place, but smaller, and as there is a very dangerous bar at the harbour's mouth, it is impossible to land except in a life-boat. Durban and Port Natal are much prettier places, but I consider them too hot, except for three or four months in the cool season, June, July, and August.

I would suggest as a residence for the phthisical, Wynberg or Constantia, both suburbs of Cape Town, and about 10 miles distant, easily accessible by rail, or the small town of Worcester, 108 miles from Cape Town, and also accessible by rail. This small town is about 1,000 feet above the sea level, and there are three comfortable hotels in it kept by Englishmen. Having visited all the above places, I speak from experience of them, and I am convinced that as South Africa becomes better known, it will be more appreciated as a health resort.

Yours, &c.,

J. G. THORNLEY, M.D.

GLYCERINE IN THE TREATMENT OF INTERNAL HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few weeks ago, having to treat a case of "bleeding piles" in the person of a young married woman, who had been suffering from them for a couple of months, I thought it a good opportunity to test the suggestion contained in the January number of the *Practitioner*, 1878, from Dr. Young, of Florence, as to the good effect of glycerine in such cases. I gave two drachms three times a day, in simple mixture. At the end of a week relief was complete.

Your obedient servant,

Dronfield. JOHN W. MARTIN, M.D.,

THE Official Medical Register for 1878 was issued on Wednesday last, a month later than usual. We hope it will be correspondingly correct with the extra time taken in its passage through the press.

Literature.

ZIEMSSEN'S CYCLOPÆDIA. (a)

VOLUME XV. of this well known Cyclopædia will be looked forward to by most readers with much interest. Nor will they be disappointed with it. It is written by Prof. Bartels, of Kiel, and Prof. Ebstein, of Göttingen. The work of the first is translated by Dr. Southey, of St. Bartholomew's; the latter by Dr. Bertholet, of Philadelphia. The work of Bartels covers the physiology of the kidney, albuminuria, and those forms of renal disease generally known as "Bright's disease." Ebstein describes the other diseases of the kidneys, as pyelitis, calculus, &c.

Of albuminuria, Bartels says: "In speaking of albuminuria and the value we must attach to the presence of albumen as a symptom of disease, it behoves one to remember that this substance does not only find its way into the urine as a result of pathological changes in the kidney, but may come from the pelvis of the organ, from the ureters, from the bladder, or even from the urethra itself. This is too little borne in mind by the profession at large." Then he goes on to say: "In every case the explanation of the excretion of albumen by the kidneys must be sought for in disturbance of the processes by which the secretion of urine itself is affected." Of such search he says, "careful examination has taught others as well as myself, that it is no such rare event for kidneys to secrete albuminous urine during life, which yet after death present no trace of histological alteration, either in their glandular cells or in their interstitial tissues. While, on the other hand, kidneys which are extremely diseased, whose gland cells and interstitial frameworks exhibit pathological degeneration of extremest kind, may furnish a urine totally free from albumen." This must be rather a disturbing statement for those complacent individuals who make their decision as to the presence, or absence of kidney disease turn on the behaviour of the urine in a test-tube. In speaking of high pressure on the glomeruli as a cause of albuminuria, he relates a case where albumen was absent when the patient kept his bed, but at once became present when he got up. By this means he was once detected in getting up when bidden to stay in bed. After pointing out the form of albumen produced by a meal of highly albuminous food, he speaks of "albuminuria occurring exceedingly frequently in persons who are suffering from some severe febrile movement. In these cases it is due to the extremely high elevation of the temperature of the body, and to its long maintenance, be the cause of the fever what it may." Albumen is present in the urine when the tension in the arteries is great; it is then only found in small quantities. He further states, "it is not an altered blood pressure only, but also an alteration in the actual filtering apparatus of the glomeruli, which, if any, must be the source of the albuminuria in the inflammatory affections of the kidneys." Again, "one can always suppose that the epithelia of the renal tubes furnish a part of the albumen—that part which under the stimulus of inflammation is excessive, and beyond the needs of their nutrition. The share which they take up, but cannot appropriate, and so shed out again into the scanty urine, adding just thus much to its albuminous contents." The last word on the relations of albuminuria to disease of the kidneys has evidently not yet been spoken. Of tube casts he writes: "Now, what interpretation are we to attach to the presence of casts in the urine? Certainly, no more than this, that the person who passes them is suffering with true renal albuminuria. But the presence of casts themselves does not, in the slightest degree, appoint the nature of the cause at work in producing the albuminuria. At the same time, the value of the characters of casts in assisting us to make a diagnosis is very great."

Under the heading of Passive Hyperæmia of the Kidney, he classes the cyanotic induration of prolonged venous congestion, as in permanent cardiac lesions especially of the mitral valve, separating it from kidney diseases proper. In speaking of this change he says: "So far as my experience extends, uræmic symptoms are never associated with heart disease, unless some other complication beyond mere cyanotic induration co-exists, and this fact Traube has already insisted upon." He states, "the albuminous urine of acute nephritis always contains casts, but these vary greatly in number." In speaking of the acute parenchymatous nephritis of pregnancy, he writes: "The fact that relapses of the nephritis are not unfrequently observed in recurrent pregnancies, is certainly worthy of notice. This appears to indicate the existence of some special individual predisposition. It may not make itself felt in every pregnancy."

There are some cases on record which prove that a nephritis may complicate one pregnancy, and be absent in the next, but may occur again in the third or fourth. From this it is certain that there is something more in the relation of pregnancy to nephritis than the mere pressure on the renal veins—the accepted hypothesis.

When treating of chronic parenchymatous disease of the kidney, he commences by formally recognising the work of Dr. Samuel Wilks, and gives our distinguished countryman his due, with a generosity not always shown by German writers to observers in this country. Prof. Bartels holds that the chronic condition may, in some cases, take its origin in an acute attack; but this is not its common origin. He holds that marsh miasm is a frequent cause of chronic renal changes. He writes the following important passage: "Digestive disturbances set in pretty early in some cases, and a failing or capricious appetite, or even slight dyspeptic symptoms may attract notice even before œdema directs attention to the kidneys. The patient, with especial frequency, experiences a positive repugnance for animal food." This is a fortunate choice on the part of the organism, for nothing taxes the impaired kidneys so much as the functional duty of excreting the waste of albuminoid foods. In discussing the treatment of this condition, he says: "The pallor of the mucous membrane will always inform us of the diminution of the red blood-cells produced by the albuminuria, and this is an indication for the employment of ferruginous preparations. I do not think that it matters specially what particular preparation is employed; in deciding this, I am always guided by the individual cases. But it appears to me of importance that these chalybeate preparations should, under all circumstances, be introduced into a full stomach. Beyond this we need only endeavour to supply whatever preparation the patient best tolerates."

Granular, or contracting kidney is quite a separate disease from the one just spoken of, and Bartels holds that it begins and follows its course quite independently of the process of diffuse renal inflammation. He writes: "My own experience entirely contradicts Gull and Sutton's assertion that contracting kidney is 'a disease of old age.'" He stoutly maintains that it is not produced by the abuse of spirituous liquors. In contrasting German opinions upon renal cirrhosis with English ones, the difference of the disease in the two countries must ever be borne in mind. Thus Bartels admits: "In Germany, where gout is so much less common than in England, much less attention has been given to the relations of this kidney disease to gout. Among my own patients there was only one gouty subject—a high official of 52 years of age. But I have certainly had small opportunities of studying true gout, and am, therefore, from my own experience, in no position to judge of the frequency of renal disease in gouty subjects." Of its progress he writes: "Genuine contracting kidney may have existed for a considerable time, and may have reached a serious degree of development before the patient becomes aware, by any kind of symptom, that his health is no longer as good as it used to be." Cerebral apoplexy is often the first indication. The common symptoms are palpitation, uneasiness, or a feeling of want

(a) "Ziemssen's Cyclopædia." Vol. XV.—Diseases of the Kidney. Pp. 783. Sampson, Low, and Co. 1877.

of breath. Chronic bronchitis is a common outcome of it. Attacks of dyspnœa, exactly like genuine asthma, are common in the advanced stages. At other times there are severe headaches, especially migraine. Vomiting, and an intolerable itching of the skin are not rarely met with. Though short, this section, devoted to the progress of the disease, is most excellent.

The relations of hypertrophy of the left ventricle to renal cirrhosis are well put. In the section devoted to treatment it is more than ever necessary that the reader bear in mind that renal cirrhosis in Germany takes the anæmic form, while in England the gouty form is by far the most common. If this be forgotten the reader will be apt to get harm rather than good from this section.

So much has been said on albuminuria and renal cirrhosis that the rest of the book must be but briefly alluded to. Amyloid degeneration of the kidneys is contrasted with renal cirrhosis in an instructive manner. In speaking of the treatment of amyloid disease, Bartels writes: "Preventive treatment is certainly at present the most powerful weapon against this destructive process; *and herein I include, above all other things, a more thorough radical treatment of syphilis, that scourge of our age, than is at present ordinarily practised.*" He advocates Ricord's plan of a prolonged mercurial course.

At this point Bartels closes, and Prof. Ebstein takes up the suppurative diseases of the kidney, pyelitis, nephrophthisis, degenerative processes of the kidney, tumours of the kidney, of the pelvis, and the perinephritic tissue, together with foreign bodies in, parasites of, and anomalies of the kidneys.

The chapter on cancer of the kidney is well worth careful perusal; so also is that on gravel, called here nephrolithiasis. He thinks movable kidneys may be either congenital or acquired. If this latter half is reviewed but briefly, it is not because its subject-matter is not important, or that it is not well done. The part written by Prof. Bartels is more interesting to the English reader.

This volume is one of the best of the series, and we strongly recommend its perusal to all those who have invested in this Cyclopædia, or who can get access to it.

THE DEEDS AND NEEDS OF HYGIENE. (a)

From the pretentious title of this pamphlet, as well as from the high position occupied by its author as Chairman of the Section of Public Health, American Medical Association, we were led to anticipate some valuable information respecting past, present, and future sanitation, but, with the exception of a very cursory sketch of the discovery of inoculation and vaccination, some vague observations about what he is pleased to term "acclimation," and a few words laudatory of a series of entities called by the writer "germ annihilators," the sanitary science of the past and present has been left to be taken for granted; and, as regards the "needs" of hygiene for the future, Dr. Hunt lays down for our guidance a few common-place aphorisms —undeniable no doubt, but very trite indeed, and to be found in the ordinary text-books on public health. As specimens of the author's style, which is eminently characteristic, we append a few extracts from the address. We do so without comment, believing that they speak for themselves. We are told of an eminent sanitarian, a "General Pleasanton, who basks in the Arcadia, and perhaps Utopia, of actinic rays" we learn that there is "a coordination and concatenation of circumstances which frames mischief by a law;" that the unholy alliance consists of "a virulent contagion, a favouring personal receptacle, and an incubatory vicinage or abiding-place." We hear of "Gilpin rides after contagium," and are informed of the fact that "Variola, in its incidents, seems to tell us that the substitution and abortion of disease have a wider range than that of subcutaneous infusions and replacements," whatever they may signify.

We may add that we have yet to learn that the fact of Dr. Jenner having written a work on the cuckoo, and of his having in consequence thereof been elected a fellow of the Royal Society, has any bearing, direct or indirect, on the "Deeds and Needs of Hygiene.

(a) "The Deeds and Needs of Hygiene." An Address by Ezra M. Hunt, M.D., Chairman of the Section of Public Health, American Medical Association. 1877.

THE IRISH PHARMACEUTICAL CALENDAR. (a)

The Society, which has superseded the Apothecaries' Company in the control of pharmacy in Ireland, shows encouraging progress, and the account of its stewardship which it is able to give, is quite sufficient justification of the passing of the Act which called the Society into existence. Its two first years of life have brought to it 158 licensed pharmaceutists, and 101 members, of whom 21 were named in the Act and the rest elected since its passing. The financial condition of the Society is very satisfactory, its cash balance having nearly doubled within the year. On the whole, it cannot but be gratifying to the profession to know that after many years of neglect pharmacy is now receiving the attention in Ireland which it deserves, and that the dispensing of prescriptions is now on a much safer basis than it has been for a very long period.

(a) "A Calendar of the Pharmaceutical Society of Ireland.' Corrected to December 31, 1877. Vol. ii. Dublin University Press. Cr. 8vo, pp. 82.

Short Notices.

(1) "Aids to Surgery." By George Brown, M.R.C.S. London, Baillière, Tindall, and Cox. 1878.

(2) "On the Indications for the Use of the Trephine, derived from Cerebral Localisation and the Relation of the Cranium to the Brain." Translated from the French of Dr. Samuel Pozzi, by Thomas M. Dolan, L.R.C.P.E., &c. London: Baillière. Tindall, and Cox. 1878.

(3) "Indigestion and Diet." By John Dewar, L.R.C.P.E. London: Hardwicke, and Bogue. 1878.

(1) The Student's "Aids Series," we notice with pleasure, are not intended to supersede the ordinary treatises on disease, or to curtail in any sense *reading;* they are designed, as their name implies, to aid in bringing to a focus the knowledge derived, both from the perusal of books, and from practical observation of disease. On examination, the student will, by their help, be able, clearly methodically, and tersely, to answer the questions put to him.

The first part of "Aids in Surgery" seems well adapted for this object. A brief, though clear and accurate description, is given of some of the ordinary surgical diseases, thus affording the means of refreshing the memory and of economising time, which becomes valuable to the student about the period of examination.

We object to "cram" books, but works of this class cannot be included in such a category, and we, therefore, can confidently recommend "Aids to Surgery" to the class for whom it is intended.

(2) For many years the use of the trephine has been in abeyance, but the modern theories on motor centres, derived from a deeper and more extended study of the brain, have brought it again prominently before the notice of the profession. Cerebral localisation, as it is called, has during the past few years, attracted the attention not only of the anatomist, but of the physician and surgeon, and we have many valuable treatises and records, as the result of their observations and experiments. The French school has taken up this study with avidity, and we

have in this pamphlet a very able summary of the views, theories, and facts, in connection with the subject.

The general practitioner, whose time is so occupied, will be able in this work, to obtain a correct idea of how far cerebral localisation, will be able to assist him in the presence of the complications and accidents which so often come under his notice, whilst at the same time he will keep himself *au courant* with the latest literature of the day on this question.

The translation of such pamphlets we consider a great boon to the profession, as they familiarise us with the opinions of the French school of medicine, and this *brochure* is singularly opportune as the subject of motor centres is on its trial: It contains a clear, concise, and scientific *exposé* of the literature of the subject.

(3) There can be no doubt much injury is inflicted on the system by injudicious food, and one of the greatest difficulties medical men experience, is in persuading their patients to adopt a proper dietary. The profession has been accused of not paying sufficient attention to this subject.

Indigestion is consequently a disease much prevalent, and the pamphlet of Dr. Dewar will be especially useful to the dyspeptic, as it contains a large mass of sound and practical advice on regimen. It was intended as a guide for his patients, in order to avoid the necessity of verbal or written directions, but it is well deserving of a more extended circulation.

Medical News.

The Registration of Deaths.—On Thursday last a deputation from various friendly societies waited on the Registrar-General, at Somerset House, and represented to him the practice of registrars of death distributing blank forms of certificates to agents and collectors of friendly societies and others, and urged that the practice should be discontinued, on the ground that it opened the door to fraud by offering to unprincipled persons the temptation to forge certificates of death, in order to obtain payment from friendly societies. The Registrar-General said he would take the matter into consideration, and issue instructions to the registrars throughout the kingdom.

Gleanings.

Prevention of Arsenic Poisoning.

THE poison most commonly used for criminal purposes is arsenic, its tastelessness preventing the victim recognising it. In view of this, Dr. Jeannel, of Paris, proposes that druggists shall sell arsenic to the public only when so combined that it immediately attracts attention when added, either by accident or design, to food. The plan has not been overlooked, for there is an officinal mixture in which the arsenic is combined with peroxide of iron and a small quantity of aloes, but it is not sufficiently characteristic, and he calls attention to a mixture termed Grimaud's mixture. This consists of one centigramme of iron sulphate and one of potassium cyanide to each gramme of arsenious acid, forming a light-blue powder. On being moistened, however slightly, it becomes of a rich blue colour, whilst the taste is so distinctly chalybeate that it is impossible to overlook its presence in any article of food. It has the advantage of not altering or interfering in any way with the therapeutic properties of the arsenic.

Plans of Perspiration.

Le Progrès Médical, as quoted in the *Scientific American*, publishes a communication from M. Aubert, which describes a plan by which the distribution and activity of the sweat glands of the skin may be approximately mapped out. The method is as follows: A piece of white paper is applied to the skin, and maintained in contact a few minutes. The sweat, as it issues from the follicles, slightly moistens the paper at points corresponding to their orifices. A dilute solution of nitrate of silver is then brushed over the paper, and the nitrate becomes converted into a chloride from the chloride of sodium in the perspiration. The chloride of silver blackens upon exposure to light, in this way mapping out the distribution, &c., of the sweat glands. With the aid of this test paper, M. Aubert has studied the secretions in nævus, ichthyosis, pelade, erysipelas, scabies, lupus, favus, herpes, psoriasis, &c., and finds that, as a rule, irritations of the skin completely suppress the perspiratory secretion, and that even when the irritation ceases, some time elapses before the secretion reappears. In cicatrices many of the glands disappear, but those which remain, secrete more profusely than before.

The Photo-Chemistry of Vision.

RECENT researches by Boll, Kühne, and Ewald, make it very probable that a photo-chemical process takes place in the retina in each act of vision, and that the material sensitive to light is provisionally accumulated, while it is regenerated after each act of vision. M. Donders has also observed that if the eye be exposed to a gradually increasing impression, a moment comes when nothing can be seen, and it can then be demonstrated with the ophthalmoscope that the vessels of the retina are empty of blood, which would indicate that the visual material passes directly from the blood into the retina, and is replaced from the blood. Some experiments in support of this view have been recently made by M. Exner. In one of these the field of vision was divided into a white and a black half, and a white circle was brought into the black half. This was at first covered, however. The eye was kept fixed on the boundary of the two halves until the white appeared nearly black. The screen of the white circle was now removed. The circle appeared distinctly white, and only lost its whiteness gradually. This is explained by supposing that the supply of visual material in the retina, which, with the defective circulation, was not made good, was consumed in the one-half of the field of vision, but in the other black half could still serve for perception of the white circle.

Quinine in India.

THOUGH the cultivation in India of the best quinine-yielding species of cinchona (*C. officinalis*) has not proved a success, it is satisfactory to know that one species at least thrives most abundantly in the Sikkim plantations. From a paper read at the last meeting of the Pharmaceutical Society by Mr. Wood, the Government Quinologist in India, it seems that out of a total of about three million trees, comprising four or five species of cinchona it is estimated that there are as many as 2,500,000 belonging to the species *succirubra*. It is from this bark that the now well-known "cinchona febrifuge" is prepared. This substance, according to many well known medical practitioners in India, possesses to so very nearly the same extent the anti-periodic properties of quinine that it may be safely substituted for the latter in the treatment of ordinary febrifuge and ague. Five thousand pounds of this febrifuge, we are told, has already been made and issued, and it is now being made at the rate of four thousand pounds a year; the demand, however, is so rapidly overtaking this scale of production that a further extension will shortly be necessary. For use it appears in the form of a fine white powder, which, however, becomes in a short time of a pale buff tint. It does not agglutinate even in the Indian climate. It is freely soluble in weak acids, and is readily taken up by lemon-juice, which constitutes a pleasant vehicle for its administration.

The Development of Tænia.

AT a late meeting of the Parisian Academy a note by M. Redon communicated experiments on the ribbon-like development of cysticercus in the human subject The writer swallowed cysts collected from human beings and gave some to pigs and dogs. Man alone offered a nidus favourable to the development of these parasites, and yielded cucurbita. This proves that the tænia solium may proceed from a cysticercus, and that the cysticercus of man is not the same as that of the pig.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due, and should be sent to the publishers, who will be happy to acknowledge their receipt.

HUNTERIAN SOCIETY.—This evening, at 7½ o'clock, Council Meeting. 8 p.m. Mr. Davies-Colley, "On a Rheumatoid Affection of Joints in Women." Dr. Galabin, "On the Treatment of Prolapsus Uteri."

EPIDEMIOLOGICAL SOCIETY.—This evening, at 8½ o'clock, the President, "On the Plague and Typhus Fever in India."

CLINICAL SOCIETY OF LONDON.—Friday, April 12, at 8½ p.m., Mr. Nunn: (1) "Electrolytic Treatment of Epulis;" (2) "Plantar Bunion." Dr. Semon: "Bilateral Paralysis of Crico-arytænoidei Postici Muscles" (living specimen). Dr. Barlow and Mr. Marsh: "Ovariotomy in a Child aged twelve years." Mr. Barker: "Wound of an Abnormal Obturator Artery in an Operation for Femoral Artery."

DR. MILNER FOTHERGILL'S third lecture "On Diseases of the Heart" will be delivered on Wednesday next, at 3 p.m., at the West London Hospital.

DISPENSARY MEDICAL RELIEF.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me whether tradesmen, such as carpenters, smiths, shoemakers, &c., having plenty of work and the good wages of the present times, are entitled to dispensary relief and the services of dispensary medical officers gratuitously.

I would much like to know if this matter has been decided by the Local Government Board or any legal tribunal.

Yours, &c.,

A DISPENSARY MAN.

[The only definition of a recipient of medical relief is that he shall be a "poor" person. The L.G.B. declines to decide what the term means, and the only tribunal competent to fix a meaning in any individual case is the dispensary committee.—ED. M. P. & C.]

VIVI-SECTION AND THE BOARD OF TRINITY COLLEGE.

FROM OUR FACETIOUS CONTRIBUTOR).

OUR "silent sister" has found voice,
At least, of it a *section*,
And does not allow any choice
Upon what's a vexed question.
Humanity points out our course,
Which must take one direction,
So we must even cry, perforce,
Delphos-like, "*Vive (la) section.*"

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Balthazar Foster, Birmingham. Mr. Messenger Bradley, Manchester. Dr. D. C. English, New Brunswick. Dr. Bodine, Louisville, U.S. Dr. Shaffer, New York. Dr. Farfel, Caen, France. Mr. Price Roberts, Rhyl. Mr. Popjoy, Accrington. Dr. Black, Cockbumspath. Dr. Heagerty, Bellingham. The Secretary of the Royal Institution. Mr. Gant, London. Dr. Bloxam, Medical Society of London. Dr. Delacroix, Reims, France. Dr. Cornish, Keaton, Ivybridge. Mr. Squire, London. Dr. Wiseman, Ossett, Wakefield. Dr. Norman Chevers, London. Dr. Jageilski, London. Dr. Forbes Winslow, London. Dr. Dolan, Halifax. Mr. Jabez Hogg, London. Dr. Milner Fothergill, London. Dr. Hardwicke, Sheffield. Dr. August Wimmer, Kreuznach. Dr. O'Reilly, Keswick. Mr. Browne, London. Dr. Griffith, Pimlico. Dr. Spackman, Harpenden, Herts. The Registrar-General. Dr. Summers, Haverfordwest. Dr. Gillespie, St. Thomas's Hospital. Dr. Williams, Liverpool. Dr. Jenner, New York. Dr. Martin, Portlaw. Dr. Peirson, Scarborough. Mr. Coxe, Edinburgh. Mr. Wilson, Manchester. Mr. Cole, Birmingham. Mr. Aylott, Hoyland. Mr. Gordon, Dublin. Mr. Dickinson, London. Dr. Mayberry, Riversdale. Dr. Lynch, Ballymoe. Dr. Kelly, Ballindine. Dr. Power, Portrisoleigh. Dr. Hanrahan, Cappaduff. Dr. White, Derry. Dr. White, Kilsheelan. Dr. Mulligan, Meigh. Dr. Maguire, Castleknock. Dr. Cahill, Ballynacargy. Dr. Petit, Letterkenny. Dr. Russell, Thurles. Dr. Moorehead, Benburb. Dr. Peyton, Roscommon. Dr. Rawson, Carlow. Dr. Lawler, Tallaght. Dr. Simpson, Caledon. Dr. O'Reilly, Clones. Dr. Peirce, Newcastle, Limerick. Dr. Scott, Ballina. Dr. McDonnell, Dublin. Dr. Lyons, Dublin. Dr. J. G. Thornley, Newry, co. Down. Dr. J. W. Martin, Dronfield, Sheffield. Dr. Fitzpatrick, London. Dr. Lombe Atthill, Dublin. Dr. Ashburton Thompson, London, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Guide to European Universities. By H. J. Harwicke, M.D.
The Irish Medical Directory for 1878.
A Practical Treatise on Aural Surgery. By H. Macnaughton Jones, M.D. London: J. & A. Churchill.
The Etiology and Pathology of Chronic Joint Disease. By N. M. Shaffer, M.D.
What am I? An Address by J. M. Bodine, M.D.
Bentley and Trimen's Medicinal Plants. Parts XXVI. to XXXI.
Dental Caries. Translated from the German. By H. Chandler, D.M.D. London: J. & A. Churchill.
Narcotic Indulgence. By the Anti-Tobacco Society.
The Salt Waters of Kreuznach. By August Wimmer, M.D.
The Veterinary Journal. Homœopathic Review. Pacific Medical Journal. Louisville Medical News. Detroit Lancet. Boston Medical Journal. Nature. Science Gossip. Students' Journal. La France Médicale. Le Progrès Médical. L'Année Médical. L'Union Médicale. Noid Fst. The Doctor. The Psychological Journal. Philadelphia Medical Reporter. The Clinic, &c., &c.

VACANCIES.

Abbeyleix Union Workhouse.—Apothecary. Salary, £40. Election, 16th inst.
Bournemouth Cottage Hospital.—Medical Officer. Salary, £120, with furnished rooms. Applications to the Secretary before the 15th inst.
East London Hospital for Children.—Resident Medical Officer. Salary, £60 per annum, with board, &c. Applications to the Secretary on or before April 11th at the Hospital, Shadwell, E. (See Advt.)
Ennis District Lunatic Asylum.—Resident Pupil. Salary, £50, with apartments and rations. (See Advt.)
Newark Hospital.—Resident Medical Officer. Salary, £100, with board, &c. Applications to the Secretary by the 13th inst.
Paddington.—Public Analyst. Salary, £150. Information as to the duties, &c., at the Vestry Hall, Harrow Road. Election, 18th inst.
Roscommon Infirmary.—Apothecary. Salary, £60, with apartments, rations, &c. Election, 19th inst.
Royal Cornwall Dispensary.—House Surgeon and Secretary. Salary, £200, with furnished apartments. Applications to the Hon. Treasurer at the Hospital, Truro, before the 24th inst.
St. Thomas's Hospital.—Ophthalmic Surgeon. Honorary. Full information of the Secretary. Election, the 17th inst.
Tralee Union, Brosna Dispensary.—Medical Officer. Salary, £100. Election, 22nd inst.
York Dispensary.—Resident Medical Officer. Salary, £130, with furnished rooms. Applications to Mr. North, F.R.C.S., Castlegate, York.

APPOINTMENTS.

BENNETT, E. H., M.D., F.R.C.S.I., a Consulting Surgeon to St. Mark's Ophthalmic Hospital, Dublin.
BRENNAN, J. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer and Medical Officer of Health, &c., for the Kiltormer Dispensary District of the Ballinasloe Union.
CANTLIE, J., M.D., an Assistant Surgeon to the Charing Cross Hospital.
ELLISON, Mr., M.R.C.S., Junior House Surgeon to the Birkenhead Borough Hospital.
HARVEY, C. A., M.D., C.M., a Medical Officer, &c., for the Cork Dispensary District of the Cork Union.
JEFFERSON, J. G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Aghalee Dispensary District of the Lurgan Union.
MARSH, W. A., M.R.C.S.E., Honorary Surgeon to the Newington District of the Royal South London Dispensary.
MULLINS, R. C., L.R.C.S.I., L.R.C.P.Ed., Medical Officer to the Worksop Dispensary and Hospital.
NEALE, J. E., M.R.C.S., Surgical Registrar to the Westminster Hospital.
O'NEILL, L. J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer and Medical Officer of Health, &c., for the Carney No. 2 Dispensary District of the Sligo Union.
PIDCOCK, G. D., B.A., Assistant House Surgeon to the Cumberland Infirmary, Carlisle.
REES, D. V., M.R.C.S.E., Medical Officer and Medical Officer of Health for the St. Clears and Mydrim Districts of the Carmarthen Union.
TAAFFE, M. H., L.R.C.S.I., Medical Officer and Public Vaccinator, &c., for the Ardrahan Dispensary District of the Gort Union, co. Galway.

Marriages.

FLEMING—WALLS.—April 2nd, at Belhaven Terrace, Glasgow, W. J. Fleming, M.B., to Annie, eldest daughter of W. Walls, of Glasgow.
LAMBERT—COURTENAY.—April 3rd, at All Souls', Langham Place, London, W., Walter Lambert, Captain, Royal Marine Artillery, to Frances, only daughter of Francis Burdett Courtenay, M.R.C.S. of Chandos Street, Cavendish Square.

Deaths.

APPLETON.—On March 15, at York, John Grigg Appleton, late of Luton Beds, aged 75.
EVANS.—On March 23, at Cheetham, Manchester, Thomas Evans, M.R.C.S.E., aged 25.
HOYLAND.—On April 2, at Hilden, Tunbridge, Emily Priscilla, wife of Chas. W. Hoyland, F.R.C.S., aged 69.
JOB.—On March 28, at Upper Merthyr Tydfil, John Job, L.R.C.P.L., Dowlais Ironworks, Glamorganshire, aged 27.
JONES.—On March 28, at Brentford, John William Jones, Surgeon, aged 74.
KELSON.—On April 1, at Great Marlow, Bucks, Geo. Kelson, F.R.C.S., aged 82.
MACK.—On March 31, at Colmonell, Ayrshire, John Steele Mack, L.R.C.S.Ed., aged 35.
MACLAGAN.—On April 4, at 14 Melville Street, Edinburgh, Jane, widow of David Maclagan, M.D., F.R.S., late Surgeon in Ordinary to the Queen in Scotland, aged 83.
M'LOUGHLIN.—On March 30, at Abbeyleix, Queen's County, Gordon M'Loughlin, L.A.H., aged 35.
RHIND.—On March 30, at Torquay, Samuel Rhind, L.R.C.P.Ed., aged 48.

IRISH POOR-LAW INTELLIGENCE.

THE MEDICAL EXAMINATION OF PENSIONERS.

Our attention has been directed to a correspondence in a provincial paper between a Dispensary Medical Officer and a Staff Officer of Pensioners relative to the giving of a certificate of the inability of a pensioner to present himself at the Pension Office to receive his pension. It appears that the Staff Officer requires a certificate from the man's representative as to his existence, which must be signed either by a Medical Practitioner or the clergyman of the parish in which he resides, to sign such a certificate truthfully necessarily involves a visit being made to the pensioner's residence, and we need scarcely say that there are few clergymen who would care to undergo so much labour on each quarterly pension day as to trot about through the length and breadth of his parish for the sole purpose of being able to certify that such and such a pensioner was alive on the date of his visit, but whether the clergyman's other engagements or inclination would preclude his indulging in such peregrinations or not, it rarely if ever happens that such a request would be made to him; the pension therefore of those disabled depending on the production of a certificate, it necessarily follows, the pensioner not being able to pay a fee—that the friends apply for and obtain a visiting ticket for the attendance of the Dispensary Medical Officer, who is thus compelled to make the necessary visit, and finds on arrival that the person does not require medical relief at all; when he is feelingly told that it is not to prescribe, but to write a certificate so as to enable the friends to *draw* the pension.

This abuse of the visiting ticket had almost become a recognised institution, so much so that on the day preceding pension day the unfortunate Medical Officer had a batch of scarlet runners presented to him with this object alone. After some ineffectual attempts to stop the abuse, he was at last compelled to refuse to give a certificate to every one of those whom he was called upon to visit. On the following day of meeting of the Board of Guardians the Staff Officer waited on them to know if the Medical Officer was not bound to grant such certificates when he was politely informed that it was no part of his duty, and that he was perfectly justified in demanding a fee for doing so.

The Medical Officer dealt with the Staff Officer's appearance at the Board of Guardians in a letter to a local paper, showing that it was not through any unkindly or hard-hearted feeling that he refused the certificate, simply because it was not any part of his duty, and that it was the duty of the Staff Officer either to go with or send the pension. This the Staff Officer denied, and then stated that if a proper representation were made to the Right Honourable the Secretary of State for War, a reasonable allowance would be made for such certificate. In consequence of this statement we understand that the matter has been taken up by the Irish Medical Association, and we feel quite confident that the Association will not let the matter rest until an official confirmation of the above statement is made. We would, however, suggest that a scale of fees should be made out for this sort of duty, where, for instance, a journey has to be made into the country, mileage ought to be allowed. We merely throw out this suggestion, being quite sure that the subject is in the hands of those who will not omit anything that is for the good or dignity of the profession.

THE TYRONE COUNTY INFIRMARY.

In his last report to the Governors of the Infirmary, Dr. Thompson avails himself of the opportunity to administer a much-needed warning to the supporters of the Institution, and to plead for the maintenance of County Infirmaries all over Ireland.

In the present session of Parliament a Grand Jury Bill will he introduced, which, it is supposed, will interfere most materially with the interests of the Irish County Infirmaries. We are also menaced by another bill, introduced by Mr. C. Meldon, M.P. for Kildare, the purport of which I believe to be a change in the mode of electing the governing body of the Institutions, a proposal to bring them directly under the Poor-law Board, and the appointment of Inspectors, &c.

With some of these proposals the governors would no doubt agree, for instance—bringing the Institutions more directly under the Local Government board so as to insure a proper inspection and audit of accounts. I do not, however, think it would be for the advantage of the Irish Infirmaries to place them under the control of the Local Boards of Guardians. In my opinion the present governing body of the various Irish County Infirmaries is all that could be desired, and I very much doubt if its constitution could be altered for the better.

In my last report I alluded shortly to the hospitals

attached to workhouses, and I drew your attention to the objection evinced by the respectable tenant farmers, shop assistants, servants, &c., to make use of them. I also briefly pointed out the disadvantages they labour under as compared with County Infirmaries in the scientific treatment of medical, and especially surgical, diseases. I endeavoured to point out the necessity for some central hospital in each county for the treatment of severe medical and surgical cases; and I drew attention to the irreparable loss the medical profession in this country would suffer by the general closure of County Infirmaries. Although I have adduced many arguments to prove the benefit derived from County Infirmaries, I think by far the best and strongest reason for their existence will be found in the brief summary of the work done in your own County Hospital during the past year, which may be taken as an example of similar work done in the other Irish County Infirmaries.

718 patients have received medical or surgical treatment in your Infirmary, an increase when compared with the total admissions in the preceding year of 135.

I was obliged, therefore, to refuse admission to 50 applicants, whom I considered either incurable or suitable for admission to the workhouse. 60 capital operations have been performed. 30 fractures and 2 dislocations were under treatment during the year, all of which, with three exceptions, made a good recovery. I am glad to say the mortality of the Infirmary was trifling, only 18 deaths being registered, or an average of 28.4 per 1,000, considerably smaller than the average mortality prevalent in Dublin.

POOR LAW MEDICAL RELIEF.

TO THE EDITOR OF THE IRISH TIMES.

SIR,—The article in your issue of the 7th instant on this subject presses unduly upon the dispensary medical officers, and its tone is calculated to encourage the abuse of tickets, an abuse which is officially admitted to exist (see report of Local Government Board for Ireland, 1874-75).

The article points to the proper filling and signing of tickets as an "inexorable rule," and a "mere quibble." This is to be regretted, because the ruling of the Local Government Board is decisive—"The ticket and counterpart are both to be filled up by the person authorised to issue the ticket. . . . Care should be taken in the issue of tickets accordingly;" and again, more recently —"The practice of signing blank tickets and leaving them to be afterwards filled up by a person who is not authorised to give tickets is at variance with the Medical Charities Act, and with the dispensary regulations."

It is not correct to say that "in the rural districts the members of dispensary committees, to whom the issue of red tickets is entrusted, are all respectable farmers." They are a very mixed society, in which nearly every class is represented. In each committee there are usually from fifteen to twenty members, exclusive of the wardens and relieving officer, and the average population of a dispensary district is about 5,000; so that with such facilities for procuring tickets as these figures indicate, it does not appear necessary that any ticker-issuer should neglect his business on account of the sick poor, nor that anything should prevent his taking as much care in the issuing of his tickets as in that of his cheques.

There is not much argument needed to prove that if the legal ticket-issuer himself frequently affords medical relief to unsuitable persons, his relatives, male and female, his shop assistant, or servant are much more likely to do so.

The article goes on:—"We have seldom heard of such a case" (abuse of relief by ticket) "in which the informality of the ticket was also raised." Possibly, yet cases of this kind are almost of daily occurrence in the rural districts, and the writer knows of several instances which took place not long since in Dublin. In one of these, lately brought before a board of guardians, it transpired that the ticket was not even signed by the person whose name was appended, and that the father of the child for whom it had been given was a respectable tradesman, occupying an entire house, rated at £18 yearly. The chairman of the board expressed it as his view, that "public opinion ought to be brought to bear on the matter, for the abuse was one which should not be permitted to exist."

The truth is, so long as the tickets are given by irresponsible people, who are very generally bound by local ties and obligations to be generous at the doctor's expense, so long will there be an abuse of the system, and the first step on the road to its reform is clearly to make the ticket-issuer a paid official, responsible for the proper and faithful discharge of his duty. The article makes no allusion, however, to a really "hard and fast line," a "rigid, inexorable rule," which compels the medical officer to attend at once upon a visiting ticket, no matter when or where presented, for whom given or by whom filled, provided only that the name of an authorised person be attached. Delay on the officer's part means an investigation; refusal to attend, in all likelihood, dismissal. These things being so, it is worse than useless, it is mischievous, to suggest that "while the doctor was disputing the ability of the man to pay the patient died." So far as the great majority of dispensary medical men is concerned, the "guinea fee for one journey" is a miserable myth, but it is often put forward as an excuse for having given a ticket improperly. The grievances (by no means confined to the abuse of tickets), of the dispensary medical officers of Ireland are becoming a serious question. Anything which has a depressing effect on the *status* and prospects of a large body of educated, intelligent public servants must cause injurious reaction on the general welfare. The truth of the proposition is as obvious as the truth of its converse: "that that service which is most advantageous to the public is, after all, the most advantageous for those who yield such service, whether they be regarded as individuals or as classes."

I remain, sir, yours obediently,
JOHN A. SPENCER, Member of the Council,
Irish Medical Association.

WICKLOW ASSIZES.

THE COUNTY INFIRMARY.

A proposition to abolish the County Infirmary was brought forward by Colonel Tighe. As the majority of the Grand Jury expressed their disapproval of the proposal it was not pressed, and the matter dropped.

BALLINA GUARDIANS.

FEES FOR EXAMINING PAUPER LUNATICS.

AN order on the Board, for the payment to Dr. Mahon of £2, for examining a dangerous lunatic was presented, signed by two justices.

Mr. Crean—We had an order for payment to Dr. Mahon of £2 a fortnight ago, but on that occasion it was said the lunatic lived some distance from Crossmolina, and the payment was not discussed; but this is a different case, and the same sum is awarded.

Chairman—I certainly would regulate it according to the distance travelled, and the trouble and expense the doctor is put to. There may be some circumstances in the case we are not aware of.

Mr. Crean—The last fee paid here will have the effect of raising the rate in the division 2d. in the £.

The Clerk said in the Ballina District Dr. Scott, during the last six months, had got two fees of £1 10s. and £1 1s. for examining dangerous lunatics, in the first case having had to go out to the place two or three times. At the same time Dr. Mahon had received one fee of £1 10s. and two fees of £2 each, and now this one of £2 more.

The Chairman drew up the following minute, which was approved of:—

"Approved, but to be returned for the appending of seals of the signatory justices, Vic. 38 & 39, c. 67. The Board also wish, with all respect, to hope, in such cases as that within, the justices will, in the interest of the ratepayers, assess the amount of remuneration to medical officers in proportion to the trouble and cost they may have had to incur in each individual case, two pounds being the maximum."

LIMERICK SANITARY BOARD.

LETTERS were read from the L. G. B., in which the following occurs:—

The facts disclosed in question, call for serious attention, and it is difficult to understand the utility of the course taken by the Committee in directing a further reference of the matter to Drs. Holmes and Meehan. The reports show that 102 houses in the streets are without connecting drains into the main sewer; that 128 houses out of the total number are without privies; and that 135 are without ash-pits. Of these, there are 52 let in tenements; 33 having yards and 19 having none; and access to yards where they do exist is only allowed to the lodgers. In 3 cases only 43 houses have water laid on, leaving no less than 100 in the 3 streets without a supply. The notices which were issued and served upon other persons having premises in need of sanitary improvements were, for some unexplained reason withdrawn, and to this course of action may in some measure be attributed the disorderly state of things brought under notice in Dr. Barry's report. There cannot be a question that they should act on the recommendation of their consulting sanitary officer, and cause the sanitary improvements which he indicates to be duly carried into effect with the least possible delay.

Resolved—That, inasmuch as the L. G. B. now urge us to carry out the improvements recommended by Dr. Barry—the executive sanitary officer be instructed to confer, and to take measures for having such drains and other improvements made as may be considered most urgently required.

THE DEATH OF DR. WILLIAM F. MARA, OF ATHY.

WE chronicle with regret the death of Dr. William F. Mara, medical officer of the Athy dispensary district. Dr. Mara recently contracted typhus fever in the discharge of his duties, and on the 22nd ult. his illness came to a fatal termination. The sad event has excited profound sorrow, not only among the large circle of friends to whom Dr. Mara had endeared himself by his genial manners and kindly disposition, but among those who had known him professionally. He had not practised many months in Ireland, but even during the brief period that has elapsed since he made the district around Athy the field of his professional labours, he had given many proofs of his ability.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAR. 30, 1878.

Total registered deaths in Dublin and suburbs* ...	173
Ten years average of same week	199
Decrease of mortality below average	26
10 weeks ratio of deaths Rathmines	24·1 per 1,000
„ „ „ „ Donnybrook†	25·3 „
„ „ „ „ Blackrock	15·9 „
„ „ „ „ Kingstown	21·6 „
„ „ Entire Dublin District	28·6 „
COMPARATIVE RATIOS—London ...	25·8 „
„ „ Glasgow ...	27·9 „
„ „ Edinburgh ...	27·1 „

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

DUBLIN HOSPITAL STATISTICS.

(From the latest Report of the Board of Superintendence for the year ending March 31st, 1877—issued March 25th, 1878.)

NAME OF HOSPITAL.	NUMBER OF PATIENTS.				PRESENT BED ACCOMMODATION FOR								
	Total under treatment in the year.	Average daily number of Beds occupied through the year.	Average number of Days spent in Hospital by each under treatment.	Mortality per cent. on the total treated to a termination.	Fever Patients.	Other Medical Patients.	Surgical Patients.	Syphilitic and Gonorrhœal Patients.	Lying-in Hospital Patients. Labour Patients.	Lying-in Hospital Patients. Chronic Female Diseases.	Incurable Patients.	Ophthalmic Patients.	Total Bed Accommodation.
Westmorland Lock	755	58·40	28·23	1·57	—	—	—	150	—	—	—	—	150
Steevens's	2,566	151·20	21·51	1·74	20	54	141	15	—	—	—	—	230
Meath :—Infirmary Wards ...	1,363	91·45	24·49	4·12	36	30	51	—	—	—	—	—	117
Fever													
Cork Street Fever	718	37·96	19·30	9·96	120	—	—	—	—	—	—	—	120
House of Industry :													
Hardwicke	660	34·53	19·10	12·96	120	—	—	—	—	—	—	—	120
Whitworth	786	45·67	21·21	8 56	—	82	—	—	—	—	—	—	82
Richmond	1,160	87·98	27·77	2·19	—	—	120	—	—	—	—	—	120
Rotunda :—Labour Wards * ...	1,256	28·04	8·15	2·12	—	—	—	—	70	—	—	—	70
Chronic „ ...	370	20·78	20·50	4·93	—	—	—	—	—	35	—	—	35
Coombe :—Labour Wards * ...	394	10·62	9·84	1·11	—	—	—	—	30	—	—	—	30
Chronic „ ...	51	6·18	44·25	6·25	—	—	—	—	—	9	—	—	9
Incurables	192	152·25	289·43	64·58	—	—	—	—	—	—	160	—	—
St. Mark's	544	22·27	14·94	0·00	—	—	—	—	—	—	—	36	36
Total	10,815	747·33	548·72	120·09	296	166	312	165	100	44	160	36	1,119

* 192 patients from the Rotunda and 20 from the Coombe discharged not in labour.

SOURCES OF INCOME OF EACH HOSPITAL.

Name of Hospital.	Income from Government Grants.	Subscriptions and Donations.	Bequests.	Interest on Property.	Assessments on City of Dublin.	House, Landed, or other Property.	Pay Patients.	Incidentals.	Total Income.
	£	£ s. d.	£ s. d.	£ s. d.	£	£ s. d.	£	£	£
Westmorland Lock ...	2,600	—	—	—	—	—	—	12	2,612
Steeven's	1,300	1,111 11 5	—	323 18 0	—	2,288 18 4	1,262	9	6,291
Meath	*600	1,026 16 1	1,782 7 9	341 16 3	300	214 3 8	—	*328	5,761
Cork Street	2,500	558 2 6	—	800 17 7	287	‡217 18 2	—	9	4,537
House of Industry ...	7,600	5 0 0	—	102 16 6	—	—	182	44	§7,935
Rotunda Lying-in ...	700	527 19 9	349 1 4	241 11 8	300	334 0 2	266	300	3,757
Coombe ,, ...	200	283 16 10	49 1 4	56 5 9	520	—	6	1	1,218
Incurables	†250	1,321 1 9	5,164 9 3	2,307 9 5	300	—	—	28	9,897
St. Mark's	100	433 5 8	—	55 5 11	100	—	203	14	1,045
Total	15,850	5,269 14 0	7,344 19 8	4,230 1 1	1,807	3,050 0 4	1,920	750	43,057

* Received also £88 as County Grant. † Also £44 County Grant. ‡ Also £42 from Annuities.
§ Received also £386 as Profits from Rotunda Rooms and Garden, &c., and £201 from Annuities.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1878.

March 4th.—MacPherson, James Bruce, 27 Gt. James St., Londonderry, Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

6th.—Daly, Mick Arthur, 74 Eccles Street, Dublin, M.B. 1878 and B.Ch. 1878 Univ. Dub.

7th.—Conolly, William Rogers, Waterford, M.B. Univ. Dub. 1876, Lic. R. Coll. Surg. Irel. 1877, Lic. Mid. K.Q. Coll. Phys. Irel.

7th.—Ross, William, Manor Hamilton, co. Leitrim, Lic. R. Coll. Surg. Irel. 1876, Lic. R. Coll. Phys. Edin. 1877,

8th.—Tench, Charles Highatt, Tullow, co. Carlow, Lic. 1877 and Lic. Mid. 1878 R. Coll. Surg. Irel., M.B. Univ. Dub. 1878.

14th.—Penny, Charles Hall, 1 St. Anne's Avenue, Rathgar Avenue, co. Dublin, Lic. R. Coll. Surg. Irel. 1876. Lic. 1877, and Lic. Mid. 1877, K. Q. Coll. Phys. Irel.

16th.—Edge, James Joseph, Towlerton, Carlow, Lic. R. Coll. Surg. Irel. 1877, Lic. 1877 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

25th.—Walton, John, Foynes, co. Limerick, M.B. Univ. Dub. 1877, Lic. 1877 and Lic. Mid. 1877 R. Coll. Surg. Irel.

28th.—Taylor, Rogers Wetherall Gore, Hillbrook, Castleknock, co. Dublin, M.B. 1877, and M.Ch. 1878 Univ. Dub.

28th.—Grealy, Joseph, Sea Road, Galway, Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

TABLE *showing for* EIGHT LARGE TOWNS, &C., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March* 30, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, March 30, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	29	268	173	30	42	7	1	...	...	10	...	4	4	2	51
Belfast . .	20,687	182,082	33	130	114	18	17	2	4	1	...	1	4	3	5	6	24
Cork . .	13,816	91,965	38	50	68	8	15	...	1	...	..	1	5	3	...	4	31
Limerick .	8,509	44,209	20	30	17	3	4	...	...	...	...	...	...	1	2	2	6
Londonderry	21,865	30,884	30	20	18	1	8	...	...	...	...	...	...	...	...	1	2
Waterford .	17,209	30,626	48	12	28	1	7	...	2	...	...	3	...	...	...	3	6
Galway . .	21,358	19,692	21	21	8	...	6	...	...	...	...	...	1	...	...	...	3
Sligo . .	30,835	17,285	12	5	4	1	2	...	...	..	...	...	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 17, 1878.

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THE GENERAL MEDICAL COUNCIL OF EDUCATION AND REGISTRATION.

SESSION 1878.

FIRST DAY.—APRIL 10, 1878.

THE General Medical Council met for the first time this year on Wednesday, April 10th, at two o'clock. The minutes of the preceding meeting having been confirmed, the new members of the Council, Drs. Fergus, Pettigrew, and Orr were introduced.

THE PRESIDENT'S ADDRESS.

The PRESIDENT then delivered the following address:

The Medical Council has this year been called together thus early in the Parliamentary Session to enable it to carry forward, and if possible to conclude for a long time to come, its deliberations on the Amendment of the Medical Acts. It may not, however, be assumed that in one sitting the Council will be able completely to fulfil its duty in this respect.

Although the business of the Council has of late increased, there is not much that demands your instant attention, except the Bills affecting the Profession of Medicine, actually before Parliament or in contemplation, together with questions arising out of them.

Since your last meeting, steps have been taken to make the Medical Register more accurate than heretofore. The volume which is now in your hands has in it several thousand corrections, besides other alterations in the typographical arrangements, and some additional prefatory matter. For these, as for other office improvements, the Council is indebted to the Registrar.

The Minutes of the Executive Committee will have informed the Council of communications from the Board of Trade relating to Weights and Measures, and from the Registrar-General on important points connected with the relation of his office to the Medical Council.

Communications concerning the removal of names from the Register, and other subjects connected therewith, will, when required, be laid before you.

Acting under your instructions, the Executive Committee made applications to the various Licensing Bodies concerning the insufficiency of General Education in many of the candidates who present themselves for professional examination. The answers from these authorities will be laid on the table. Papers written by registered practitioners have been confidentially forwarded to me as President, to show that the neglect of the practice of writing the English language, permitted by some Examining Boards, cannot be reprehended in too strong terms, if ordinary literary culture is to form an essential part of the training for a scientific profession.

The scheme for the Conjoint Examining Board in England has been industriously elaborated under the presidency of Sir James Paget. It may be permitted to one of the members of the Committee to say that the discussions among the representatives of the several Licensing Bodies have shown, when considered in connection with the recommendations of the Council, and the evidence given to it through Mr. Syme's Committee in 1868, that much remains to be done before this country can rightly claim to have settled views on the course, time, and methods indispensable for securing a sound education for the Practice of Medicine. It becomes more and more clear that the Examining Boards regulate the steps by which a student is fitted to pass an examination on a particular day. The question is whether thus we best prepare him for the practical discharge of his life-long work. This proves the great importance—nay, the necessity—of having Examining Boards composed of the highest and fittest persons for the special duty of examining, that can be induced to undertake it. Another important conclusion may be drawn—so trite indeed as to seem almost impertinent to name it—that the opportunities for learning in different hospitals and universities are at least as diverse as the mode of testing results has ever been. As regards scientific teaching, an eminent teacher (Mr. Savory) has again lately drawn public attention to the importance of organising the means for the best scientific teaching not necessarily connected with the chief place of clinical teaching, the hospital.

A recommendation just made by the Commissioners of the Universities of Scotland, that no candidate shall be admitted

to Examination in Human Anatomy or Physiology, or in any purely Medical subject, unless he has passed an examination in natural philosophy, chemistry, physiology, botany, and zoology, as constituting the second and third groups of the fifth or natural science department for the degree of M.A., will have an important bearing on the time and place necessary for scientific training preparatory to medical study, and for professional study, respectively.

Considerations of this kind will force themselves on our minds whenever we discuss the nature and extent of examination rules to be made generally binding by the authority of the Medical Council.

Documents will be laid before you from various bodies affected by the Medical Acts Amendment Bill presented to the House of Lords on March 19th.

At the close of the session of last year the Medical Council urged on the Lord President that a Bill should be brought in by the Government to amend the Medical Acts. The Lord President, acknowledging the importance of the objects which the Council presented to his view, promised his best attention to the whole matter. His Grace has fully redeemed this pledge, and, whatever be the result, deserves the warm thanks of all who are interested in the settlement of medical legislation.

Immediately after the summer recess the Lord President personally considered all the materials which he had before him for amending the Medical Acts, whether obtained from the Council or from other sources.

The Medical Council had pressed on his Grace, and through him on the Government, the importance of an early settlement of the following five subjects, viz. :—

1. The recognition of Foreign and Colonial qualifications in England,
2. The privileges of women in regard to medical qualifications,
3. The appropriation of penalties under the Medical Act,
4. To some extent the education of midwives,
5. And, indirectly, the emendation of the law affecting certificates of lunacy.

After full consideration of these several subjects, the Lord President informed me that the Government were of opinion that it might in the end be more satisfactory to the Council, as well as to the Legislature and to the country, to bring into a Bill, together with these points, certain others for which legislation had at one time or other been desired.

On all these matters the Lord President sought from me information; and I gave him such as I believed would most nearly express the opinions of the Council. But I would not take on myself to advise his Grace to omit from a Government Bill any of the subjects relating to our profession which might be regarded as of public importance, even though on some of them the Council had not expressed a definite opinion.

There is a great temptation for your President to summon the Council on every occasion of consequence, and to throw responsibility at every turn on the Executive Committee. But both are so heavy a charge to the finances—the Committee costing nearly £50 for one afternoon, the Council £400, if summoned for one day (or an average of about £165 daily for a whole session)—that the President must often be content to bear the burden which you impose upon him, feeling sure of your support where he deserves it, and always certain of your lenient judgment.

This last winter, indeed, the task was not difficult, for the Lord President seemed to have one only desire, to know how best to legislate for the medical profession in its varied relations to the body politic, and in its own complex inner organisation. Nor can it be without interest to this Council, that, looking on this body as the appointed exponent of a great section of society, he had desired in all ways to aid and support it.

The important Society of Obstetricians had pressed repeatedly on the public mind the desirability of complete legislation concerning midwives. It is, moreover, manifest, that the vexed question of the relations of the medical profession towards women, and the fitness of women to practise the whole of medicine and the whole of surgery, or any part or parts of medicine and surgery, could not be completely decided upon without a discussion on the education and organisation of the midwives of the future.

The body of Dentists—a class in the body politic of whom, when the actual suffering which they seek to prevent and to alleviate is taken into account, one must say that it is an important and useful body—urged on the attention of Parliament their claims to better organisation, depending on and justified by a higher education and fitness.

The Lord President was little disposed to neglect the numerous persons engaged in these occupations respectively—professionally occupied as they are—through the entire country, nor to sever those classes thus growing in importance, as social organisation becomes more perfect, from the medical profession and the Medical Council.

Having decided, then, to consider all outstanding questions known to affect the profession of medicine, and through it the public at large, the Lord President could hardly have left untouched the subject of examinations, which was handled in a complete and masterly way in the Bill so well known as Lord Ripon's Bill. Though the Council had not last year pressed on the Lord President's notice the subject of diminishing the number of ways by which the licences could be obtained, he knew well the anxious thought which the Council had long and often bestowed upon it; he was acquainted with the resolutions which the Council had passed with regard to Lord Ripon's Bill; and fully estimated the importance to the public of one uniform and satisfactory test of qualification for entry to the Medical Register, in each Branch of the United Kingdom.

The Lord President could not therefore but entertain the question. If a Bill was brought in either without Lord Ripon's clauses relating to examinations, or without some modification of them, it was clear that it would have to be argued in Parliament that the existing arrangements need no alteration. Could this argument be maintained? Is the Medical Council fully agreed upon it?

It is often said that the whole profession considered, when Lord Ripon's Bill was brought before Parliament, that the mode of conducting examinations by the examining bodies was the subject that most urgently called for parliamentary revision. It is not, however, necessary now to revert to the circumstances which led to the withdrawal of the Bill.

But in this the Council will assuredly be unanimous, that it is in the interest of all persons concerned—in the interests of the Public, of the Council, of Medical Teachers, and of Students—no longer to delay a final settlement of the principles on which examinations shall be conducted in England, in Scotland, and Ireland. Some evils have disappeared: some new difficulties have perhaps arisen. Education, examination—nay, even knowledge itself—have greatly altered within the last 20 years. Those who have attended the more than fifty conferences which have taken place in England, in the belief that they were discharging a great public duty, may fairly ask to be released if their labours be not shown to be material to the public interest, or if the apparent benefit in one division of the kingdom should be productive of other and unknown evils through any other division of the kingdom. It is clear that the matter cannot be decided without frank and full discussion both in this Council and in Parliament. The discussion here will be dispassionate and based upon correct estimate of the present and of the past state of the several licensing bodies and of the popular sentiment. That sentiment is certainly in favour of making it impossible that 19 separate examining and licensing boards with their varied qualities should co-exist. The public are convinced that there are dangers in the continuance of so many modes of entering the profession, and think the system of inspection offers only a cumbrous and fitful check to constant danger. There are not wanting signs that some both within and without the medical profession would prefer State-appointed examiners, or an examining board appointed by this Council, not only to the present system of many examining boards—with permissive power to combine—but would even prefer State-appointed examiners to persons appointed by the present universities and corporations in combination. It is well known that the framers of the Act of 1858 expected the permissive principle of combination, under section 19 of the Act, to be more largely adopted than it has been.

It would ill become me to use any arguments on one side or the other, inasmuch as my function is almost limited to collecting facts for your consideration. Yet I cannot but observe in this relation that it will be a grave misfortune for our generation if it be forced to the conclusion that our ancient medical institutions, hitherto self-administered, must abdicate their functions of guiding the education of our youth. And that is the risk that is run. One government might give to this Medical Council a task which the corporations decline to execute, namely, the making the National Examining Boards. Another government might assign it not to this Council, but to a single

person, who, however able, might not possess the combined judgment of the many and eminent minds brought together of necessity by a representative board.

The Lord President, as the Council is aware, has not at present elected to make the formation of a single board compulsory for each branch of the United Kingdom. It is not too much for me to say that, as his Grace hoped for discussion and for the freest expression of opinion from all who are entitled to be heard, and having referred the Bill to this Council, the question for us to consider is, whether union is expedient or requisite. The form in which the proposition is put is not perhaps of much moment for the issue. But it cannot be less acceptable to the various authorities to ask the government, after discussion, to grant more extended power for good, than to have had to protest against unnecessary interference, and uncalled for dictation for which the Council had not applied.

I cannot help noticing, with regard to those who in 1858 first undertook the working of the Medical Act, with all its conflicting interests, that while, during the 20 years that the Act has been in operation, in Ireland one licensing body alone has changed its representative, Scotland sends only one of its original members, England sends but two such members, and not a single original nominee of the Crown remains in the Council. It cannot be amiss, therefore, to take the sense of the existing Council in the most unfettered way on the state of the medical examinations in the country, in order that it may fairly face the work of the future.

It would waste the time of the Council if the details of the Bill that has been in the hands of all the members between two and three weeks were even enumerated. The aim of the Bill is, without doubt, to supply all the known deficiencies of the medical acts, and, if possible, to adjust the machinery of this Council so that it may not be distracted from its strict work, the regulation of medical education and the watchful care of a great profession, in the public interest.

The principal objects of the Bill (I quote from the Lord President's speech) "are, first, to require a person registered in the Medical Register to have both a medical and a surgical qualification; second, to allow the registration of foreign and colonial practitioners; third, to further restrict the assumption by unqualified persons of designations implying qualifications; fourth, to make further provision for the uniformity of the standard in the grant of qualification in the United Kingdom; fifth, to make provision for women similar to that intended to be made by 39 & 40 Vic., cap. 41, commonly called Mr. Russell Gurney's Act; sixth, to make provision for the examination and registration of dentists; seventh, to make provision for the examination and registration of midwives; eight, to make amendments in the Medical Act of 1858 as regards the registers, erasures from the register, the certificates of medical practitioners under the lunacy acts, the qualification of medical officers in colonial ships, and other minor matters."

It was truly added by the Lord President, that this measure "deals with a subject of great importance, but one of great complexity, and which, when legislation is proposed in respect of it, requires great consideration in numerous details. The subject is one for which there should be no hasty legislation, and I should hope that by the time the Bill comes on for a second reading, we shall have the benefit of being in possession of the views of all persons in the country who may be interested in its details, and who are competent to give advice on the matter. I hope I need not add that we shall be most ready to give an attentive consideration to all suggestions which may be offered with the object of securing a good and useful measure, and one which will be satisfactory both to the medical profession and the public at large."

Before quitting the consideration of this part of the work of the session, I beg you to excuse me if I seem in any improper way, or indeed in any sense, to be the interpreter of a measure to which the Government has given much thought, which is full of delicate and difficult questions, and which deals with great institutions and important persons.

I need not say that I have no functions in the matter except, first, to carry out as far as I can your desires, and secondly, in your absence to act to the best of my judgment on your behalf.

The grave anxiety of the Eastern Question has made it difficult to arrange the times and the mode for the introduction and the readings of the Bill in the way best calculated to carry a bill this session, and to suit the time and convenience of the Medical Council. But that way has been sought, and, I trust, attained.

Let us hope that we may come to unanimous conclusions as to the changes which may be required in the Bill, and then that it may this session become an Act with good effect.

This done, might we not hope for the consolidation of all the medical acts, with further power if necessary? Thus would be ended the first twenty years of combined effort towards harmonising the work of the time-honoured institutions which have nurtured in Great Britain the Science and Practice of Medicine. Thus would the Council go forward unfettered to accomplish further work, in aid of the great demands made, in many ways, upon a profession whose aim is so to pierce the secret of all life, that it may strengthen individual and national health, relieve all physical suffering, diminish much social evil, and soothe or avert the inevitable end.

After a short discussion as to what would be the probable course of the business of the Council,

The PRESIDENT proposed that certain documents should be taken as read.

This was overruled in the case of the communication laid on the table from the Royal College of Surgeons of London and the Royal College of Physicians of London, several members representing that they had not, as yet, had time to peruse them.

These documents were accordingly read by the Registrar.

The Memorandum of the College of Surgeons points out that by clause 3 of the Lord President's new Medical Act, its M.R.C.S., F.R.C.S., and L.M. would no longer be registrable unless accompanied by a medical qualification from some authority entitled to grant a license in medicine, and that the L.M. would apparently not be registrable at all, unless, perhaps, in certain contingencies (under paragraph 7, clause 9), as an addition to titles otherwise sufficient for registration. And, further, that if clause 14 becomes law the College will have no authority to grant even a valid surgical diploma, except in subordination, as the General Medical Council, with the sanction of the Privy Council, might have laid down. The memorandum also points out that no provision is made in the bill towards the attainment of a conjoint system of examination, in which cause they are ready to make great sacrifices with regard to the granting of this minimum qualification, and that it tends to perpetuate "the evil of nineteen uncombined and (in principle) competing bodies," and that hence "the reform most wanting in the licensing system of the United Kingdom would, perhaps, be impeded rather than promoted by the passing of the bill."

With regard to clause 23, the College observes that it throws the whole weight of dental education, examination, licensing, and registration on the shoulders of the General Medical Council, and that the College "can take no valid action, under its charter of 1859, until the General Medical Council and the Privy Council had seen fit to approve of some "scheme" proposed for the purpose. That the same spirit of extreme centralisation is shown in clause 24, which proposes that the General Medical Council shall provide a "new national institution for the examination, licensing, and registration of midwives." In this matter, while of opinion that legislation is necessary and desirable, they believe that a law would better compass those objects which would "throw the main stress of responsibility on *local* administrative authorities, with *local* professional assistance," and that the General Medical Council can hardly be utilised with advantage in this matter for more than, perhaps, some *general rules* with regard to the education and examination of midwives.

The protest from the Royal College of Physicians of London is couched in very similar language, and is directed mainly to the objections it also entertains to clauses 3, 8, 9, 14, 17.

A letter was then read from the President of the Medical Reform Committee of the British Medical Association, with regard to the legislative measures which it is the desire of the Association to support.

Dr. TURNER then gave notice that he would, on the

ensuing day, ask whether the measure mentioned in the letter was to be considered that of the British Medical Association as a body, or only of its Reform Committee.

THE CONJOINT SCHEME.—THE DEBATE.

Sir W. GULL then rose "to inquire what progress had been made in the matter of a Conjoint Scheme for a common examination in Scotland and Ireland." The speaker remarked that at the time he proposed this question he had hoped that there would have been by this time a Conjoint Scheme for England in working order. That, however, was not the case, but he still put the question in the hope that it might prove a landmark in our slow progress towards that end.

Dr. TURNER stated that a Conjoint Scheme had been in action in Scotland ever since 1859 (referring to the union of the Colleges of Surgeons and Physicians both in Edinburgh and Glasgow.)

Sir WILLIAM GULL replied that such a system was in no way analagous to the species of Conjoint Scheme to which he referred.

The Medical Act (1858) Amendment Bill was then taken as read.

Dr. HUMPHRY then gave notice of motion—

In 1870 this Council passed the following resolution, by a large majority, and after much deliberation :—

"That this Council is of opinion that a joint examining board should be formed in each of the three divisions of the kingdom, and that every person who desires to be registered under any of the qualifications recognised in Schedule (A) to the Medical Act shall be required, previously to such registration, to appear before one of these boards and be examined in all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the Universities and Corporations being in all other respects the same as at present."

The Council has subsequently sanctioned a scheme for an examining board for England made in conformity with that resolution.

The Council adheres to the principle of that resolution, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an examining board in each of the three divisions of the kingdom, and direct that every person who desires to be registered under the Medical Act shall be required to appear before one of these boards, and be examined in the subjects which may be deemed necessary by the Medical Council.

Dr. Humphry then rose to explain his motion. He remarked that he had no sooner read the Act than he was stricken by surprise at the utter want of any adequate provision for the great principle that there should be one examining board for each of the three divisions of the kingdom. He wished to impress upon the Council that it had never had more important business than at present, and expressed a hope that the question might be discussed in no narrow spirit, but from the broad point of view of what were the best interests both of the profession and the public. The speaker then gave a sketch of the efforts which had been made by the Council towards the attainment of a Conjoint Examinational Scheme, from the minutes of the Council 1860 to 1870 (vol viii., page 32), when the above resolution, the result of the united efforts of Drs. Parkes and Thompson, was, after long and patient discussion, passed, and this, not by a majority composed of members from any one section of the kingdom, but by a large majority of Scotch and Irish as well as of English representatives, so that it might be considered a truly national vote. The Council went even further, recommending Government to bring in and carry through a bill to bring this principle into effect. With such a measure the Council had hitherto identified itself. Acting on the recommendations of the Council, the English medical authorities set to work and framed a series of regulations with a view to the carrying into effect this principle. The result of their labours is that a scheme has been nearly completed. The English authorities had been much taunted as to their slowness in carrying out these projects, but he would remind such cavillers that such delay was the almost necessary adjunct of the development of any great and important question. He (Dr. Humphry) remarked that his double connection with the College of Surgeons, and with the growing medical school of the University of Cambridge, gave him great opportunities for gauging the state of professional opinion in England, and he found the apprehension general that this great work would not be completed for the want of a similar organisation in the other divisions of the kingdom, and that when they taunt England for her slowness they should remember that that delay was in reality due to themselves. The speaker then pointed out the public spirit which had been shown by the various English licensing bodies sacrificing their individual interests to the attainment of an uniform minimum qualifying standard. He exhorted the Council to remember that all this had been done in conformity with their wishes, and not now to stultify itself by leaving them in the lurch; that it was everywhere felt to be an anomaly that any and every one of these nineteeen various bodies should have the power to confer a licence to practice all branches of our art. The system of supervision of examinations was of course an attempt to bring about some degree of uniformity, but in point of fact, the Council had always shrunk from the difficulty and cost of carrying this out in an effective manner. These many bodies were thus laid open to the imputation of a downward competition, and the very possibility of such an imputation ought not to be tolerated. That there was some ground for such an imputation was shown by the wide difference of the proportion of candidates rejected at the different examining bodies, and in support of this adduced the instances of the L.R.C.S.Ed. and L.R.C.S.I. examinations, where 6 out of 66 and 4 out of 89 only were respectively rejected.

The speaker was here interrupted by Dr. WOOD, who pointed out that this did not fairly represent the proportion of rejections by R.C.S.Ed., as most candidates for the L.R.C.S. alone were men who had already passed the severer examination for graduation at the Edinburgh University, and that the combined L.R.C.S. and L.R.C.P. showed a proportion of rejections as high as that of the English licensing bodies, and added that he hoped the reporters would take this down, as such a statement might seriously affect the prestige of the Scotch licensing bodies.

Mr. MACNAMARA also explained that the 4 out of 89 was exceptional, as was evidenced by the fact that at the *second* examination for the L.R.C.S.I., 33 out of 99 candidates were rejected.

Dr. HUMPHRY replied that all he wished to point out was, that there ought to be no possibility of any question of the sort arising. What, then, were the objections to this principle? These, he understood, proceeded mainly from Scotland. What all their objections were he did not quite know, but he had heard some of them. First, that it would not after all secure absolute uniformity, as there would still be three examining boards. To this it might be replied that the variety would at any rate be more than sixfold, and the Council will no longer have the task of supervising nineteen examining bodies, but the more practicable business of visiting three only. Again, the combination of a number of bodies in a conjoint scheme would prevent any tendency of the mere "L.S.D." interests of any body producing a downward competition. Again, it is with obvious want of consistency said, You will get too much uniformity. This also is not true, but there is professed in Scotland an apprehension that it would bring the level of their university degrees to that of the minimum qualification. But the English universities have shown no such fear, taking it as certain, and in fact, stipulating that their own degrees should be left untouched. Such a course as this is equally open to the Scotch universities. The only objection "on principle" the speaker knew of was, that such an uniform

qualifying standard would lead to a dead level of mediocrity. But this objection was based on misapprehension, because this so-called evil will go no further than institute an uniform minimum qualification, as the universities and other bodies will still have the power of making their degrees as severe as they please. And this will, in fact, leave the universities freer than before, as they will no longer be held back from a high standard by the reflection that the candidates' daily bread may depend on their dictum. It has been stated that the Scotch licensing bodies *cannot* acquiesce in such a scheme, because the students would have to travel from all parts to Edinburgh for examination. Is *cannot* a word to be used in Scotland? *Will not* is a word much more likely to be used by Scotchmen, and to be carried through by Scotch strength of purpose. But those who make this objection seem to forget that such an arrangement already exists without inconvenience in England; that, in fact, there are large teaching bodies at Manchester, Birmingham, Bristol, &c., whose candidates are obliged to repair to London for examination. It is said that the interests of these licensing bodies would be affected, but the members of the Council are not here as representatives of licensing bodies, but as an organisation to carry out for the country the provisions of the 1858 Act. By the introduction of the Earl of Ripon's Bill, which contained a clause for enforcing uniformity of examination, the Government showed its appreciation of the principle involved. That Bill, however, did not pass, not on account of that clause, but on account of a side issue, and we have now to deal with the present Bill. He (Dr. Humphry) confessed he was astounded to find this principle quite out of the Act. He told the Council that it had been squeezed out by the strong grasp of Scotland. He had no objection to Scotland seeking for as much influence in the Legislature as they could, but he did not consider it the right way; the duty of England and of the Council was to carry through the principle which they had so long advocated. They had substituted a sort of double action by requiring a double qualification. The objections entertained to this were shown by the protestations they had received from the R.C.S.E. and R.C.P.L. It recognises the necessity of combination, but does not provide for it. That if clause 14 pass, there is no single body which will be able to grant degrees, except under rules made by this Council and approved by the Privy Council. Nay, that it went further, giving the Privy Council power to alter those rules without let or hindrance, and placing all authorities entirely under the hand of the Privy Council. Surely, there could be no question between such a sacrifice of all independence as this, and the smaller sacrifice, he might rather say, continuance of independence, in the form of a representative examining body, subject only to the control of this Council. He only wished that the Scotch members had been present at the Conferences recently held at the R.C.S.E., they would have then seen the value of the representatives of many bodies meeting together to further an important issue. He would have them bear in mind that each successive act of the Legislature had been to press its foot more firmly on the one thing they had worth fighting for—the independence of the profession and the right of self-government. Surely, the persons best qualified to regulate medical education were those who had themselves gone through it. Let them remember that there was a daily growing public demand for the establishment of the principle he advocated. They would be mere politicians, if they seized on this demand while it was still young and pliable, to bend and train it after their own pattern, and to blend it with their own ancient institutions. Let then the Council not stultify itself, but stand to its colours in this question, as on its issue it might almost be said that the Council must stand or fall.

Dr. Wood then rose. After regretting that the task of opening the opposition should devolve on him, he first adverted to the charge of inconsistency and of retrogression, and stated that in his opinion, this was not the case. That had the system been a good one, the difficulties in Scotland would not have arisen, and that Scotland opposed the scheme, because after thoroughly scanning the question, they had come to the conclusion that the scheme was impracticable. That Dr. Humphry appeared to take it for granted that a Conjoint Scheme must necessarily be a good one, but he would endeavour to show that such was not the case. They had now been working twenty years under a Medical Act. Could it be said that no advance had been made during that time? Was it necessary for them now to take a new point of departure? He supported the present bill, because it was a mild measure, and not such a revolutionary proceeding as that advocated by Dr. Humphry. That before the Medical Act of 1858, there was pressing need for medical reform, he admitted, as then the separate licensing bodies were under no control whatever. That then, as now, there were fragmentary qualifications, and that this was an undoubted defect in the Act of 1858. But that bill contained a permissive clause, allowing and affording facilities for the combination of authorities. Now where had this clause been taken advantage of? Only in Scotland, abused Scotland. Before the Act of 1858, preliminary education was nowhere insisted on.

Mr. Macnamara refused to admit this, with regard to Ireland, where he said preliminary education was as good a hundred years ago as it now is.

Dr. Wood replied that he *ought* to admit they had improved, if he did not. The speaker then reviewed the difficulties that had to be surmounted before the Act of 1858 could be passed, and the Medical Council established on its present basis. That Act had now been in force twenty years. What had been done by the Medical Council during that period? If they took the *ipse dixit* of the editorial "we" of the medical papers, it would be replied that the Medical Council were a set of useless fellows who met together to spend money, talk a lot, and do little. He hoped to show, however, that it was quite otherwise. The speaker then proceeded to enumerate at some length the improvements in medical education, examination, and legislation, that had been effected by the General Medical Council, and adverted to the good that had been done by the system of visitation of examinations, and made an eloquent allusion to the distinguished men who had sat on the Council. He then remarked on the advantage that had been gained in Scotland by the voluntary combination of examining bodies, these in accordance with the powers granted by the Act of 1858, and regretted that similar combinations had not been formed in England and Ireland. He confessed he felt some sympathy with the latter part of Dr. Humphry's speech, but he did not entertain so much apprehension with regard to the power of the Privy Council, because he thought those powers would be mainly exercised in protecting the interests of the corporations, rather than in coercing them. Why the English corporations did not combine, he knew not; but the fact remained, that until 1870 they made no steps in the matter. In 1870, England appeared roused to an energy as fiery as her former apathy was extreme. They went in not for a judicious partial combination, but for an entirely Conjoint Scheme, and wanted to force Ireland and Scotland to do the same. Scotland refused, not because she could not, or would not, but because she did not approve of it. That England even evidently looked on the Conjoint Scheme as but an experiment, was shown by the clause which allowed of the withdrawal of any corporation from it at the end of five years, but that, if they got the present bill modelled after the pattern of Lord Ripon's, they would have no power of withdrawal, even should the matter turn out as bad a job as he was inclined to expect. That the wish for uniformity would not be secured by it, as the number of candidates was so great that for any one board to examine them would be a job to which the labours of Hercules were a "small joke." This would necessitate the breaking up of the board into sections, and so sacrifice their much-desired uniformity. In order to secure uniformity, the board would either have to be peri-

patetic, or the candidates would have to come from all parts to some central examining board. Another objection which he had, was that each body would part with the power of examining the candidates who would bear their name, and that he feared that the association of the licensing bodies would either have the tendency of bringing down the university standard to the level of the minimum qualifying standard, or that the universities would raise the latter above the reach of the average student. What he feared they would get, would be an absolute dead level of mediocrity. He indignantly repelled the insinuation that he was advocating any individual interest, but he stood there with the object of improving the profession. He alluded to a recent conversation he had had with Sir Robert Christison, in which that veteran medical reformer had urged him to impress on the Council the danger of plunging into an experiment, the end of which could not be foreseen. If the machinery of medical education were rusty, let them oil it, if the regulating wheel wanted weight, let them strengthen it, but let them not tear the old machine to pieces to build up a new one, of whose working properties they are entirely ignorant.

Sir DOMINIC CORRIGAN then made a short but very humorous speech, in which he stated that he supported the system of double registration because he thought it all that was wanted. Prof. Humphry wanted Ireland to follow the example of England with regard to a Conjoint Scheme. England had been twenty years about that scheme, and had not yet completed it. He hardly thought that an example worthy of imitation. He thought that the Council would rather stultify itself by adhering to its old policy than by changing it for a better. He thought that the conjoint scheme would put an end to all emulation, as why should a man take higher degrees when he found himself equally qualified for all Government posts by his minimum qualification; and pointed out that graduations of qualifications existed everywhere.

Prof. ROLLESTON then spoke in favour of the motion, and ridiculed the difficulties that the Scotch and Irish representatives appeared to see in a central examining board. Was the distance between Edinburgh, Glasgow, and Aberdeen so immense? Had they no railroads or book post in Scotland? He argued that by the Conjoint Scheme they would get all the advantages of centralisation without its evils. If they did not take care they would have all power stripped from their hands by the establishment of a *State examination*, as had been done in other countries.

The Council then adjourned.

SECOND DAY.—DEBATE ON THE CONJOINT SCHEME—(*Continued.*)

ON the resumption of the sitting on April 11, the minutes of the preceding meeting were read and confirmed.

Dr. ROLLESTON continued his observations. He was glad that he now held Lord Ripon's Bill in his hand, as it showed the danger of the profession being crushed by the steam-roller of Government interference. He felt a great respect for Dr. Christison, but he could not see that any argument worthy of the name had as yet been advanced by the opponents of the Conjoint Scheme. He remarked that those who were good at excuses were seldom good at practical matters, and that this was shown by the objection that one board would not be able to deal with the number of candidates. Could this be said to be a valid objection in the face of the fact of the immense number of candidates examined by the University of London. He hoped that Dr. Storrar would rise and state whether that body found much difficulty in examining a large number of candidates.

Mr. TEALE remarked that he felt sure that they had come to a very critical point of the history of the Medical Council. He thought he should not be overstating the case in saying that there was a widely-spread feeling that the Medical Council had not done all that it might in the cause of medical education. For the last few years the Council had gone on making recommendations which might or might not be attended to, and he thought that this led to a want of earnestness in their deliberations. He could not say that he shared the apprehensions of Prof. Wood with regard to conjoint examinations. He could not see that there was a likelihood of any dead level, or of any too great raising or depression of the standard of the minimum qualifications, as there would always be the Council to supervise and prevent this. He remarked that it appeared to him that the present number of examining bodies was a great waste of power, and that unless the Council supported a Conjoint Scheme they would soon be wiped away as useless, to make way for a State examination.

Dr. STORRAR said that the University of London found no difficulty in examining large numbers of candidates, and instanced, in addition, that the College of Surgeons examined without difficulty 500 candidates at its primary, and 300 at its second examination. Dr. Wood had stated that this was a new point of departure. He went back to the Bill of 1858, instead of forwards, and he (Dr. Storrar) was very grateful that he did not take back his history of the medical profession to the stone age. He would now give his version of what happened in 1858. In 1856 the necessity for reform having become obvious, the matter was brought into the House of Commons, which was none too well informed on the subject. This was referred to a Select Committee, who proposed what was, in fact, a *State examination*. The Corporations resisted this stoutly. The Parliament was very anxious to get the matter settled as soon as possible, and hence Mr. Walpole brought in a Bill which was, in fact, a compromise, sweeping away the old local jurisdictions, and instituting a register and a council to supervise the actions of the separate examining boards, but throwing aside the general examining board. We have been working on this Bill for the last twenty years, but on account of its defects, much has been wanting, and he agreed with Dr. Rolleston that unless we now move on some strong Government will step in and take the matter in their own hands. He was much astonished to hear Dr. Wood boast that Scotland had been the first to establish a Conjoint Board, and pointed out that this was in reality not a lessening of the number of examinations, but of making nine examinations instead of seven. It would be of course a ridiculous statement, and an undeserved censure on the Council, to say that no improvement had been made in the profession under the auspices of the Council. But surely he would not maintain that the present state of things was perfection. He now approached a delicate subject, that of the excellence of the examinations of Scotland. He had had no personal experience of those examinations, but he knew many young men who had passed through those qualifications, and he found that their experience did not lead him to think the state of things so excellent as Dr. A. Wood appeared to think. One word with regard to the body which he himself represented. As soon as a Conjoint Scheme had been fairly propounded, they had stepped out and offered to associate themselves with it, and when it should be brought into action they would not be found behind, even at some sacrifice of money and of independence.

Dr. HALDANE remarked that the ideal Conjoint Scheme was always prepossessing, but on attempting to carry it out great difficulties were found even in England. In Scotland even greater difficulty was found towards the attainment of this object, on account of the much larger percentage of candidates who there take university degrees. He did not think that the combinations existing in Scotland had been such a failure as Dr. Storrar appeared to think, and the figures showed that these combinations had had the effect of greatly lessening the number of single qualifications granted. He looked upon universities and corporations as distinct and separate bodies, and did not think that it was desirable that they should be combined with a conjoint establishment. He looked upon university degrees as higher honours than those granted by the corporations, and thought it to be regretted that university

degrees should be at all looked upon as mere qualifications to practise. He thought it a pity to interfere with the present state of things. He did not share the fears of Prof. Rolleston with regard to a State examination ; in fact he would much prefer one to a conjoint scheme, and thought it would be much more satisfactory both to the profession and the public.

Dr. QUAIN then said he wished to make a few observations as one who had from the first been associated with the attempt to establish a Conjoint Scheme. At the time of Mr. Walpole's bill it was understood that that bill was entirely tentative. He wanted to know how it was that candidates were, every day, crossing the Tweed, and coming back with a qualification at a less expense both in money and brain power. He alluded to the petition, signed by 9,000 medical men, from Dr. Bell Fletcher, praying for some kind of Conjoint Scheme. Supposing that a *State examination* was established, who would go to the halls and corporations when they had got such a qualification as that of a *State examination*. They would practically all be swept away. The difficulties in the way of a Conjoint Scheme were not so great as was imagined ; all the difference was that instead of candidates being examined here, there, and everywhere, they would combine the examination at one place.

Dr. TURNER objected to the form they were taking in discussing an abstract resolution, as disrespectful to the Lord President's Bill. He considered it an attempt to force the hand of the Council by committing itself to an abstract resolution before considering the bill which had been sent down for consideration. He considered that Dr. Humphry's motion required more elucidation. It leaves it quite open as to whether there is meant a Conjoint Scheme, or something quite outside our system, it might even be a *State examination*. Dr. Humphry especially stated that he never in the course of his speech mentioned a Conjoint Scheme. What did he mean ?

Sir JAMES PAGET here said, as seconder of the speech, that Dr. Humphry, he believed, considered anything, even a *State examination*, was better than a continuance of the present state of things.

Dr. TURNER continued his observations, by alluding to the so-called anomaly of nineteen licensing bodies. No one at the present day would care to establish such a number of bodies for one purpose. But one should not look upon it entirely from the light of the present day, but from the historical point of view. They were ancient bodies, but progressive bodies also, and there was no evi- to prove that they had in any way betrayed their trust. He wished to contrast the evidence of Dr. Storrar's unknown students with that of their own visitors ; it was in the power of the Council to stop the action of those who were not up to the mark. He did not, therefore, attach much importance to Dr. Humphry's objection with regard to the anomalous nature of the state of things. He did not consider that absolute uniformity was good, but apart from that, he did not consider that such uniformity was attainable. A standard of examination was a mental conception, and could not be cut and shaped like a fluid or solid measure. Each examiner would have his own standard, and this even would vary in the same man from such trifling causes even as a fit of indigestion. To secure such absolute uniformity, it would be necessary to have all candidates examined by one examiner always in the same state of health. He feared that such centralisation wouldbecome a great encouragement for cramming, because there being but one examining board, its peculiarities would become all the better known. Such uniformity, however, would be not secured, as there were in the Conjoint scheme eight examiners in each subject, and hence there would be as great variety as there was in the old system. He pointed to the report of the Royal Commission on the Universities of Scotland, which stated that in its opinion the Scottish universities should not be made mere places of preparation for some central examination, and that such a course would put an end to all independence of thought and training. He considered that it would interfere with the solid kind of education which it was so important for all candidates for university degrees to have. He thought that he was not in error in stating that the Conjoint Scheme interposed another examination between the candidate and the object he had in view. The necessity of passing such an examination would lead them to concentrate their energies on the preparation for its lower standard, instead of the higher education required for the university degree. A former speaker had remarked that the adoption of a Conjoint Scheme would make no difference in the examinations as the same men would be examiners as before, all the available examining talent being at present in use in the various examining boards. He, however, doubted that such would be the case. The total number of examiners required would be considerably less, and hence more time would be required to be given by each examiner to the business of examining, a greater amount of time in fact than a man in active practice would be able to afford, and the result would be that the post of examiner would be only sought by inferior men. He would have it noticed that the case of the Scottish and English universities was different, the latter having practically no schools attached to them. The former, on the other hand, had under their tuition an immense number of students, and he thought that they owed it to these young men to defend their interests in the independence of the Scottish universities. The course of study and education at the Scottish universities was in every sense a complete one, and they felt, not to mince matters, the English had no right to force their young men to pass an examination of a kind they considered in every way inferior to their own, and in addition to subject them to a pecuniary fine in the form of an examination. Whatever might be said of the merits of the case, there was a momentary side to the question which must be faced. A large portion of the revenues of the Scottish universities was derived from the examination fees. These fees did not go into the pockets of the examiners, but were returned to the student by being applied to the improvement of their means of education ; and this justified the Scottish universities in opposing any scheme which would have the effect of lessening the number of candidates for their degrees.

Dr. AQUILLA SMITH felt convinced that the establishment of such an examination would materially lessen the number of candidates for the higher examinations. He, too, considered that it would be not only injurious, but derogatory to the universities, to force them to combine with the Corporations. He hoped that the Council would now pass to the consideration of the Lord President's Bill by dismissing the motion before them as soon as possible.

Mr. MACNAMARA said that he did not consider that the time of the Council had been wasted in this discussion, because if they accepted the motion, it would be tantamount to the rejection of the Lord President's Bill. He felt sure that the adoption of a Conjoint Scheme would have a deteriorating tendency on the profession, whereas the present Bill necessitates each candidate having a separate examination in medicine and surgery, and he thought this would obviate the tendency any single examination must have of letting pass a candidate weak in medicine, because he was specially good in surgery. He begged to retract any impression he might have given yesterday of depreciating the Scotch degrees. In years gone by, when he was a grinder, he used to charge £20 for preparations for the Irish degrees, £15 for the English, and £10 for the Scotch qualifications. He was now no longer a grinder, but he had inquired of gentlemen engaged at present in that honourable calling, and they had replied, "troth, we make them all pay just the same." He hoped that the Council would adopt the Lord President's Bill, and reject Prof. Humphry's motion. He considered that the Bill contained very many important points. He objected to some clauses, but on the whole he approved of the measure.

Sir W. GULL deprecated further discussion on the motion, as every man's mind was already made up as to how he was going to vote. He would, therefore, be as brief as possible. Dr. Wood had stated that the difficulties in the way of estab-

lishing a Conjoint System in Scotland might be overcome. Dr. Turner, on the other hand, said it was impossible. The gentlemen from the other side of the Tweed had given many reasons—he would not dignify them by the name of arguments—why Scotland would not have the Conjoint Scheme. They had kept their real reason—the pecuniary one—back to the last. All the reasons they had advanced were either political or pecuniary, and none were based on the broad principle of the public weal. It could not be denied that the Scotch University Degree was nothing more than a licensing examination.

Dr. TURNER entirely objected, and dissented from such a statement.

Sir W. GULL—Dr. Turner might object, but it was nevertheless the truth. There was a wide difference between the Scotch Universities and the London University; the standard of the former was a minimum standard, that of the latter a maximum standard. How otherwise could it be the case, that so large a proportion of Scotch candidates took a University degree, while so small a percentage of English students attained the degree of the University of London. It was folly to attempt to deny that the present bill would not have been more stringent but for the political reason of the objections raised by the Scotch medical authorities. It was pleasant to hear the speeches made yesterday by the gentlemen from Scotland. The Council was resolved into a Society for mutual congratulation. It was delightful to hear how smoothly everything was working, and how much the Council had done for the profession, and how well it had done its duty. But how was the Council to efficiently perform its duty of supervision of examinations, while those examinations remained so numerous? The Council had nothing to do with politics, and pecuniary matters were equally outside its scope. Its duty was to strengthen the hands of the Government by clearly stating what was best both for the profession and the public, and he did not think that any disinterested person would maintain that the Conjoint Scheme was not superior to the present bill. The question of the fees was decidedly a difficulty, but the proper course was to try to surmount it. The difficulties lay mainly in Scotland; Ireland, as Sir Dominic Corrigan had told them, was perfect. He hoped that his separate interests would not be allowed to obscure the main question at issue.

Dr. PITMAN pointed out that Drs. Wood and Haldane, on the one hand, stated that a Conjoint Examination existed in Scotland, and on the other, that a Conjoint Scheme was impossible. What was the meaning of this, but that the Scotch and English ideas of a Conjoint Scheme were different, and that the so-called Scotch Conjoined Scheme left open the possibility of fragmentary qualifications? The Lord President's Bill prevented this, but did it go about this in the best way? He considered it very objectionable that the Scotch Universities were at the same time educational and examining bodies. He considered it most objectionable that any man should examine his own pupils, and this was entirely impossible in the English Conjoint Scheme. He was satisfied that the day must come when the bodies would either be forced to combine, or be swept away to make room for some new examining board, and he thought that the Council should make an effort to get restored to the bill the principle which had been, by extraneous pressure, excluded from it.

The debate was then adjourned until the next day. During the remaining time some unimportant formal business was transacted.

THIRD DAY—DEBATE ON THE CONJOINT SCHEME—(*Continued.*)

The minutes of the preceding meeting having been read and confirmed, the Council passed to the adjourned consideration of Dr. Humphry's motion.

Sir DOMINIC CORRIGAN asked, What is the state of the English Conjoint Scheme?

The PRESIDENT replied that he had asked Sir James Paget as president of the committee for the Conjoint Scheme to reply.

SIR JAMES PAGET said that the Conjoint Scheme was in the same condition as on the preceding session of the Council; that the scheme after being confirmed by the Council, had been referred to the several English educational bodies. That a committee of reference had been appointed to carry out matters of detail with regard to regulations for examination and education. That their labours are nearly completed, and it was possible that the Conjoint Scheme might be in full working order by October next. Whether it would or not, evidently depended to a great extent on the decision of the Council, and on the fate of the present Medical Act.

Mr. SIMON then rose to speak on Dr. Humphry's motion. Many speakers on the opposition had, he said, stigmatised the motion an abstract, obscure as a snake in the grass, as a trap to catch the unwary, &c., the unwary greenhorns being their astute selves. If the motion were abstract, he knew not what was concrete. If obscure to them, it was clear as daylight to him; if they thought they had scotched the snake, they had not killed it. Mr. Macnamara had said that the motion broke the back of the bill. He could not see that the bill had any back bone, to him it appeared[moluscus, not to say jelly fish. He could not see that the bill as it stood involved any principle at all. After all, what was the object of the Medical Acts, and of the institution of the Council, but to secure to the public that none but properly qualified persons should be allowed to practice as medical men? The present state of things did not satisfactorily guarantee this, and he objected to such a mere permissive measure as the present bill, because he thought it threw back rather than advanced the cause. He thought that persuasion was more the province of the churchman than of the statesman. That the present Council had done much towards the improvement of medical education he would not deny. But the unsatisfactory nature of the present state of things was shown, by the little attention that was bestowed even to the most clearly expressed *dicta* of the Council—was shown by the retention of the system of each authority still having its own examination in preliminary education in spite of the recommendations of the Council to the contrary. He could not see that the argument that not even single examiners could keep up a uniform standard of examination, was worthy of a philosophical mind. Then as to the question of the difficulty of a central examination. Was there any need of peripatetic examiners, had they not railways by which the candidates might come to them?

Dr. TURNER—It was not a question of railways, but of expense to the candidate.

Mr. SIMON—How great, then, must be the inducements which lead English students to undergo so much fatigue and expense in that they go all the way to Edinburgh in order to come back with high-sounding titles—(laughter)—titles which are often used for unworthy purposes.

Dr. TURNER demanded an explanation of this expression, as he considered it a very serious charge against the Scotch Universities.

Mr. SIMON explained that he referred to the custom of English candidates taking a minimum qualification in Scotland, and being allowed on their return to style themselves as doctor.

Sir DOMINIC CORRIGAN said that he himself, as a Scotch graduate, was quite satisfied with Mr. Simon's explanation, as he had cleared the Scotch Universities from his imputations by confining them to Englishmen.

Mr. SIMON could not see why the difficulty of combining corporations and universities should be in any way derogatory to the latter, as combinations might easily be made, in which the University concerned itself mainly with science, and the corporations with medicine and surgery. He hoped that the motion would be carried, in order that the back-bone, so much desired by Mr. Macnamara, might be inserted into the new Medical Bill.

Sir J. PAGET said, before speaking on the motion itself, he should like to say a few words on the Bill to which it referred, as he feared lest an impression should get abroad that the Council entirely disapproved of the Bill, and this he did not think ought to be the case. On this account he was glad that in the form of the motion, the point of the Bill which was most open to objection, was being debated first. In many points the Bill was no doubt good. It was a general complaint on the part of the universities that they were obliged to pass persons who were not up to the standard they should like, because their examinations were also qualifying examinations. The London University was the only one that withstood this tendency. If, then, these examinations were made mere qualifying examinations, they convicted all lower qualifications of being below what ought to be the minimum. Sir Dominic Corrigan had asked him what was the state of the English Conjoint Scheme? and he had replied, briefly, that reply was that the English Conjoint Scheme was practically ready to be put into work. The Scotch had said they should like to see the result of the experiment in England. He had no doubt but that the Scheme would succeed if the experiment

were fairly tried, but how was it to be fairly tried if the Scotch and Irish did not try the experiment at the same time. The public had been gradually educated to consider that a single uniform examinational standard was necessary. If they accepted the Conjoint Scheme, this would be done by their own will, in their own way, and by their own rules. If they did not, they would have to do it against their will, and after other people's methods and rules. He did not consider the present Bill a mild measure in that if it passed, no authority would be able to grant any degree except under the rules made by the Council, and approved by the Privy Council. Could any measure be said to be a mild one with such a sting in it as that. If no Conjoint Scheme were adopted they were sure to drift sooner or later into a State Examination. There were two ways of arranging such an examination, by either placing it after or before the candidate had obtained his diploma. What could be more objectionable than subjecting candidates to a minimum examination after they obtained their degrees. It would be equal to implying that in spite of the letters after their names, they could not be trusted to practise on the public. To have the examination before allowing men to go in for their diplomas, was not so objectionable. The present Bill was equivalent to a statement from Government, that Conjoint Schemes were impossible. He therefore pitied those who allowed the Bill to pass through unmodified, when in the future they should find the result which must necessarily arise from it.

Dr. FERGUS said that he had not from the first made up his mind as to how he should vote. He had expected they would have at once proceeded to discuss the Bill clause by clause, and that the present motion appeared an attempt to shunt the Bill from discussion.

The PRESIDENT replied that the Executive Committee had considered the matter, and had decided that the consideration of the motion was the best method of considering the Bill. The President then said that he should on this occasion exercised his privilege of voting, because he considered that it was not in the interests of medical education that nineteen separate bodies, each having the right of licensing, should co-exist. He then called upon Dr. Humphry for his reply.

Dr. HUMPHRY disclaimed any intention of shunting the Bill, but said that his object was to make an attempt to get restored to the Bill the principle which had been excluded from it by the advice of the gentlemen from the North of Tweed. Dr. Turner had said that uniformity was impossible. Of course absolute uniformity was as impossible in examinations as among individuals, but such uniformity as would secure a good standard, and such as the public had a right to demand, was quite practicable and possible. The sole object of this resolution was to induce the several corporations to combine in all three divisions of the kingdom; that the corporations should combine in each division to make such a combination as should be most suitable to their own requirements. That they know their own wants far better than we do, than the Council can, or the Privy Council can. Let us, therefore, retain the freedom of self-government. The sole object of his motion was not to shunt the Bill, but to unify and preserve the liberties of the corporations.

The Council then divided, 14 voting in favour of Dr. Humphry's motion, and 10 against it.

Majority.—The President, Dr. Pitman, Sir James Paget, Mr. Bradford, Dr. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Leet, Dr. Quain, Sir William Gull, Mr. Simon, Mr. Teale, Dr. Hudson.

Minority.—Dr. Haldane, Dr. Andrew Wood, Dr. Scott Orr, Mr. Turner, Dr. Pettigrew, Dr. Aquilla Smith, Mr. Macnamara, Dr. Arjohn, Sir Dominic Corrigan, Dr. Fergus.

A FEW days since, a dealer, at Salford, was summoned for selling butterine as butter. The magistrate who tried the case came to the extraordinary conclusion that because no man could expect to buy genuine butter at 10d. per lb., therefore, a grocer who sells an inspector so-called butter at that price, is not guilty of fraud. The logic is almost beneath contempt. To carry such an absurdity further, it would be useless to go to a magistrate who is paid only half the stipend of another, because justice could not be got at the price.

Original Communications.

HYSTERICAL CONTRACTION OF THE IRIS AND OF THE CILIARY MUSCLE.

By DR. GALEZOWSKI.

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.,
Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and the Dublin Eye and Ear Infirmary.

THE more one studies hysterical affections, the more one becomes convinced that they present a wide and extensive field for investigation. Thanks to the researches of M. Charcot on this subject, the history of hysteria is now enriched by certain data, up to the present time either unknown or else little known. This eminent professor has shown us, among other cases, and that more clearly than has been done by anyone before him, that it is, sometimes the general sensibility which is affected, sometimes special senses suffer from more or less grave alterations, and finally, that hysterical patients are sometimes seen suffering from contractions in different parts of the organism. The lesion of the general sensibility shows itself either by hemianæsthesia or analgesia, either partial, or total. Anesthesia of special senses is characterised by derangements of vision, of taste, of hearing, and of smell. Derangements of vision are characterised in a marked manner by hysterical diathesis. They are resumed in the following symptoms:—

Hysterical amblyopia. This is generally monocular, and corresponds to the side affected by hemianæsthesia. This amblyopia is very characteristic, as we have been the first to demonstrate. Besides the marked diminution of central acuteness of vision, there exists a sensible and concentric contraction of the peripheric field of vision, as well as complete dischromatopia or achromatopia. According to M. Charcot, hysterical amblyopia of one eye is nearly always accompanied by a contraction, though less marked, of the field of vision on the other side.

But amblyopia is not the only derangement of vision which exhibits itself in hysteria. We have often observed in this affection, contractions of different muscles of the eye, among others of the orbicularis, or in external or internal recti of the eye-ball. The contraction may, in thoroughly exceptional cases, attack the iris and the accommodating muscles, and consequently bring about notable modifications in the nature of the sight. Under the influence of this contraction, a permanent and durable tension of the accommodating muscle will be produced, which will conceal either partially or totally the normal refraction.

The observation given further on is one of the most interesting of its kind. The contraction of the accommodating muscle, occurring in the case of a hysterical woman, at the same time as other muscular contractions, has brought about on the one hand myosis of both eyes, as complete as possible, scarcely permitting the light to reach the depth of the eye, while on the other hand, this patient who suffers from hypermetropia was the subject of amyopia of 0·75 dioptrics which only disappeared temporarily under the influence of atropia.

Observation.—Hysterical contraction of the iris, and of the accommodating muscle.

Madame Emma de Freschel, 38 years of age, came to my surgery, number 26 Rue Dauphine, on the 9th of October, 1877. She is married, and the mother of a daughter 20 years of age. Since the time of her confinement, she has been subject to nervous attacks, brought on by the most trifling occurrences. These attacks are characterised by the sensation of a ball rising in the throat, and causing such a sensation of smothering that the patient, unable to bear the pain, tears her breast with her nails. During these attacks, which are always accompanied by alternating fits of laughing and crying, the patient heard and saw nothing; she became completely unconscious.

These attacks usually appeared after menstruation. Soon the patient feels her extremities becoming numb, and her joints stiffening, the lower part of the legs became swelled, and at length a general feeling of discomfort, which slightly affected her health.

Five or six years ago, the fits of laughing and of crying which accompanied these attacks ceased. Since this time, the patient has not become unconscious, but often suffers from faintness and giddiness, especially while digestion is going on. Since this epoch, that is to say, since about six years ago, she has felt her sight failing.

At the same time she began to suffer from shooting pains in the left leg, which she could only ease by the application of cold water. These accidents became further complicated by incontinence of urine; every night during these attacks she passed urine in her bed. These accidents ceased, however, on the 25th of last August. On this day, the patient having just finished a meal, wished to get up from the table, and found her left leg had suddenly become benumbed, and that she could not move it in the slightest degree. Even at the present moment this lady limps considerably with the left leg, of which, however, thanks to electricity, which has been successfully applied during five weeks, she has partially regained the power of movement. The foot is turned slightly outwards, and a permanent contraction of the flexor muscles exists.

The general sensibility is enfeebled in the left half of the body. The limits may be easily fixed, and correspond perfectly to the median line of the body; on the left side of the body, a pin may be inserted with impunity to a depth of two millimetres without causing the least sensation. The left ala is devoid of sensibility, while the right ala feels the prick of the pin. It is the same for the cornea; the finger may be passed over the left cornea without causing the patient to wink. There is nothing abnormal in the external parts of the eye. No kind of paralysis of the motor muscles has been observed. The iris of both eyes is contracted, and myosis so well marked, that the depth of the eye cannot be observed. The acuteness of vision, and the peripheric field of vision are in their normal condition, and the chromatic faculty is preserved.

On examining her on the 21st of last October, we observed that her pupils presented a diameter of 2 millimetres; the patient was the subject of a myopia of 5·75 dioptrics, but after having instilled a drop of atropia, we obtained a dilation of 6 millimetres and a marked degree of hypermetropia, for it was only with a convex glass of 1·75 dioptrics that she could see at a distance. The patient has been on several occasions subjected to metallotherapic treatment. Dr. Burcq has, in the presence of M. Charcot, applied several metals either to the left leg or to the orbits of the eyes. Silver alone has influenced the sensibility of the patient, but no metal has, up to the present time, caused the spasms of the accommodating muscle to cease, and the short-sightedness induced by contraction still continues.

Spasmodic myopia, induced by hysterical accidents, is an occurrence unique of its kind; and we do not think that it has been observed by others in any case before this one. This affection is not only rare in the hysterical diathesis, but is quite as much so in other diseases, constitutional or not, and we only know of some isolated cases in ophthalmology.

De Graefe (*a*) has only twice observed a tonic spasm of the accommodating muscle, and he considered it as a reflex neuralgia, supervening in consequence of the lesions of the sensitive nerves. We, on our part, have observed acquired myopia with permanent contraction of the accommodating muscle, in the case of a young woman who had tried to poison herself with a strong dose of opium. (*b*) Lastly, we have observed in the case of a patient suffering from ataxic syphilis, and who had been obligingly sent to us by Professor Lasègue, well pronounced myosis, accompanied by acquired myopia.

The contraction of the pupil is not rare; it has been even frequently observed in locomotor ataxy, as has been very clearly demonstrated by Romberg, Duchenne (de Boulogne), and by M. Charcot. Its presence in diseases of the heart (Eulenburg, Guttmann, Giovanni) has also been observed; but in these cases, the contraction is limited to the radiating fibres of the iris, and the accommodating muscle was not attacked. In the case of another patient, on the contrary, the hysterical contraction of the pupil had given place to an accidental myopia, resulting precisely from a spasm of the accommodating muscle. It is probable that at some future day, a means may be found of modifying this ocular contraction, or that it will modify itself spontaneously after an attack, but, it is certain that up to the present time, all means, internal or local have been without effect.

(*a*) De Graefe, Archiv, f. ophthalmologie, Bol. 2, Ablh. 2, p. 204.

(*b*) Galezowski, "Recuiel d'ophthalmologie," 1874.

Clinical Records.

NOTES ON MIDWIFERY.

Manual Evolution successfully performed in Arm Presentation.

By THOMAS BEAMISH, L.K.Q.C.P.I., L.R.C.S.I.,
Passage West, co. Cork.

HAVING seen a communication from Dr. Tuckey, of Castletownroche, in the MEDICAL PRESS AND CIRCULAR, headed "Spontaneous Evolution successfully Initiated," and reference being made to me (as I am the medical gentleman he speaks of), I beg to state that I did perform the operation so long as four years ago, though not exactly in the way Dr. Tuckey describes, and I purposed calling the operation "Manual Evolution" in contradistinction to "Spontaneous Evolution." I was glad to see Dr. Tuckey's case in print, as it makes me more confident in the opinions I had formed. I will now, as briefly as possible, describe the details of the operation, as performed by myself.

April, 1874.—I was called to M. C., æt. 35, in her seventh confinement. She had, eight hours previously, given birth to a small twin child, about four pounds' weight. I was told by the nurse that the waters of the second child had broken four hours before I saw her. On making an examination, I found the arm in the vagina, the uterus was firmly contracted on the body of the child, labour pains were very strong and frequent (the woman's own words were, that she would burst if not relieved). I at once dismissed the idea from my mind of introducing my hand into the womb to turn, as rupture of the organ or other injuries would undoubtedly have been the consequence, and considering that Nature had often effected delivery under similar circumstances, by what is termed spontaneous evolution, I did not see why I should not be able to imitate that process, and guide it to a safe termination.

Having emptied the bladder, I took the arm of the child in my right hand and drew it well down, bringing it slightly forward under the arch of the pubes, when I found I could bring the shoulder beyond the vulva, about half an inch, I could, in fact, see portion of the chest (I should say about the outer third of the clavicle), I then passed the fingers of the left hand into the vagina and over the chest of the child, and was able to hook my fingers over the last true rib, which I pressed, or rather drew down the wall of the chest being easily compressed and shortened, so to speak; I then placed the blunt hook over the rib, which gave me more power and released my fingers, then taking the hook in my left hand, I steadied the child in that position, and placing the fingers of my right hand in the axilla of the child, I pressed the body upwards, outwards, and backwards, at the same time drawing the hook (which was fixed over the rib), down-

wards and forwards, when to my great satisfaction, I felt and saw the shoulder and arm of the child recede, and a breech presentation perfected; the delivery was then conducted in the ordinary way. The woman recovered without a bad symptom, and has been a mother once or twice since. The operation was not a very difficult one, and was performed without violence, no excessive force being used. I am satisfied it will succeed in most cases, and do away with the necessity of introducing the hand into the womb, which I consider a dangerous proceeding under such circumstances. I at the time laid it down as my future rule of practice in such cases, and most certainly I shall endeavour to carry it out in every case of the kind that comes before me, and I trust that others of more experience will give it a fair trial, and judge for themselves. When writing this case out I forgot to state that before completing the operation I could touch the hip of the child with my finger placed in the vagina. I have to thank Dr. Tuckey for having referred to me in his paper, and also the other medical gentleman who was kind enough to mention the case to him. Another circumstance I forgot to mention was the death of the child, of which I satisfied myself before I commenced to deliver. The woman was on her right side the whole time, with her hips well over the edge of the bed.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 17, 1878.

THE PRESIDENT'S ADDRESS TO THE GENERAL MEDICAL COUNCIL.

THERE is nothing very noteworthy in the address which Dr. Acland delivered before the Medical Council, and, therefore, we shall make our remarks as brief as possible, the more so, as by the time these columns are in the hands of our readers the Council will have entered fully into the discussion of matters which claim a more serious attention.

The present session of the Council opens at a very critical period of medical politics and medical legislation; and just as Parliament met this year a month earlier than usual on account of the momentous questions it had to discuss, so has the Medical Council already been sitting for some days on account of the pressure that is now from all sides put upon it to accelerate such a medical reform as shall be satisfactory to the public and to the profession. The new Medical Bill will be read for the second time on the 15th inst. It has, however, given so much dissatisfaction to all who are interested in the subject of medical reform, and has been so sharply criticised by the medical press, that most of us are anxious to know what the Council will have to say on the matter. If that great representative body has for years been subject to animadversions that have been by no means complimentary in respect of either its opinions, or its transactions, or the influence it has had on the advancement of medical education, it will now be more than ever put upon its trial, and its decisions with regard to the Medical Bill, the Conjoint Scheme, and other important questions, will either justify or silence the clamour that has long been raised against its limited powers, and even its very existence. There is, however, nothing in Dr. Acland's speech to indicate the gravity of those questions in the final settlement of which the Council is now called upon to take an important part, and in the settlement of which the Council has the opportunity of showing the profession and the public that their interests will always receive the first consideration of the Council, and that no vested interests of any kind will be allowed to stand in the way of effecting such a wholesome reform as shall be satisfactory to all parties, both within and without the profession. The address is altogether a remarkably calm and matter-of-fact statement of the questions calling for the consideration of the Council, without any attempt to impress upon its members the necessity of coming to such resolutions as shall command the respectful attention of the Legislature and the universal assent of the medical profession. The projected amendment of the Medical Act and the formation of Conjoint Boards very naturally engaged the attention of the President of the Council; but we cannot help remarking that in his observations on these subjects, Dr. Acland showed a certain leaning towards the great medical corporations which are, it is to be regretted, too exclusively represented by the Council. In alluding to the possibility of the State taking the subject of medical examinations into their own hands, the President says, "it will be a grave misfortune for our generation if it be forced to the conclusion that our ancient medical institutions, hitherto self-administered, must abdicate their functions of guiding the education of our youth." Again, he remarks that the "Lord President of the Privy Council has not elected to make the formation of a single board compulsory for each branch of the United Kingdom. It is not too much for me to say that, as his Grace hoped for discussion and for the freest expression of opinion from all who are entitled to be heard, and having referred the Bill to this Council, the question for us to consider is whether union is expedient or requisite. The form in which the proposition is put is not perhaps of

much moment for the issue. But it cannot be less acceptable to the various authorities to ask the Government, after discussion, to grant more extended power for good, than to have had to protest against unnecessary interference, and uncalled-for dictation for which the Council had not applied."

It is, no doubt, somewhat flattering to the Medical Council that so much deference should be paid to their decisions, and that the very permissiveness (if we may use the expression) of the Medical Bill now before Parliament—the most objectionable feature in it—should have been owing to the desire of the Lord President to be guided by the opinions of the Council. At the same time, as the influence of the Council, and the results of its deliberations, and indeed its very constitution, have not been such as to inspire so much confidence as was desirable, many will regret that the Medical Bill is not of a more compulsory character, and that, moreover, the President of the Council regards the permissive character of the Bill with a certain amount of complacency which it is to be hoped will not be shared by the body over which he presides. That, however, the Council is probably alive to the necessity of a single Board being compulsory for each division of the United Kingdom, is shown by the resolution which on the very first day of its sitting was moved by Dr. Humphry, and seconded by Sir James Paget, namely, "That the Council adheres to the principle of the resolution passed by it in 1870, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an Examining Board in each of the three divisions of the kingdom, and direct that every person who desires to be registered under the Medical Act shall be required to appear before one of these Boards and be examined in the subjects which may be deemed necessary by the Medical Council."

It has been doubted whether it should be within the province of the Medical Council to superintend the examination and registration of midwives and dentists, but from Dr. Acland's speech we may infer that, in his opinion, the Council should not flinch from adding to its other onerous duties the more questionable one of legislating for a class of practitioners that might, in the opinion of many, be easily dealt with in other ways. "It is," he says, "manifest that the vexed question of the relations of the medical profession towards women, and the fitness of women to practise the whole of medicine and the whole of surgery, or any part or parts of medicine and surgery, could not be completely decided upon without a discussion on the education and organisation of the midwives of the future."

There is one point in the President's address to which we would, in conclusion, especially draw the attention of those members of the Council who may be inclined to waste their valuable time in needless discussion, or in remarks that are totally irrelevant of the questions under consideration. "There is," said Dr. Acland, "a great temptation for your President to summon the Council on every occasion of consequence, and to throw responsibility at every turn on the Executive Committee. But both are so heavy a charge to the finances—the Committee costing nearly £50 for one afternoon, the Council £400 if summoned for one day—that the President must often be content to bear the burden which you impose upon him, feeling sure of your support where he deserves it, and always certain of your lenient judgment." The costliness of the Council has often made its censors wish that its deliberations were more fruitful of results; but, judging from the discussions that have this session already taken place, it bids fair to redeem the character it has had for being a rather imperfect as well as a costly Council of Medical Education.

THE CONJOINT SCHEME AND THE GENERAL MEDICAL COUNCIL.

THE deliberations of the General Medical Council are, perhaps, now attracting more general attention than at any previous period of its existence. The whole profession has been long anxiously waiting for the opinions and decisions of the Council with respect to questions which have for years agitated the minds of medical men, and to which a final answer seemed at last likely to be given. A proposed Bill to amend the Medical Act of 1858 is now passing through the House of Lords, and the Lord President of the Privy Council has requested the Medical Council to inform His Grace, the Duke of Richmond, of any observations it may have to offer in regard to the provisions of the Bill. Two of the most influential English corporations, the Royal College of Physicians and the Royal College of Surgeons, have represented to the Council their great dissatisfaction with the Bill; while the medical press generally, and the great body of medical practitioners have justly condemned many of its provisions. Moreover, a scheme for a Conjoint Board of Examiners for this division of the Kingdom, has at last been completed, the actual establishment and success of which depends upon the course the Council thinks proper to take in the matter, as well as upon the fate of the Bill now before Parliament. Lastly, the lay press has not ignored the importance of the questions now under the consideration of the Council and the Legislature, and the leading journal of public opinion has more than once drawn the attention of its readers to a subject in which they cannot fail to feel some interest.

Such are the reasons which invest the present session of the General Medical Council with more than usual importance, and which should have called forth from it an unanimity of opinion, in order that its voice might be heard, and its opinions carry more weight, in the Council of the State. And what has been the decision of the Council with respect more particularly to one important principle of Medical Reform which has been for years contended for by all those who, untrammelled by prejudice and vested interests, have had at heart the interests of the public and the progress of medical education? The important resolution that there should be, in the opinion of the Council, a Conjoint Board for each division of the United Kingdom, has certainly been carried. But how has it been carried? By the small majority of four. We have the English College of Physicians and the English College of Surgeons, both representing to the Council their extreme regret and disappointment that the Bill altogether fails to provide for that compulsory establishment of Conjoint Examining Boards for each division of the United Kingdom, for which both of these

colleges have been labouring and co-operating with other English authorities for many years, and for which they both, especially the College of Surgeons, have been ever ready to sacrifice their own individual interests and independence of action. "Far from encouraging," says the College of Physicians, "the English authorities to bring into operation the scheme which, after long and unremitting efforts and overcoming innumerable difficulties, they had completed and were prepared to make trial of, this Bill would compel them to abandon the scheme, and all hope of reaping any fruit from their labours." We have the President and Vice-Presidents of the College of Surgeons reminding the Council that if the Bill becomes law it could hardly fail to be deemed an expression of indifference on the part of the Legislature to that which the largest and weightiest consent of skilled authority has long recognised to be the chief evil of the present system; the evil of nineteen and (in principle) competing examining boards with the privilege allowed to each separate authority to grant registrable titles, which shall be valid throughout the British Empire. We have had, moreover, a petition signed by 9,000 medical practitioners, as well as the whole press, both lay and medical, in favour of making a far more radical change than that now contemplated. Yet, in the face of all these urgent and *ex cathedrâ* representations, we find that, at the last moment, a large proportion of the General Medical Council have voted, not only against making the Conjoint Scheme compulsory for the three divisions of the United Kingdom, but, to speak the truth, against the very principle of Conjoint Schemes in any shape.

It is unnecessary to repeat the very forcible arguments that have from almost all quarters been urged in favour of Conjoint Boards. Our readers must be by this time pretty familiar with them; and most of these arguments have been recapitulated in the able speeches of Dr. Quain, Sir Wm. Gull, Dr. Storrar, Mr. Simon, and one or two other members of the Council. But what arguments, it will be asked, have been advanced on the other side, what arguments sufficiently strong to induce ten of the twenty-four members of which the Council is composed to oppose a scheme which has, in this country, been all but unanimously accepted? We regret to say they are of the flimsiest character, so few in number, and so feeble that it is evident that the judgment of these obstructive members of the Council has been much warped by prejudice, and by a too great deference to old customs and associations. As Dr. Rolleston said, no argument worthy of the name has as yet been advanced by the opponents of the Conjoint Scheme. One of Dr. Wood's strongest arguments was, that the present state of things was all that could be desired. Very great progress had been made in the advancement of medical education and examinations. The Medical Council had, in spite of what its detractors might say to the contrary, accomplished much. The Scotch diplomas were all that could be desired, and it was false to allege that the Scotch bodies allured students from different parts of the kingdom by the lowness of their standards. If, then, such progress had been made, what need was there for any great measure of legislation? None. Then the scheme would not work, and it would not establish the uniformity in the examinations which was aimed at. How, moreover, would it be possible for a Conjoint Board to find time to examine the large number of candidates that would appear before it? Nor were vested interests forgotten by this great champion of the Scotch corporations. Dr. Wood was surprised that the English bodies should agree to the proposed scheme because it robbed them of their *raison d'ètre*, and took from them the right of examining independently their own men. They would be parting with their identity, their autonomy, and individuality. Another argument was that a Conjoint Board Scheme would tend to lower the standard of education, and that it would bring the qualifications down to one dead level. The former of these objections is certainly a very ingenious one on the part of those Scotch and Irish bodies who have never, except on compulsion, done anything to raise the standard of professional education, and with respect to the "dead level," it would be better to bring the qualifications down to a dead level, provided it were a good one, than to put up with the inequalities that now exist among the nineteen examining boards. Dr. Turner's reasons for voting against the Conjoint Scheme were still more puerile, and were certainly not worthy of his usually well-balanced mind. He took a sort of *laudator temporis acti* view of the question, and said that it should be regarded from the historical point of view. "They (the corporations) were ancient bodies, and there was nothing to prove that they had in any way betrayed their trust." As for an uniformity in the examinations, he did not think that it was attainable. Each examiner would have his own standard, and this would vary in the same way from such trifling causes as a fit of indigestion. To secure such uniformity it would be necessary to have all candidates examined by one examiner always in the same state of health!

Such were the sophisms by which (with two exceptions) the delegates from the Scotch and Irish bodies sought to justify the repugnance they had to any kind of Conjoint Board, and the attempt they had been making to "squeeze," as Dr. Humphry said, the Conjoint Examination out of the Bill. We need scarcely say it was a comparatively easy task to refute these arguments. It was not difficult to show that the examinations of some of the Scotch examining bodies were of too low a standard, and that, as Dr. Quain well put it, candidates were crossing the Tweed every day, and coming back with qualifications at a less expense, both to money and brain power. Indeed, it is a matter of common observation at Apothecaries' Hall, that men who have been previously rejected by that examining body, frequently return to it after having obtained one of the Scotch diplomas or licenses. As for the Conjoint Scheme lowering the standard of medical education, it would rather tend in the opposite direction. The objection, said Dr. Humphry, was based on misapprehension, because this so-called evil will go no further than instituting an uniform minimum qualification, as the universities and other bodies will still have the power of making their degrees as severe as they please. We may add that there is nothing in the principle of the Conjoint Scheme to prevent the examiners making the standard of examination even much higher than it is at present; and for reasons we gave on former occasion, so far from lowering the standard, the new system might even tend the other

way, and, if there was no other Conjoint Board in the United Kingdom, it might through the higher standard of its examination, be the means of driving students to those examining bodies where they could obtain a license on easier terms. Nor was it less absurd to talk of the difficulties in the way of examining a large number of candidates. It was surprising to hear a physician of Dr. Wood's standing, urging such an argument against the Conjoint Scheme; an argument which was sufficiently answered when Dr. Storrar said that the University of London found no difficulty in examining large numbers of candidates, and instanced in addition that the College of Surgeons examined without difficulty 500 candidates at its primary, and 300 at its second examination.

In conclusion, we must confess to now having very little hopes of seeing a Conjoint Board established in England, still less of seeing one in each division of the United Kingdom. It is evident that the fact of the resolution above referred, being carried by only a small majority of the Council will be an inducement to the Government to press upon the legislature the Bill in its present shape, or at all events, that clause of it which deals with the subject of Conjoint Boards. In that case, both the College of Physicians and the College of Surgeons, would probably, as they have threatened, withdraw from the scheme altogether, and the scheme itself would necessarily fall to the ground. This would certainly be a deplorable event, the more deplorable, because the means by which the establishment of Conjoint Boards had been frustrated, would be a very serious reflection upon the present constitution of the Medical Council. For it will be seen that the large minority of the Council which voted against the Conjoint Scheme, consisted entirely of members representing the several Scotch and Irish Corporations, and it follows that they could never have exercised such a preponderating, or at least, powerful influence in their own Council or in Parliament, if the Council had not been so exclusively representative of the different Corporations and Examining Bodies, but had also among its members men who, to the exclusion of all other interests, represented that great body of practitioners, which along with the public, has the most interest in the establishment of a Conjoint System of Examination.

THE IRISH LUNACY INQUIRY COMMISSION.

Our readers who are interested in lunacy in Ireland will be pleased to learn that a Commission is now sitting at the Four Courts at Dublin for the purpose of inquiring into the wants of the existing system for pauper lunatics in Ireland. The Commission is composed of Major Trench, Mr. Andrew Doyle, and Mr. Sharman Crawford and the Secretary is Mr. H. A. Robinson, son of Mr. Henry Robinson, formerly Poor-law Inspector, now Under Secretary. The Commission is, in fact, the same which was appointed for the purpose of considering the propriety of Union Amalgamation. By a warrant from His Excellency the Lord Lieutenant the scope of the inquiry was extended not long since to the following purposes—viz.: "to inquire into and investigate and report upon the provisions at present made and existing in Ireland for the care, relief, and treatment of the poor who are lunatic, or idiotic, or imbecile in mind, or otherwise suffering from mental disease, and whether it would be expedient, proper, and advisable to make other provision for the care, relief, and treatment of such poor, and, if so, in what manner and by what means such additional or other provision should be made."

The Commission addressed, on the 28th of February last, a communication to the resident medical superintendents of district asylums, in which they submitted the following queries :—

I.—*Admission.*

a. Are the rules and regulations, as laid down by order in Council for admission of patients into the asylum, in all cases strictly adhered to?

b. Do you consider the present mode of admission to be in any respect, and, if so, in what respect, defective?

c. Are you of opinion that any change, and, if so, what change, is desirable in the present form or mode of admission?

d. Can you furnish any cases, if so, be good enough to do so, in illustration of your opinions?

II.—*Discharge.*

a. Are the rules and regulations, as laid down by "Order in Council" for the discharge of patients from the asylum, in all cases strictly adhered to?

b. Can you suggest any improvement in the present mode of discharging patients?

III.—*Inspection and Supervision.*

With a view to efficient administration in the asylum, and to affording protection against improper treatment or detention of inmates, are you of opinion that the present system of visiting and inspecting can be improved, or that any change or modification in the existing "rules" can be made with advantage?

IV.—*Intermediate Asylums.*

If "intermediate asylums" for classes indicated below as A. and B. can be established, how many of each class could be removed from your district asylum to such intermediate asylums?

Class A. Incurable, but quiet, orderly, and harmless, and not dirty habits or epileptic :—		*Class* B. Incurables, and requiring especial care and supervision :—	
Females.	*Males.*	*Females.*	*Males.*

With a view to deciding upon a unanimous response to this circular, a number of the Resident Medical Superintendents held a meeting at the Limerick Junction. At this meeting the proceedings were private, but we understand that the following recommendations were the result.

1. That assistant resident medical superintendents should be appointed in every asylum.
2. That the duties of visiting physicians should be more clearly defined.
3. That the existing arrangements in reference to matrons in asylums should be altered.

The two first and most important of these recommendations point directly to a further development of the policy of abolishing the Visiting Physician, or at least, reducing him to a nonentity, which policy has been long and persistently pursued by the Inspectors, and by the Residents themselves. The effort to get rid of any supervision of the asylum or interference in its management by persons outside its walls is not a thing of to-day. To effect this purpose—to erect an

imperium within the walls of the asylum—to exclude the Board of Governors from anything but a nominal authority in its management, and to take from the Visiting Physicians the right to see or hear anything which does not seem to the R.M.S. convenient — to give to the latter officer a complete control over the treatment of the lunatics and the affairs of the institution, subject only to the occasional morning visit of an Inspector; such has been the policy followed up for more than twenty years by the Inspector's office. Throughout that long period we have declared ourselves the enemy of that policy—of any or every policy which would raise lunatic asylums above the control of watchful eyes and independent voices. We have repeatedly pointed out the extreme danger of entrusting so great powers to any one official who is but half controlled by a department which cannot see for itself, and which has shown itself wilfully blind to the abuses arising from such a system. We speak of abuses because we know that "it is human to err," and it is physically impossible that institutions thus managed shall be free of them, and we cannot forget the occasion in which a lunatic was killed by a cold bath in the Limerick Asylum, nor erase from our memory the effort made by the inquiring Inspector on that occasion to hush up the affair and throw his official protection over the Resident Superintendent, who was afterwards dismissed.

As long as an appeal against this state of things lay only to the Inspector's office or to Parliament it was obviously hopeless to attempt a reform, and it is for this reason that we rejoice that the opportunity has arisen to discuss the question before an independent tribunal. The Commission has, as we have said, consulted with the responsible officers within the asylum. Well and good! But would it not be well to take counsel also from those who are not interested in maintaining the *status quo*, but only in protecting the lunatic and securing the efficiency of the institution? Would it not be desirable to obtain the evidence of Boards of Governors and Visiting Physicians? Would not Lord Monteagle's views be worth having? Above all, would it not be well to rid the lunatic asylums of Ireland of the cloud of suspicion as to their management with which the policy heretofore pursued must necessarily overshadow them; and would not this be best done by encouraging the fullest vigilance and freedom of speech on the part of all and every person whose duty it may be to see and to report.

Notes on Current Topics.

The Army Medical Service and the Irish Students.

The week before last we printed the letter which was addressed by the War Secretary to the Irish Schools, in reference to the continued abstention of students from entering the Army Medical Service; and we stated that the Council of the Irish College of Surgeons had taken steps to ascertain, by ballot papers, the views of the Army Medical Officers on the subject.

Having received and collected a great number of replies to their inquiries, the Committee appointed by the Council arrived at a report, which, in the form of the following letter to the Secretary for War, has been adopted by the College.

Royal College of Surgeons in Ireland,
Dublin, April 11th, 1878.

Sir,—I am directed by the President and Council of the Royal College of Surgeons in Ireland, in reply to your letter of the 21st ult., $\frac{7609}{632}$, requesting that they would "favour the Right Hon. the Secretary of State for War unreservedly with their opinion as to the specific causes which produce the existing difficulty in obtaining candidates for the Army Medical Department," to state that the President and Council have had the subjects therein referred to under their anxious consideration for a lengthened period, as shown in their memorial presented by deputation to the Right Hon. the Secretary of State for War upon the 3rd of June, 1875.

Since the receipt of your communication the President and Council have taken further steps for the purpose of ascertaining accurately the causes which render the Army Medical Service now so unpopular, which produce the dissatisfaction that exists amongst those serving in it, and which deter eligible candidates from joining. These are :—

Firstly—The short service scheme now in existence.

Secondly—The Abolition of the Regimental system.

Thirdly—The frequent changes in Warrants, after they have been published under Royal authority with Her Majesty's signature, and on faith of the permanency of which Warrants, medical officers have accepted. This has produced an utter want of confidence in, and distrust of the service.

Fourthly—The differences which are made between combatant and medical officers in regard to ordinary and sick leave.

Fifthly—The almost absolute refusal to medical officers of the privilege to exchange.

Sixthly—The virtual withdrawal of forage allowance from those by rank entitled to it.

Seventhly—The quarters allotted to medical officers in barracks being almost invariably regimental, whilst they, as departmental officers, are supposed to be entitled to departmental quarters.

Eighthly—The discomfort caused to medical officers by want of a soldier servant, whilst the sum allowed in lieu thereof is incapable of providing a civilian.

Ninthly—The length of time (five-and-twenty years) before the medical officers can claim a right to retire from the service on adequate pension.

Lastly—The Roster, as now kept, which has been withdrawn from public inspection, so that no officer can tell how he stands in regard to foreign service; whereas formerly this document was exposed in the waiting-room at Whitehall Yard for each medical officer's specific information.

These are the points which deter candidates from coming forward, and the President and Council feel assured that, until ameliorated, entrance into the Army Medical Service will be avoided by the desirable class of students.

The President and Council, in conclusion, deem it right to impress upon the consideration of the Right Hon. the Secretary of State for War the fact that, at the present time, so many varied and lucrative outlets in the Civil Service present themselves for the acceptance of the junior members of the profession, that it becomes the more imperative to improve the condition of army and navy medical officers, so as to enable the naval and military services to compete on favourable terms with the civil for the obtaining of the best and most highly educated students.

I have the honour to be, Sir,
Your obedient servant,
J. Stannus Hughes, Secretary to Council.

To Ralph Thompson, Esq., C.B.,
Assistant Under-Secretary of State,
War Office, London.

This reply cannot but be said to be reasonable and temperate, and it comes from the body which is, of all others capable of forming a reliable judgment, and if it does not receive close attention from the authorities, it will be evident that the War Office has not learned wisdom from adversity.

Even if the Unification Scheme be irrevocable, it will

be open to the Secretary for War to remove almost all of these causes of complaint without serious outlay of money or detriment to the public service; and we earnestly trust that at length, the wisdom of doing so will be appreciated.

The Dental Practitioners' Bill.

It may be interesting to the qualified surgeons who practise dentistry to know that Sir John Lubbock has kindly made way for the counter-dentists beside them in the "Dental Register" by moving to strike out the words "either separately or in conjunction with the practice of medicine or surgery," from the clause of his Bill which defines the class of practitioners who are to be registered. This act of the father of the Bill is in deference to the orders of the druggists, whose views on the subject we find expressed at an indignation meeting reported in their own journal.

Mr. Barclay said the Bill, if passed in its present form, would be a serious matter to many chemists. He regarded the Bill as one more attempt to curtail the privileges or rather, he should say, the rights, of the trade, and he would suggest that it be opposed *in toto*.

Mr. Arblaster contended that not only should chemists and druggists in business at the present time be permitted to practise dentistry in accordance with an ancient custom of the trade, but that any Bill that passed into law should reserve to the rising generation of chemists and druggists the right to add the practice of dentistry to their business, if they were disposed to do so.

Mr. Churchill said the Bill would necessitate a person leaving his business for two or three years to attend courses of lectures at the hospitals.

Mr. Arblaster said there were many chemists who styled themselves dentists, and it would be a serious matter for them to be compelled to give up a title many would have held for years, and their business would probably suffer in consequence.

Messrs. Cross, Delves, and Jervis said they regarded several clauses of the Bill as hostile to the interests of the trade.

Mr. Hampson advocated such modification as would entitle any chemist and druggist in business at the present time, who so desired, to be registered as a dentist.

The demands of the surgeons being now conceded, it remains for the qualified dentists to fight their own battle, and we confess to a feeling of astonishment when we observe the readiness with which surgeon-dentists—Fellows of the Colleges of Surgeons and Licentiates in Dental Surgery—fall into rank with the oilman in the next street. If they see no impropriety in doing so, it is not for us to teach them, but we cannot help saying that—in the public interest—it is an intolerable proposition that persons as ignorant of scientific dentistry as a carpenter or an engine-driver, should be recognised by the State as competent to practise the surgery of the teeth and jaws.

Unqualified Assistants in Dublin.

General practitioners and their assistants, in the sense in which they are so styled in England, are, as most of our readers know, very scarce commodities in Dublin; and the unacquaintance of the Irish public with that peculiar system of medical practice has given occasion for a considerable degree of effervescence in the Irish metropolis. One of the very few English-style general practitioners in Dublin employed an unqualified assistant, who naturally represented himself as an emporium of medical skill, talent, and experience; but not proving to be altogether as brilliant as was expected, he was dismissed. Having appealed to the law for redress, he was answered by the general practitioner with the plea that he was ridiculously ignorant and incompetent, and had made many mistakes.

The worthy Lord Mayor thereupon said he should like to know the mode in which those compounding departments of the profession were carried out; whether those young gentlemen had passed qualifying examinations, and whether they had received a diploma. He always understood that young gentlemen engaged in mixing medicines should pass through an examination, and get a certificate from the proper authorities. As a public servant, he should like to know whether the prescriptions sent into medical establishments were compounded by gentlemen who had obtained a proper certificate or authority, and whether there was any check on those young gentlemen. He was surprised that no means had been adopted to protect the public from having their medicines improperly compounded; and as far as he was personally concerned, such a state of things would put him on his guard in future.

These reasonably indignant utterances of his lordship evolved a newspaper correspondence, prominent in which was a letter of the Apothecaries' Hall, vaguely apologetic for the existence of unqualified dispensers under their very nose.

It will hardly sooth the indignation or allay the surprise of the Lord Mayor and the Dublin public, to learn from us that the employment of young men, to whom the practice of medicine is a dim vision, is one of the commonest of occurrences; that in England a considerable proportion of the doctoring amongst the working classes is done by assistants who are employed *because* they have had no regular education and possess no qualification, and, therefore, cannot enter into rivalry with their masters—that there is nothing unusual in the doctoring of large and populous districts in the manufacturing counties, by three or four such unlicensed assistants who are in charge of separate establishments, and supposed to be under the ownership of one general practitioner—that it is a practice for some general practitioners who work in this line to sign certificates respecting the causes of death of persons whom they have never seen alive; and that, in fact, law and custom allows the life and death of thousands of persons to be entrusted to unqualified assistants who have learned most of what they know upon the vile bodies of their master's clients, and who pursue their experiments upon such bodies under the cloke of their master's qualification.

The chief magistrate of Dublin is horrified at the notion of death-doses being dispensed to his fellow citizens by ignorant and careless boys. What would he say if he realised the vision of such young gentlemen not only making up the medicine but prescribing it themselves?

The vacancy in the list of Vice-presidents of the Medical Society of the Dublin College of Physicians caused by the decease of Dr. Stokes, F.R.S., has been filled by the election of Dr. J. T. Banks, physician to the Richmond Hospital.

The Small-pox in Dublin.

THE latest of the Irish Registrar-General's Reports shows serious progress in the small-pox epidemic. In the week to which it refers (ending April 6), 10 deaths from variola were registered, the numbers for the last nine consecutive weeks being 2, 6, 2, 7, 6, 7, 12, 7, and 10. On the 6th inst. there were in Cork-street Fever Hospital alone 106 cases, of whom 35 had been admitted within the week. Meanwhile, the South Dublin Guardians have been exercising their wits in the endeavour to do nothing, hoping that the epidemic would pass over without the necessity for an expenditure of money, and so far was this policy pursued that the Local Government Board was obliged to inform them that unless they set to work they would be dismissed at once, and three commissioners appointed in their place. The Public Health Committee of the Corporation is—*more suo*,—making excuses, trying to conceal the small-pox epidemic from the knowledge of the public, and to make it appear that the horrible mortality of the city is all the result of the east wind or the poverty of the people.

Our attention has been called to a matter in connection with the epidemic which will need earnest consideration. It is stated that patients are being discharged from the hospital as convalescents, but with the variolous scabs still thick upon them, carrying the disease, of course, straight home to their families, and the responsible officer of the hospital in question meets all remonstrances by saying, that the business of his institution is to cure, and it is no affair of his where the patient goes, or what he brings home with him. This is a shallow and heartless excuse, and we fail to see why a curative institution should be free of the obligation under which every individual is, to prevent the spread of the disease. We invite the attention of the Local Government Board to the matter.

The Public Health (Ireland) Bill.

THE following notice of motion, given by Mr. Gray, M.P., was discussed at the Dublin Corporation on Monday last:—"That we, the Corporation of Dublin, being the sanitary authority, think it our duty to press upon Government the urgent necessity of passing for Ireland, without further delay, a Public Health Bill similar to that passed for England so long ago as 1875; that the present Irish Public Health Bill, which has now been three years before Parliament without an opportunity for its discussion ever having been afforded, requires amendment in many important particulars to assimilate it in principle to the English Act, and to make it effective for the purposes for which it was intended; that a copy of this resolution be sent to the Chief Secretary, to Sir M. E. Hicks Beach, Bart., M.P., and to the Attorney-General, and also to each sanitary authority in Ireland, with a request for their co-operation in urging the necessity of passing the Bill with the requisite amendments this session."

Ergot in Hæmorrhoids.

DR. LANSING writes to the *Philadelphia Medical Times* that "considering the pathological condition denominated hæmorrhoids to consist in an enlarged condition of the veins (an increased length and diameter, as a result of hæmostatic pressure at some time), which continues after the inducing cause or causes are removed, simply on account of relaxed and feeble condition of their coats, and conceding the power of ergot upon that greatest aggregation of unstriped muscular fibres in the human system—the uterus; also its power in the capillaries, where the presence of the unstriped fibre has with difficulty been determined, as in hæmaturia and chronic congestion of the spinal cord, it suggested itself that ergot ought to relieve, and, with so many favourable factors, one could reasonably expect it would cure many cases of hæmorrhoids. Having an intractable case on hand of twelve years' standing, I tested it. I used ergotin in suppositories, four grains each, night and morning at first, subsequently at night only. The first effects of the ergotin was to produce pain for half an hour or more, but after the use of three or four no unpleasant effect attended their use. The hæmorrhage ceased, the congested condition of the parts yielded, the hyperæsthesia was replaced by normal sensation, the hard, cordy condition of the veins passed away, and the slight tumefaction remaining suggested interstitial fibrinous exudation or cellular hyperplasia. Having treated five cases with the ergot, in four of which the result was more satisfactory than I anticipated, the fifth is still under active treatment. Having never seen the treatment suggested, and the result in my case being so happy, I offer it that others may test it, and possibly much relief accrue to a numerous class of great sufferers."

Transfusion and Uterine Hæmorrhage.

IN the *Archives de Tocologies*, for December, 1877, there is a remarkable case in which transfusion was successfully performed for severe menorrhagia in a girl thirteen years of age. All the usual remedies were employed without success, and the patient's symptoms became alarming. Uncontrollable vomiting came on, and all nourishment was rejected. Her complexion was cadaveric, the skin was cold, the voice inaudible, and the pulse could no longer be felt. Consequently the operation of transfusion was resolved upon, the father furnishing the blood. The apparatus of M. Marthien was used, the blood not being defibrinated. The quantity employed was 170 grammes. The patient rapidly revived during the operation. Afterwards, the feeling of warmth at first felt, gave way to shivering and extreme thirst. The pupils, which had been widely dilated, became closely contracted, and this condition continued for four or five hours. The following morning the pulse was 145; the hæmorrhage insignificant, and the sickness less frequent. Some febrile disturbance followed, but the girl gradually became convalescent, and she left the hospital, about two months from her admission, in fair condition, but still very pale.

The Rain Tree.

AT a recent meeting of the Linnæan Society, Professor Thistleton Dyer described the "Rain Tree" of Mogobamba, South America, under the name of *Pithecolobium saman*. The so-called "rain" is the fluid excreta of cicadas which feed on the juices of the foliage, and its dropping is therefore analogous to the "honey-dew" which sometimes drops from the leaves of lime-trees by the agency of aphides.

Localised Basal Meningitis in Children.

E. C. SEQUIN, M.D., in the course of some remarks on this disease, published in the *Hospital Gazette and Archives of Clinical Surgery*, March 1st, 1878, pages 104, 105, directs attention to the great importance of the ophthalmoscope in the detection of this affection. In connection with other symptoms, the presence of "choked discs" affords strong confirmatory evidence of its existence; when these are present, prognosis as to vision must be most cautious, the probability of ensuing atrophy being borne in mind. For treatment, he recommends iodide of potassium, in doses varying from ten to sixty grains, three times a day, well diluted. He finds the little patients bear this drug well when it is gradually increased. Counter-irritation by means of blisters, at the outset useful. He applies a series of them behind the ears or on the temples. Light nutritious diet and the avoidance of all excitement are the other measures proposed.

Treatment of Furuncles—Note on a New Property of Arnica.

As the result of physiological experiments, Dr. Planat (*Lyon Medical*) has been led to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, &c. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness. For external use he employs: *Recipe.*—Extract of fresh arnica flowers, 10 parts; honey, 20 parts. If this is too liquid he adds lycopodium. The mixture is applied to the inflamed part, and covered with oil-silk. Equally good results will be obtained in the same cases by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours. M. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action.

Fraudulent Syr. Rhœados.

PROF. TICHBORNE exhibited at a recent evening meeting of the Pharmaceutical Society of Ireland, a specimen of so-called syr. Rhœados, which had been offered by a London house, and which was simple syrup coloured by magenta. Mr. H. N. Draper detailed a process for the detoction of magenta by extracting it with chloroform.

The Hospital Saturday Fund in London.

THE second meeting of the board of delegates was held on Saturday last, at King's College Hospital, Lincoln's Inn Fields. Mr. T. Hughes (Chairman of the Council) who presided, said they wanted to get £10,000 this year, and he considered it was a very moderate sum for two millions of people to give in connection with a work of that nature, because the large majority of those who contributed were the people who received the funds of the institutions. Last year, also we protested against ladies being exposed at street stalls to the inclemency of the weather and other annoyances incidental to the London streets from, early morn till night. It is highly gratifying that so many ladies should offer themselves for these disagreeable duties, but it is also the duty of medical men to point out the dangers to which they are thus exposed, and we are delighted with the suggestion made on Saturday last by Mr. Hughes to secure some 500 young men, who, as soon as their work was completed, would go and stand here and there, and thus secure a considerable accession to their funds. A resolution to the effect that it was desirable to hold central meetings with the object of securing sympathy for, and giving publicity to, the work of the fund was agreed to, and the Council adjourned.

We gave expression to these views in our last, and are pleased to observe that the chairman has taken the trouble to impress the same upon the managers and contributors to this fund. As we have before remarked, the working classes of Birmingham put to shame, in this matter, those in London, and it is time the reason was investigated.

Diabetes and Tobacco.

WE are acquainted, says the *Pacific Medical and Surgical Journal*, with a medical man, who after using tobacco freely for upwards of thirty years, abandoned it as a bad habit at the age of 62. Diabetes, or at least polyuria, ensued very speedily, and in a few weeks he was greatly debilitated. He then assumed the use of the weed, and the diabetes soon ceased. Very distressing disturbance of the heart's action then ensued, which did not disappear until he had made a long trip overland. This appearance of sugar in the urine, after relinquishing the habit of smoking, is certainly very singular, and trifling as the circumstance may seem, it is not altogether unworthy of the attention of those who are studying the etiology and pathology of diabetes. We know that there are several circumstances which may give rise to a temporary attack of this affection, such as injuries to the nervous system, liver, and other parts; the influence of certain poisons circulating in the blood, &c.; and perhaps the sudden abandonment of a protracted influence in the use of a mild and soothing narcotic may have been followed by an irritable state of the nervous system, sufficient in conjunction with some other predisposing cause to excite a temporary attack of diabetes.

ST. PETERSBURGH still suffers under the unenviable notoriety of being the most unhealthy city in the world, having at the present time a mortality exceeding even that of the cities of our Indian Empire. According to the last official weekly returns the death-rate in St. Petersburgh was 59 per 1,000 of the population, Madras 58, Buda-Pesth 50, Turin 46, Venice 44, Bombay 43, Naples and Alexandria 41, Munich 40, Rome 38, Vienna 36, Calcutta 33, Brussels and Breslau 32, Paris 31, New York 27, and Berlin 26. Out of 761 deaths in St. Petersburgh, the enormous proportion of 153, or one-fifth of the whole were attributed to typhus fever.

THE mortality last week throughout the United Kingdom was somewhat higher than any previous week during the past winter, probably owing to the cold north-east winds which prevailed. The mortality in London was 27, Edinburgh and Glasgow 29, and Dublin 34 per 1,000 of the population. In the other large towns the rates were—Salford 21, Bradford 21, Nottingham 22, Brighton 23, Leeds 25, Birmingham 25, Portsmouth 25, Leicester

27, Bristol 27, London 27, Norwich 28, Newcastle 28, Plymouth 28, Sheffield 28, Oldham 29, Hull 31, Liverpool 31, Sunderland 32, Wolverhampton 32, and Manchester 34 per 1,000 of the population.

At a meeting of the committee of the Birmingham General Hospital, held last week, it was announced that the magnificent sum of £1,000 had been handed over by Dr. Balthazar Foster, for the purpose of founding a special permanent fund for the relief of necessitous patients leaving the hospital. The fund has been called "The Frederick Cohen Fund," in memory of the late Mr. Frederick Cohen, of Hagley House, Edgbaston, who in his will expressed a wish that Dr. Foster would thus supplement the objects of the hospital, in the hope that others might be induced to make donations for the same purpose.

The letter of Dr. Waters, as Chairman of the Medical Reform Committee of the British Medical Association, calling attention to the wishes of the Association for direct representation upon the Medical Council, was simply read by the Council, on Thursday last, *pro forma*, no opinion being expressed for or against. By adopting this course a polite hint was intended to be given to the Association that aspiring candidates for a seat within the classic circle must seek some other road to fame.

The Session of the Medical Council will this year be a short one; it will probably close to-day (Wednesday). Last year the sitting was the longest on record, and less work was done than usual—on the contrary, this year a disposition not to indulge in long speeches and a laudable desire for work have manifested themselves all through, so that probably the result will be a decided gain, pecuniarily and practically, to the profession.

Small-pox caused 55 deaths in London, 10 in Dublin, and 1 in Sheffield; no other cases were reported in any other part of the United Kingdom. Whooping-cough continues to be exceptionally severe in the metropolis, and scarlet fever in Sheffield.

Medico-Parliamentary.

MEDICAL ACT, 1858, AMENDMENT BILL.

In the House of Lords, on Monday night, the Duke of Richmond and Gordon moved the second reading of this Bill.

The Marquis of Ripon opposed the motion. In the present state of the law there were nineteen bodies in the United Kingdom which could give certificates of competence; and the present Bill (which dealt only with England) did not propose to deal peremptorily with this state of things, but was only permissive. The Act of 1858 had effected no improvement in this respect, and although the noble Duke, when he brought in the Bill, expressed a hope that a conjoint board for England at least would be formed, the Bill left the matter wholly optional. The Royal College of Surgeons, the College of Physicians, the Syndicate of Cambridge, the leading men of Oxford, and the University of London, had all considered the Bill and condemned it. The General Medical Council in the course of last week came to the resolution that no medical legislation would be satisfactory which did not provide for the establishment of an examining board in each of the three divisions of the kingdom, and the committee of the Medical Association—a body consisting of 7,000 persons—at their last meeting expressed their opinion in favour of a better system of examination. The Government had by some fatality obtained the assistance of persons holding the most opposite opinions in favour of the measure so far as related to the admission of women and of foreign practitioners—neither of whom considered that their rights had been sufficiently recognised. He did not ask the House to pronounce a decided opinion upon the measure, but hoped that the Government would reconsider the objections which he had pointed out before going into Committee on the Bill. The noble Duke had now a great opportunity of settling a most important question, and placing the matter upon a footing which would give to the public the protection which they had the right to expect.

The Duke of Richmond and Gordon was glad that his noble friend had not taken the decided step of opposing the second reading of the Bill, because if the House had expressed an adverse opinion the settlement of the matter would have been indefinitely postponed. The objections of his noble friend were principally directed to the absence of a conjoint board in each of the three kingdoms, and he would confine his own remarks principally to that point. The history of the Bill was this. During May last year he received a memorial from the General Medical Council, affording him certain information on five points on which they thought legislation desirable. These points he had fully considered before introducing the measure. But it was a remarkable fact that amongst the five points to which he had referred, the formation of a conjoint board was not mentioned. He admitted the necessity of a more uniform system of examination, particularly as the Bill proposed to deal with unqualified practitioners in a more stringent manner than they had hitherto been dealt with. Probably the best mode of dealing with the matter would be by means of conjoint boards for England, Ireland, and for Scotland. He did not think there would be much difficulty with regard to England and Ireland, but there was some difficulty with regard to the establishment of a conjoint board for Scotland, the universities disagreeing to some extent with the corporations, and the Bill in that respect was of a permissive character. Supposing that it was not possible to obtain compulsory powers with respect to the establishment of a conjoint board, he considered the measure a step in the right direction. If the Bill was read a second time he should be glad to consider any amendments in committee.

The Bill was then read a second time.

Medical News.

Royal College of Physicians of London.—April 15th, 1878. Admitted Licentiates:—

Bartlett, Felix Paul, 5 Albert Street, N.W.
Birt, Ernest, County Asylum, Shrewsbury.
Davis, George, 11 Avenue, Blackheath, S.E.
Dumbleton, Edgar Hunt, 81 Commercial Street, E.
Ellis, William Ashton, 59 Sloane Street, S.W.
Gamble, Ernest L. G., 8 Chase, Clapham Common.
Gaze, William Henry, Woodlands, Thames Ditton.
Greenwood, Arthur, 140 Minories, S.E.
Greenwood, Major, London Hospital, E.
Henry, Louis, Ampthill Square, N.W.
Jover, Anthony, 20 Paris Street, S.E.
May, Albert Edward, 5 Clifton Gardens, W.
Moritz, Siegmund, Cheetham, Manchester.
Nicholl, Thomas Vere, 81 Commercial Street, E.
Norton, Ritchie Robinson, University Hospital, W.C.
Oram, Richard Rundell Wm., 28 Great Coram St.
Packer, William Herbert, County Asylum, Gloster.

Reddy, Herbert Lionel, St. Thomas's Hospital, S.E.
Shaw, Chas. Thos. Knox, 8 Guilford Place, W.C.
Stokes, Richard Lingard, 30 Albert Street, N.W.
Vasey, Samuel William, 5 Cambridge Place, W.

Admitted Fellow :—

Bäumler, Christian Gottfried Heinrich, M.D. Erlangen, Freiburg, Germany.

South London School of Chemistry and Pharmacy.—The following prizes were distributed by Mr. Baxter at this School on Monday last :—

Medals.		*1st Certificates.*	
Senior Chem.	Mr. Hutton	Senior Chem.	Mr. Barrow
Junior Chem.	,, Davies	Jun. Chem. & mat. med.	,, Richards
Botany	,, Stonham	Botany	,, Nicholson
Materia Medica	,, Parker	Pharmacy	,, Pocock
Pharmacy	,, Richards		

NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

Mr. Barnard.—The examinations at the college were for the "primary" in anatomy and physiology, not for the "pass." We only publish the "pass lists," having no room for the primary at the various colleges.

Mr. S.—Yes, the communication has been found and will appear in an early number.

Mr. Wilton —Hardly suitable for our columns. Our contemporary, the *Students' Journal*, occasionally publishes effusions of that nature, and would probably accept it, especially as it seems well done.

S. A. F.—Not Surgeon-General Longmore.

The coming Arctic Expedition.—A correspondent referring to the article in our last on this subject, is of opinion that "the advantages of teetotalism are purely visionary. The reason why the percentage of scurvy was lower amongst abstainers than with those who partook of alcoholic stimulants is, that being peculiarly subject to frost-bite they were not sent on long expeditions with the non-abstainers in the late Arctic Expedition." Of course, if this statement be a fact, it will go far to explain the conduct of the champions of Capt. Nares.

W. T. G., M.D.—It is only natural that medical practitioners should regret to hear that another rival was about to enter the neighbourhood. The new comer, however, should call on the former resident medical men and express his desire to work in professional fellowship with them.

An Army Surgeon.—It is impossible yet to give any information; the Report of the Committee appointed to inquire into the dearth of army medical officers has not yet been presented to Parliament. We are promised early information from an authentic source.

QUALIFICATIONS FOR THE REGISTER.

To the Editor of the Medical Press and Circular.

Sir,—I believe there is a Medical Bill before Parliament to the effect that no person is to be placed on the Medical Register unless he is doubly qualified. I have myself the misfortune to hold but one qualification, and I write to ask if you will kindly inform me in the next number of the Medical Press and Circular if the said Bill passes how soon it will come into operation. Do you think it will be this year? I do not know when a Bill passes Parliament whether it comes into force at once or not. Will you do me the favour to let me know in your "Answers to Correspondents" what you think of it? It is not convenient for me to register just now, but it would be ruin for me to be excluded from the Register altogether. Apologising for troubling you with this, I remain,

Your obedient servant,
E. T. W.

[The new Medical Act cannot affect those who are already qualified to enter their names upon the Register without due notice being given. Nevertheless, we should advise our correspondent to register at the earliest opportunity.—Ed. M. P. & C.]

The Actonian Prize.—This valuable prize, for which the Council of the Royal Institution of Great Britain offer one hundred guineas, is announced for competition: essays to be sent in to the Secretary on or before October 1st, 1879. The subject chosen is, "The Structure and Functions of the Retina in all classes of Animals, viewed in relation with the Theory of Evolution." Full particulars on reference to our advertising columns.

Dr. Laffan's letter on "Union Hospitals" is unavoidably held over to our next.

Dr. Harris, Norwich, is thanked for his note.

One Interested will find the question raised and answered in this present number.

F.R.C.S.Ed.—Yes, Dr. Bell Pettigrew.

Mr. Feltoe has asked us to mention that he has been appointed purveyor of "Specialité" sherry to the Paris Universal Exhibition.

A Special Evening Meeting of the Pharmaceutical Society of Great Britain will be held this (Wednesday) evening at 8 o'clock. Professor Bentley will deliver a lecture on "Eucalyptus Globulus."

VACANCIES.

Ennis District Lunatic Asylum.—Resident Pupil. Salary, £50, with apartments and rations. (See Advt.)

Great Northern Hospital.—Ophthalmic Surgeon. Applications to the Secretary at the Hospital, Caledonian Road, N., before May 6. Honorary.

Kent and Canterbury Hospital.—Assistant House Surgeon. Salary, £50, with board and residence. Applications before April 25 to the Secretary.

Rathdown Union, Glencullen Dispensary.—Medical Officer. Salary, £110. Election, April 25.

Royal Cornwall Dispensary.—House Surgeon and Secretary. Salary, £200, with furnished apartments. Applications to the Hon. Treasurer at the Hospital, Truro, before the 24th inst.

Taunton Union.—Medical Officer. Salary, £52 per annum, with the usual extras for midwifery, vaccination, &c. Applications to the Clerk of the Union on or before April 28.

Tralee Union, Brosna Dispensary.—Medical Officer. Salary, £100. Election, 22nd inst.

Waterford Union, Kilmeaden Dispensary.—Medical Officer. Salary, £100. Election, April 26.

Westminster Hospital.—House Physician and House Surgeon. Candidates must have completed their education at this Hospital. Board and residence. No salary.

APPOINTMENTS.

Abbott, C. E., L.K.Q.C.P.I., M.R.C.S.E., House Surgeon and Secretary to the Staffordshire General Infirmary.

Bell, W, M.D., M.R.C.S.E., Honorary Surgeon to the South Dispensary, Liverpool.

Brunton, J., M.A., M.D., Honorary Consulting Surgeon to the Royal Caledonian Asylum.

Drew, C. L., M.B., C.M., M.R.C.S.E., Medical Officer for the Dunchurch District of the Rugby Union.

Ford, A. V, L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Kingston District of the Portsea Island Union.

Husband, W. E., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Royal United Hospital, Bath.

Inglis, T., M.R.C.P.Ed., L.R.C.S.Ed., Senior Assistant Medical Officer to the Royal Lunatic Asylum, Edinburgh.

Kilbride, J., L. & L.M.K.Q.C.P.I., M.R.C.S.E., Medical Officer to the Athy Dispensary, Athy Union.

Langworthy, W. F., M.R.C.S.E., Certifying Factory Surgeon for Modbury.

Mackey, S. W., L.K.Q.C.P.I. & L.M., L.R.C.S.I, Certifying Factory Surgeon for the Churchinford District.

Moore, J. D., M.D., Medical Visitor of Houses licensed for the reception of Lunatics within the County of Lancaster.

Pye, W., M.R.C.S., an Assistant Surgeon to St. Mary's Hospital.

Ringer, S., M.D., F.R.C.P.L., Professor of Medicine at University College, London.

Tait, R. K., L.R.C.P.Ed., L.R.C.S.Ed., an Honorary Medical Officer to the North Shields and Tynemouth Dispensary.

Births.

Barnes.—April 7, at Lowther Street, Carlisle, the wife of H. Barnes, M.D., of a son.

Moore.—April 9, at 40 Fitzwilliam Square West, Dublin, the wife of J. W. Moore, M.D., of a daughter.

Moorhead.—April 9, at Coolehill, co. Cavan, the wife of T. H. Moorhead, M.D., of a daughter.

Marriages.

M'Conaghy—Rogers.—April 10, at Ardsallagh, Robert J. M'Conaghy, M.D., Castlefin, to Mary, eldest daughter of John Rogers, Esq.

Squire—Tyerman.—April 11, at St. Saviour's, Maida Vale, Alfred Herbert, youngest son of Peter Squire, Chemist on the establishment of Her Majesty the Queen, to Alice, third daughter of the late C. R. Tyerman.

Deaths.

Atwood.—On April 7, suddenly, William Allen Atwood, L.K.Q.C.P.I., M.R.C.S.E., of Ladbroke Grove, Notting Hill, aged 47.

Burch.—On April 3, at Vauxhall Bridge Road, Sampson Kingsford Burch, M.R.C.S.E.

Cloran.—On March 23, at Loughrea, co. Galway, John Joseph Cloran, L.A.H., aged 62.

Creighton.—On April 10, at the Crescent, Salford, Louisa, second daughter of Joseph Creighton, M.D.

Drew.—On April 9, suddenly, at the house of a friend, Salisbury, Walter H. Drew, M.R.C.S., L.R.C.P., of Tufnell Park, London, aged 31, only son of H. P. Drew, M.R.C.S.

Ebden.—On April 13, at Rondebosch, Cape Town, Laura, wife of Hy. A. Ebden, M.D., late of the Hon. East India Company's Service. (*By Telegraph*).

Elliot.—On April 6, at Bellingham, John Elliot, L.R.C.S.Ed., aged 62.

Fitzgerald.—On April 7, at Carrick-on-Suir, co. Tipperary, Alexis Fitzgerald, L.R.C.S.I.

Griffith.—On April 12, at Ventnor, John Clewin Griffith, M.A., M.B., aged 45.

Hide.—On April 6, at Park Road West, Brighton, John Hide, L.R.C.P.

Kingston.—On April 7, at Walton, Suffolk, William Young Kingston, M.D., aged 30.

McKittrick.—On April 4, at Newtownards, Dr. Robert Orr McKittrick, formerly of Holywood, aged 83.

Orr.—On April 3, at Vauxhall Bridge Road, Robert Scott Orr, Surgeon, aged 51.

Shea.—On March 14, at Diep River, Cape of Good Hope, Henry D. Shea, M.D., R.N., Deputy-General Inspector of Hospitals, aged 66.

Warcup.—On April 4, at Scarning, Norfolk, William Mark Warcup L.R.C.P.Ed., aged 84.

IRISH POOR-LAW INTELLIGENCE.

THE SANITARY CONDITION OF DUBLIN.

PUBLIC MEETING.

A SPECIAL meeting of the Dublin Sanitary Association was held on Friday, the 12th inst., in the Molesworth Hall:—"To decide what steps should be taken with reference to the exceptionally high death-rate in Dublin." There was a large and influential attendance. The chair was taken by Jonathan Pim, President of the Association.

Dr. J. W. Moore, Honorary Secretary of the Executive Committee, read extracts from a report prepared for the occasion. In the year 1874-5 the high death-rate in Dublin came under the notice of the Association, and the committee was directed to take such steps as might be necessary to obtain an official inquiry. In 1876-7 no action was taken because it was understood that the Select Committee on Local Government and Taxation would deal with the question; but, as it did not do so, the Association appointed a sub-committee on the 8th November last to prepare a statement. This, which advised an application for a public inquiry, was adopted, and the Public Health Committee of the Corporation was invited to co-operate. In effect, this body agreed to do so, though intimation was given at the same time (through the report of its health officer) that the inquiry would not afford additional information, might be hurtful by delaying useful measures then in progress, and would probably alarm the public. The Executive Committee disagreed with these views, because if the high death-rate were really due to sanitary neglect it was most important that the citizens should know the fact; while, if not, the inquiry would dissipate alarm. Early in this year a memorial, entering fully into details, mentioning the promised co-operation of the Public Health Committee, and asking for an investigation, was forwarded to the Lord Lieutenant. The reply declined the deputation which had been suggested, but invited a further written statement. The next step was Mr. Meldon's question in the House of Commons on 7th March, to which the Chief Secretary replied, in substance, that the Public Health Committee had stated that they were not prepared to apply for any inquiry, and that, as far as he knew, he could not see sufficient grounds for granting one. Mr. F. W. Pim (Hon. Sec.) then wrote, on 9th March, to Mr. Lowther, pointing out the actual position of the Public Health Committee, which virtually was, the declining to join in an application for a commission of inquiry, but the promise of co-operation in the event of one being appointed. Mr. Meldon's notice of a second question was given on the 19th March, and appeared in the Dublin papers on the 20th ult. This notice was followed by one from Mr. Gray, referring to a report adopted by the Public Health Committee on the 28th December, the report concluding with the statement—"Under the circumstances, and since their last report, the Committee see no reason to apply for or recommend a commission." Of this report the Executive Committee knew nothing, and now concluded by asking the Association were they still of opinion that it would be advisable to press for an inquiry.

Mr. Frederic W. Pim, in moving the adoption of the report just made, regretted the antagonism which existed between the Public Health Committee and the Executive Committee, and took occasion to disclaim any studied hostility on the part of the Association towards the Corporation. (Hear, hear.) The fact was, the Public Health Committee was a very *Conservative* body—etymologically, he meant, not politically (laughter)—and felt a natural dislike to matters being stirred up. The Association had been pouring forth statistics and figures for the last five years. The average death-rate in London for the past six months had been about 22 or 23, that of Dublin 28 per 1,000. Last week the death-rate here was 34 per 1,000. The number of deaths from consumption and other diseases of the chest during the last six months in Dublin had been at the rate of 3,214 in the year, or more than one-third of the whole number of deaths in the year. These deaths were directly traceable to sanitary neglect. If they looked at the matter dispassionately it was apparent that there ought to be an inquiry into the causes of such disease and death, and an independent inquiry was what the Association desired. With regard to what had been said about alarming the public, he wished that the public could be frightened, for, really, their being so would make them alive to the danger. Speaking of the unexpected action of the Public Health Committee, Mr. Pim proceeded to observe that although the Association would not give way upon the question, they were anxious to keep on good terms with that body, without whom nothing could be done in a sanitary way, as they were the constituted authority. If, however, this constituted authority should do nothing whatever, it would become necessary for the Association to go in for very sweeping measures. (Hear, hear.) They had freely criticised the proceedings of the Public Health Committee, and should continue to do so. This criticism was useful, coming from an independent body of gentlemen, whose only interest in the subject was that of keeping themselves, as well as their neighbours, from sickness. Mr. Pim concluded by saying that nothing could be more lamentable than that the Corporation should consider that they had made a declaration of war upon this matter, and he hoped that they would be willing still to join them in seeking for that which they thought would be of the greatest importance and benefit to the city—namely, a public inquiry.

Surgeon-General Crawford presumed that he had been requested to second the resolution, from the fact that he was almost a perfect stranger in Dublin. He was not, however, a stranger to its sanitary condition; he had in his hand a report of the Registrar-General, in which he found a large mortality to have taken place lately from small-pox; now what had been said as to epidemic diseases not being under the control of the Public Health Committee, was inapplicable regarding small-pox. He would

not throw discredit upon the practice of vaccination in Dublin, but wished many to mention that up to the present, no case of this disease had taken place in the garrison of Dublin, of which he was principal medical officer, and that in the severe epidemic of 1872, the number of cases was trifling. The same immunity from the disease existed whenever the troops were serving, and this was especially so in India, where small-pox was always epidemic. Vaccination was perfectly successful there, and in his opinion, after thirty years' experience, it was a perfect preventive of small-pox. Having regard to all this, it was not creditable to the city of Dublin that they should have what must be called, he was afraid, an epidemic of small-pox now amongst them. Surgeon-General Crawford next drew attention in a forcible manner, to the extremely defective sewerage even in respectable localities in Dublin, and to the number of deaths from typhoid fever as a result. Alluding to pulmonary complaints, including all chest affections, or destructive lung diseases, these he continued, were both in Dublin and elsewhere, the result of sanitary conditions which were perfectly capable of remedy. With regard to these diseases in particular, he would say that the Sanitary Association was doing good service in calling attention to the fact that they were not only remedial, but were also preventible. In conclusion, he commended the Sanitary Association and its work to the people of Dublin, he knew no better mode of working out sanitary reforms than that of informing the public through such a medium (hear, hear).

Mr. Dawson, T.C., expressed regret that any misunderstanding should have arisen, and said that he was most anxious to cordially co-operate with the Association so long as he thought the sanitary improvement of the city was the entire object in view. He wished to propose an amendment: "That the words 'though purporting to have been adopted in December 28th,' be omitted from the circular convening the meeting." The Public Health Committee wound up their last report by saying that they did not see the necessity of, and that they would not recommend an application for a commission, but they would give cordial assistance to any society whose object was to improve the sanitary condition of the city. There was no doubt the death-rate of Dublin was deplorably high, and everyone regretted it. There was a Public Health Bill now before Parliament, which would give the Corporation all the power they required to lay out the necessary reforms, and he trusted it would be unopposed by the citizens of Dublin. If the Association aided in having that Bill passed, they would do a hundred times more to reduce the death-rate, and clean the streets than by promoting any Commission.

Mr. Shackleton said he would ask Mr. Dawson to withdraw his amendment, because the words to which he took exception did not appear in the report at all, and the Association was willing to withdraw them, as they were supposed to contain an *inuendo*. These little matters of words should not cause a difference of opinion between them. He was prepared to speak well of the Public Health Committee, for on a recent occasion he had found them most courteous and anxious to do whatever they could to improve the health of the city. (Hear, hear.)

After some conversation, Mr. Dawson consented to withdraw his amendment.

The report was then adopted.

Dr. Grimshaw moved:—"That the Executive Committee be directed to communicate with the Chief Secretary for Ireland, requesting him to receive a deputation from the Association, to lay before him a statement of their reasons for believing a public inquiry necessary." He said that the Association did not seek for a Royal Commission, but for an ordinary inquiry by a properly qualified Local Government Board Inspector. An inquiry of this sort was not a lengthy proceeding at all, and in England, where such inquiries had been held, the action had been conclusive. The building clause in the Bill now before Parliament, alluded to by Mr. Dawson, had been suggested by the Association. The Corporation had ample powers at present to construct abbatoirs.

Dr Henry Kennedy seconded the motion, which was adopted.

Mr. Shackleton was called to the second chair, and on the motion of Mr. La Touche, seconded by Dr. Grimshaw, a warm vote of thanks was passed to Mr. Jonathan Pim for presiding.

The proceedings then terminated.

LIMERICK DISPENSARY.

RESIGNATION OF DR. CAREY.

Mr. NASH read the following letter from Dr. Carey:—

"To the Hon. Secretary of the City of Limerick Dispensary Committee."

"DEAR SIR,—After a service of forty-seven years as one of your dispensary medical officers, I feel a necessity of rest from active duties in the evening of my life, and, therefore, beg to tender to you my resignation of the trust the committee and guardians have so long reposed in me, which I have endeavoured to the best of my ability faithfully to maintain. I offer my resignation in the full confidence that the guardians will award me the maximum amount of superannuation that the law permits them to allow; and I entertain this feeling, not alone on account of my long, and as I hope, faithful services, but also in view of this fact, that for eighteen years my labour was given gratuitously to the poor in the Limerick Dispensary before the passing of the Medical Charities Act. I cannot sever may connection with the members of the Committee and the Limerick Board of Guardians without an expression of my very deep thanks for the invariable kindness and consideration I have experienced at their hands.

"THOMAS CAREY, M.D. & L.R.C.S., L.S.A."

Mr. Nash read the following certificate from Dr. Delandre:—

"I certify that I have seen this day, Dr. Carey. In my opinion, he is no longer able to discharge the functions of a dispensary medical officer. He is seventy-three years of age, and he suffers from frequent fainting fits. I believe, that for some years past, he has performed his duties at the risk of his life. "G. DELANDRE, M.D.

"Limerick, March 27, 1878."

Mr. Cronin—I beg to propose that we accept the resignation of Dr. Carey. I regret very much that we are losing the services of so useful an officer.

Dr. Butler proposed: "That it is the sense of this meeting Dr. Carey should be granted the highest superannuation allowance which the law permits."

Archdeacon Hare had much pleasure in seconding the proposition, which was unanimously agreed to; and it was ordered to have a recommendation in accordance with the spirit of the resolution made to the Board of Guardians.

The Chairman called attention to the fact that Dr. Carey had not resigned the office of Registrar of Births. Dr. Carey expressed his desire to resign everything.

Unanimously resolved:—

"That this meeting desires to express its regret at losing the services of Dr. Carey, and in doing so, wishes to return its best thanks for the very able and charitable manner in which he discharged the duties of his office for the past forty-seven years."

M. FÖRSTER, of Munich, has recently determined, with a Pettenkofer apparatus, the excretion of carbonic acid by a large number of children, from the sucking stage up to ten years, and he finds that for 10 kilogrammes body weight they always excrete about 10 to 12 kilogrammes CO_2, or nearly three times the quantity given by adults in similar circumstances. Hence a comparatively larger supply of food is required for maintenance of the body in children than in adults.

MOUNTMELLICK UNION.

DR. WILKINSON'S SUPERANNUATION.

Mr. Cobbe brought forward his notice of motion to rescind the resolution granting the increase of superannuation to Dr. Wilkinson; and that we only give two-thirds of the salary paid by the ratepayers—£43 0s. 6d.

Mr. Betts appealed to Mr. Cobbe to withdraw his resolution for £43, and make it £52.

Mr. Cobbe said he was willing to treat Dr. Wilkinson with every consideration. If Mr. Betts proposed an amendment for £52, he would withdraw his motion.

This course was adopted, and an amendment was put and carried fixing the superannuation at £52.

ATHY DISPENSARY.

The Local Government Board forwarded a communication pointing out that the rate of remuneration proposed to be paid to Dr. Kilbride for his temporary services while acting as medical officer for the Athy Dispensary District, in room of the late Dr. Mara, was not stated, and also requesting to be informed if Mr. Williamson, whom the guardians proposed to remunerate for the performance of the duties of medical officer during a certain part of the time of the late Dr. Mara's illness, was legally qualified to undertake the duties of medical officer.

The Acting Clerk informed the guardians that he had replied to the Local Government Board to the effect that the rate of remuneration proposed to be paid to Dr. Kilbride was £3 3s. per week. He had ascertained from Mr. Williamson that he held no medical qualification but that of Licentiate Apothecary; that Mr. Williamson stated that in the absence of any medical officer, he was obliged to attend the patients applying at the dispensary, and also those in the town of Athy at their own houses during the time stated in the minutes of the 27th ult. The acting clerk added that it was for the extra duty rather than as a qualified medical substitute, the dispensary committee and the board of guardians proposed to remunerate Mr. Williamson.

The Local Government Board replied, sanctioning the rate of remuneration proposed to be paid to Dr. Kilbride, but with regard to the proposed payment to Mr. Williamson, they added that the employment of an unqualified person, as in the present instance, was quite irregular; but the services having been rendered, they would not now oppose the payment.

The Hon. Secretary of the Athy Dispensary Committee forwarded an account that had been furnished by Dr. Young for five guineas for one week's services as temporary medical officer.

Chairman—You cannot pay five guineas, when Dr. Young wrote a letter to the board offering to discharge the duties at the rate of three guineas a week.

Acting Clerk—His letter was to the effect that if he were appointed for two months he would act for three guineas per week.

Chairman—In reply he was informed that he would be paid three guineas a week during Dr. Mara's illness, and when he had acted for one week he became ill himself, and Dr. Kilbride had to be appointed; under these circumstances you could not pay him more than three guineas.

Ordered, that Dr. Young be paid three guineas for the week he acted.

WATERFORD GUARDIANS.

KILMEADEN DISPENSARY.

Moved to advertise for a medical officer in place of Dr. Baldwin, at a salary of £100 a year, exclusive of fees. They proposed to reduce the salary from £120 and £100, on the ground that the district was small, and that the increase from £100 to £120 had been given before the sanitary fee had been added to the salary. They recommended that Dr. Cutlar be paid out of the late Dr. Baldwin's salary.

Captain Power opposed the motion. The doctors in Kilmeaden got very little practice, and could hardly live on £120 a year. He would move that the report be referred back to the committee, in order to have the salary fixed at £120.

Mr. Clampett—The whole work was done formerly for Tramore and Kilmeaden for £80, and now they were asked to pay £240, without other fees.

Dr. Mackesy did not think a gentleman could support himself and keep a horse on £100 a year. Prices were different now from what they were when £80 a year was paid.

The motion for the adoption of the report was then put and carried, the voting being, for 14, against 9.

Electricity in Nervous Vomiting.

Professor Semmola states that since 1858, when he published his first case, he has had numerous opportunities of observing the complete and prompt efficacy of electricity by the continuous current, in nervous vomiting. Not only is it a certain and speedy remedy in this form of vomiting, but it is also of great utility in assisting the diagnosis of vomiting from organic causes, for in all cases in which this is not primarily and exclusively nervous, the application of electricity in order to secure the toleration of food is useless.

DUBLIN HOSPITAL STATISTICS.

AVERAGE COST PER BED FOR MAINTENANCE AND FOR ESTABLISHMENT.

Name of Hospital.	Average daily number of Beds occupied throughout the year.	Average annual cost per bed for * Maintenance.			Average annual cost per bed for † Establishment, exclusive of buildings and furnishing such buildings.			Average annual cost per bed for Maintenance and for Establishment, exclusive of buildings and furnishing such buildings.		
		£	s.	d.	£	s.	d.	£	s.	d.
Westmorland Lock	58·40	13	3	8½	26	10	7¾	39	14	4
Steevens's	151·20	18	9	5½	20	18	8½	39	8	1¼
Meath	91·45	22	0	0¾	19	18	3¾	41	18	4¼
Cork-street	37·96	25	8	11¾	68	11	1¼	94	0	1
House of Industry	168·18	14	1	6¼	25	11	8¼	39	13	2¾
Rotunda Lying-in	48·82	21	4	5¾	34	11	9¾	55	16	3¾
Coombe	16·80	19	17	2¼	58	1	5¼	77	18	7¾
do.	152·25	16	2	6¼	9	1	10	25	4	4¾
Incurables	22·27	11	2	3	26	18	6½	38	0	9½
St. Mark's										
.										
.										
.										

* Maintenance comprises provisions, groceries, alcoholic stimulants, drugs, leeches, surgical instruments, medical appliances, and clothing of patients.

† Establishment charges include salaries of officers, wages of servants, rations of officers and servants, clothing of servants, rent, taxes, insurance, soap, candles, fuel, gas-light, furniture, repairs, straw, bedding, utensils, buildings, and furnishing such buildings, stationary, printing, advertising, burials, coffins, pensions, incidentals, and laundry expenses.

CHIEF HEADS OF EXPENDITURE OF EACH HOSPITAL.

Name of Hospital.	Maintenance.					Establishment.						
	Provisions.	Drugs and Leeches.	Surgical Instruments & other Medical and Surgical Appliances.	Clothing of Patients.	Total Maintenance.	Salaries of Officers.	Wages of Servants.	Rations and Clothing of Officers and Servants.	Rent, Taxes, and Insurance.	Buildings, and Furnishing such Buildings.	Total Establishment.	Total Expenditure.
	£	£	£	£	£	£	£	£	£	£	£	£
Westmorland Lock ...	483	87	32	33	770	600	219	107	18	99	1,648	2,418
Steeven's	1,708	459	125	—	2,793	657	393	527	19	564	3,729	6,522
Meath	1,469	273	70	45	2,012	365	480	240	30	305	2,127	4,139
Cork Street	649	62	—	63	966	621	417	423	115	327	2,929	3,895
House of Industry ...	1,258	337	300	36	2,367	1,145	591	890	387	644	4,947	7,314
Rotunda Lying-in ...	747	196	24	4	1,036	174	265	497	10	396	2,085	3,121
Coombe ,, ...	212	75	20	—	333	420	172	—	83	13	989	1,322
Incurables	1,684	101	—	189	2,455	449	325	—	7	199	1,583	4,038
St. Mark's	137	65	21	2	247	169	100	56	23	62	662	909
	8,351	1,659	595	397	12,981	4,605	2,957	2,745	694	2,613	20,703	33,684

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 6, 1878.

Total registered deaths in Dublin and suburbs* ... 206
Ten years average of same week 173

Excess of mortality above average 33
10 weeks ratio of deaths Rathmines 24·1 per 1,00
,, ,, ,, ,, Donnybrook† 25·3 ,,
,, ,, ,, ,, Blackrock 17·3 ,,
,, ,, ,, ,, Kingstown 22·5 ,,
,, ,, Entire Dublin District 34·0 ,,
Comparative Ratios—London ... 27·4 ,,
,, ,, Glasgow ... 28·5 ,,
,, ,, Edinburgh ... 28·8 ,,

The number of deaths from zymotic diseases registered during the week is 42, being 11 over the average number in the corresponding week of the last ten years. Among the deaths from these diseases are 10 from small-pox, viz., 1 in the Emerald Street district, 3 in Meath Street district 4 in Peter Street district, and 1 each in the Grand Canal Street and the Denzille Street districts; 11 from fever (6 typhus, 2 typhoid, and 3 simple coctinued fever), 4 each from whooping cough, croup and diarrhæa, 3 from measles, 1 each from scarlet fever, erysiplas, &c. The deaths from small-pox registered during tha last nine weeks have been respectively 2, 6, 2, 7, 6, 7, 12, 7, and 10.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April* 6, 1878; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, April 6, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	34	159	206	28	50	10	3	1	...	4	11	4	5	3	74
Belfast . .	20,687	182,082	30	115	104	14	24	...	2	1	...	...	3	5	1	1	32
Cork .	13,816	91,965	19	32	34	5	5	...	...	...	..	...	2	1	...	3	3
Limerick .	8,509	44,209	35	25	30	3	6	...	...	...	...	...	...	1	...	...	15
Londonderry	21,865	30,884	27	18	16	1	3	...	...	...	...	...	...	...	...	...	5
Waterford .	17,209	30,626	41	11	24	5	7	...	1	...	...	6	...	...	...	...	10
Galway .	21,358	19,692	18	7	7	...	4	...	...	...	...	...	...	...	...	...	3
Sligo . .	30,835	17,285	42	3	14	...	5	...	...	...	...	...	...	...	...	...	4

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 24, 1878.

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THE GENERAL MEDICAL COUNCIL

OF

EDUCATION AND REGISTRATION.

SESSION 1878.

[OWING to the great length and importance of the debate on the Conjoint Scheme, we were, in our last, unable to complete the report of the third day's proceedings of the Council.]

THIRD DAY.—DEBATE ON THE MEDICAL ACTS' AMENDMENT BILL—(*continued*).

After some discussion as to the order of business, it was decided to consider Dr. PITMAN'S motion next.

Moved by Dr. PITMAN, and seconded by Dr. ROLLESTON:—

"That the duties of the Medical Council in relation to the various licensing authorities (whether in separate or in joint action), should not be extended to the initiation of the examination rules, under which qualifications are to be granted, but should remain restricted, as now, to duties of superintendence and control, with power of making representation to the Privy Council in cases of default."

Dr. PITMAN then explaining his motion, said it would be observed that the motion contained a principle in direct opposition to clause 14 of the Bill. The clause recognised the existence of certain duties and certain powers, and states that it is necessary that the powers should be extended. But it will be seen on reading the clause that though it increases the duties it does not increase the powers. In a side note it is stated that it shall make rules to secure efficiency and uniformity of examinations. He considered it very important that the Act admitted the necessity of uniformity. The duties are four:—

1. To make or alter rules for examinations.
2. To determine the subjects of examination.
3. To determine the standard for passing.
4. To lay down rules for the conduct of examinations.

The only "further powers" which are provided for carrying them out appeared to be the same as those granted in the Act of 1858. Let them consider the time that it would take to frame rules for all the corporations. Some idea of this might be gathered from the time it took (some fifty sittings) the framers of the Conjoint Scheme to decide as to the rules for it. Was it likely that the universities would submit to have the conditions for the acquirement of their degrees laid down by the General Medical Council. It was, in his opinion, not to be expected that the universities should consent to have to examine and educate their students after the fashion laid down by the Medical Council, and then send them out to the world as being their own produce. There were, indeed, subsequent clauses which gave to the corporations the right of appeal to the Privy Council, which appeared to him to place the Council in an undignified position. It would be better that examinations should be regulated by a committee of reference.

Dr. ROLLESTON, in seconding the motion, said that the one objection in the motion was that it might be thought that the Council was trying to restrict its own powers. But this was not the case. He thought the Council was worthy of higher things than the regulation of the details of examinations—that a committee of reference which would be necessarily composed of men who had had more recent experience of students than had the gentlemen composing the Council would be much better fitted to decide such questions. He hoped that the regulation of examinations would be intrusted to such a committee, as nothing would be more fatal than that it should be intrusted to Government. In support of this he mentioned an instance in Germany where a government official had in a most mischievous manner struck out an important subject from an university curriculum.

Dr. WOOD, Sir DOMINIC CORRIGAN, and Sir WILLIAM GULL spoke in favour of the motion.

Dr. PITMAN proposed that the words "in general" should be inserted in the motion after the word "should." It was decided to put the motion in its original form, and to decide whether or not they should insert these words after. It was decided to substitute the word Medical for Licensing, so that it might read "medical authorities."

Both the motion and the insertion of the words were carried by a large majority.

Mr. SIMON then divided the Council on the motion that the Council might resolve itself into committee for the consideration of the bill. The motion was carried.

Clauses 1 and 2 were approved without alteration.

Clause 3. Mr. MACNAMARA said that the body he represented was of opinion that the word triple qualification should be substituted for double, by requiring, in fact, a qualification in midwifery. He said that at first sight it might be considered a too great subdivision of the profession, but in support of the necessity adduced the fact that the Irish Poor-law Boards had found it necessary to insist on a qualification in midwifery for all persons taking Poor-law appointments. He therefore begged to put a motion to that effect.

Mr. Macnamara's motion fell through for want of even a seconder.

Prof. WOOD proposed that this Council approves of clause 3.

Mr. SIMON proposed as an amendment "That the Council so far approve of clause 3, in as far that they agree that every registered person should have been tested in Medicine, Surgery, and Midwifery, but as to the way that should be carried out they would refer to the motion on conjoint examinations."

The amendment was carried by 13 to 9.

It being now nearly six o'clock, some formal business was proceeded with until the adjournment.

FOURTH DAY.—PETITION FROM UNIVERSITY OF GLASGOW.

THE minutes of the preceding meeting having been read and confirmed, the petition of Senatus Academicus of the University of Glasgow came on for consideration. It was objected by Dr. Storrar that as the petition was addressed to Parliament, and not to the Council, it could not be properly considered by the latter.

The PRESIDENT replied that it was not in his power to hold back such a document. Whether or not it was to be placed on the minutes was a matter for the consideration of the Council.

It was ultimately decided that the petition should be inserted in the minutes.

DEBATE ON THE MEDICAL ACTS' AMENDMENT BILL—(*continued*).

The Council then resolved itself into committee for the consideration of the Medical Acts Amendment Bill.

It was then proposed by Dr. ROLLESTON that they should proceed first to the consideration of the clauses relating to dental practice. He pointed out a clause in the letter printed in the programme from the President of the Dental Reform Committee, and considered that it would accord well with their previous decisions to adopt that clause as a motion expressing their opinions as to the course dental legislation should take.

The clause was accordingly proposed as the following motion :—

"It is not desirable the Medical Council should be required to undertake to originate a new scheme of education as proposed in the Medical Bill, clause 23 (1), but that the Council should have full power to approve, modify, or refuse its assent to the educational details from time to time proposed by the Surgical Bodies authorised in the Bill to grant dental qualifications."

Dr. TURNER suggested that the words "medical authorities" should be substituted for surgical bodies.

The motion in this form was agreed to.

Dr. ROLLESTON then proposed that it is desirable that provision should be made in the Medical Act (1858) Amendment Bill, which should provide for the registration of dentists.

Mr. SIMON then proposed that the words "or otherwise" should be inserted after Medical Act.

This proposition was supported by Sir DOMINIC CORRIGAN, who said that he did not think that the Council ought to be burdened with the work of regulating dental education and registration. There was not a man round the table who knew anything more about dentistry than any old lady who had ever had her teeth looked at.

The original motion was carried.

Dr. ROLLESTON then proposed, as a resolution, "That it is not desirable that this Council should be required to undertake to originate a new scheme or examination rules, but that it shall be entrusted with some such supervisory power as it already exercises with regard to medical examinations."

Sir DOMINIC CORRIGAN objected to this motion, because he considered that the Council would make itself ridiculous if it undertook any supervision or other connection with dentistry.

The motion was, however, carried.

Dr. AQUILLA SMITH objected to the use of the word "surgeon" or "surgery" in connection with dentistry.

In reply to this, Mr. SIMON pointed out that the College of Surgeons already gave a licence in *dental surgery*.

Mr. TEALE objected to the discussion of this as being a mere minor point.

Dr. WOOD replied that this was a matter of principle. If a dentist was to be called a dental surgeon how was the public to distiuguish between a dentist and a surgeon practising dentistry?

Mr. SIMON said he objected to an effort to tyrannise over the popular use of a word—that the Council wasted its time in such a trivial matter. Was not the word surgeon used in other combinations, as in "veterinary surgeon?" It was ridiculous to attempt to protect the word surgeon in such a matter.

Dr. STORRAR said that he entirely agreed with Mr. Simon, that the attempt to thus restrict the word surgeon was Quixotic, and an attempt to put an unjustifiable slight on a useful and now well-educated body of men. He pointed out the dictum of Lord Chief Justice Cockburn nineteen years ago with regard to a prosecution against a dentist for using the title dental surgeon, when Lord Cockburn dismissed the charge against the dentist saying that the adoption of such a title was quite justified by common and universal usage.

Dr. AQUILLA SMITH then put his objection in the form of a motion.

Sir DOMINIC CORRIGAN rose to support Dr. Aquilla Smith's motion. He said that he attached no value to the dictum of Lord Cockburn. That it was notorious that lawyers were generally ignorant of medical matters, and that giving dentists such a title would be to put them in a false position.

Dr. ROLLESTON said that it would be a great pity that it should go forth that such an ungracious act should be contemplated by the Council. He himself was a physician. It was not likely that such a title as dental physician would ever be used, but he should be proud to be associated in such a manner with so useful and skilful a body. He himself had thirty-two good reasons in his head for admiring dentists, and he considered that there was scarcely a class which had done so much to improve and elevate its position in spite of much needless discouragement.

Mr. SIMON begged Dr. Aquilla Smith to withdraw his motion.

This was refused, and the motion was therefore put. It was however lost by a large majority, only three voting for it.

It was proposed by Dr. ROLLESTON to substitute clause 11 of Sir John Lubbock's Bill for clause 5, paragraph 23 of the Earl of Richmond's Bill.

This motion was carried.

Sir J. PAGET then proposed that the Council approves of that portion of the Bill relating to the registration of dentists.

This motion was also carried.

Dr. TURNER proposed that they should then pass to the consideration of the part of the Bill relating to the registration of foreign and colonial diplomas.

Mr. SIMON said, in connection with this, that he objected to the use in the Act, sec. 7, line 7-11 of such an exact term as testifying equal or greater knowledge than that qualifying to practise in the United Kingdom. It was obvious that they could not testify to any examination—being up to such a standard without visiting it, and this was clearly impossible in the case of foreign examinations. On the other hand, they might from general repute to form printed regulations, &c., form such an opinion as would justify them in saying that they felt satisfied with the competency of the holder of a foreign diploma, and he thought that the Act should have words substituted to that effect.

This suggestion was put on the form of a motion and carried.

Some discussion then took place in the clause requiring an applicant for registration of such a diploma to have been in practice ten years abroad.

With regard to the time of probation, Dr. WOOD proposed that in clause 5 five years be substituted for ten years.

Mr. SIMON proposed as an amendment, "That he have

practised in the part where his qualification was obtained *bonâ fide* for the term of one year."

It was pointed out by Dr. HUMPHRY that they really did not know what was the character of foreign or colonial degrees, and that the choice might be given, instead of residence, of passing one of the final examinations; this would be no hardship on a man who had just completed his course of study, but would be hard on a man who had been qualified for five years.

Mr. SIMON altered his amendment to the form "That the Council are of opinion that sections 5-6 of the Act should be brought into conformity with the resolutions of last year."

The amendment was lost, but the motion with the addition of Dr. Humphry's suggestion was not at once put to the Council.

As it was now 5.30, it was determined to defer the consideration of the original motion until Monday.

It was proposed by Dr. ROLLESTON that the President, Dr. Wood, and Dr. Humphry be deputed to carry the resolutions of the Council to the Lord President on Monday at 1 o'clock.

The motion was carried.

The Council then adjourned.

FIFTH DAY.—DEPUTATION TO THE LORD PRESIDENT.

1. The Minutes of the last meeting were read and confirmed.

2. The PRESIDENT stated that he had laid before the Lord President the following observations :—

The Medical Council deputed the President, Dr. Humphry, and Dr. Andrew Wood to present to your Grace certain resolutions which they have arrived at.

The Council met on April 10th to consider the letter which your Grace forwarded with copies of the Medical Act (1858) Amendment Bill read in the House of Lords on March 19th.

All the subjects on which the Council last year addressed your Grace are dealt with in this Bill, viz. :—

1. The recognition of Foreign and Colonial qualifications in England ;
2. The privileges of Women in regard to Medical qualifications ;
3. The appropriation of Penalties under the Medical Act ;
4. To some extent the Education of Midwives ;
5. And, indirectly, the emendation of the law affecting Certificates of Lunacy.

After the second reading of the Bill the Council may have to suggest to your Grace's consideration certain amendments in various Clauses relating to these subjects, and to some minor points in the Bill, prior to the consideration in Committee.

The Council are aware that your Grace was unwilling to bring in any Government Bill which did not deal with all the chief subjects that were known to need attention in regard to Medical Legislation.

They find, accordingly in the Bill, clauses having reference to subjects that are admitted to be of importance and to need settlements other than those named last year by the Council.

They find clauses relating to the mode of conducting Examinations in the United Kingdom, and to framing Examination-Rules.

They perceive that the permissive principles of combination of any of the Licensing Bodies is continued with modifications.

On this subject a Resolution has been passed by the Council, which forms clause 3 of the Minutes for April 12th, 1878 pp. 37, 38).

If the Bill pass in its present form it would, in the opinion of the majority of the Council, be necessary to make such modifications in the rules as are set forth in the resolutions in clauses 5, 6, 9 of the Council's minutes for April 12th, 1878 (pp. 38—40).

On the subject of the Registration of Colonial Practitioners and other subjects therein, the Council is engaged now.

On the subject of Dentists they have passed resolutions which form clauses 6, 7, 9, 10, 11 of the Council's minutes for April 13th, 1878 (pp. 48—50).

As regards the Registration of Midwives, they have not yet had time before the second reading to pass any resolution. But they have already notified to your Grace (see Minutes Vol. xiv., p. 198, clause 14) :—

"That the Council, without assenting in all details to the scheme of the Obstetrical Society, is of opinion, with the Society, that it would be desirable to provide by legislation for the following two objects :—First, that means under legal sanction should be provided for giving credentials of qualification to competent midwives; and, secondly, that the lives of women in labour should, as far as practicable, be protected from the incompetent." And to-morrow they will receive a deputation from the Obstetrical Society as to the details of their proposal.

The Council are still engaged in considering the remainder of the clauses in the Bill, and will further communicate with your Grace thereon after the Easter recess.

Upon that, his Grace said that he would give the fullest attention and consideration to all those particulars upon which the Council had already resolved, and to any further resolutions which the Council might pass at such times as the Council thinks fit ; that is, either during the present session, or at any subsequent session that may take place at the will of the Council, if it takes place before the House of Lords goes into committee on this Bill. He then said that he was going to bring forward the second reading this afternoon ; and that, in consequence of that, and some important business in which he is engaged, he was unable to receive the deputation of the Obstetrical Society which he had wished to do this afternoon. He was so occupied that it was impossible for him to do so ; but, as the Easter recess begins to-morrow, and he would not be able to see them at all now until after the Easter recess, having understood that they were to meet this Council to-morrow, he would be happy to receive through this Council any further communication on the subject, if there be any to be forwarded after the interview with the Obstetrical Society.

Then he added that he had every reason for hoping that this evening the second reading of the Bill would be passed, and then that in that case he would introduce the Bill in committee for the consideration of all the amendments which had been presented to him, and for their full discussion, at the earliest possible period at which it could be done. Considering the other arrangements of the Government; and the work before the House, the earliest day at which he could undertake to do this would be on the 20th of May next, and in his Grace's judgment if the discussion could not successfully take place on the 20th May or thereabouts, there would be no chance of the Bill passing this year ; that he would give his best attention to all amendments which should come before him before the 20th of May, and on that day he would proceed with the consideration of the Bill in committee,

I thought it my duty to say—and I trust the Council, as well as my colleagues, will not think I went too far in this statement—that we had not yet considered fully the whole of the Bill, but I was quite sure I expressed the individual feelings of the members of the Council, that whatever opinions there might be as to the value of the Bill, we were all very sensible of the great trouble he had taken.

A letter from Dr. Waters, the President of the Reform Committee of the British Medical Association, was then read, asking for some opportunity of representing their views to the Council. After some discussion it was decided to place Dr. Water's letter on the minutes, and that the President and such members of the Council as wished to be present, should receive Dr. Waters at 11 a.m. on Wednesday.

DEBATE ON THE MEDICAL ACTS' AMENDMENT BILL—(*continued*).

The Council then resolved itself into committee to consider the Medical Acts Amendment Bill. On this subject the first motion was that which Dr. Wood had mooted on Saturday.

Dr. WOOD said that on more mature consideration he had somewhat altered his views on the subject, and that he could not therefore still adhere to the terms of his motion. He thought that the ulterior object of this clause was to secure for the British medical man the reciprocal privilege of practising in the colonies and abroad, and that for such an object he did not think the terms of his motion were sufficiently liberal. He now thought that a two years' residence would be a sufficient guarantee of a man's not having gone abroad merely for the purpose of getting a diploma on what he, the candidate, hoped might be easier terms.

Dr. ROLLESTON said that the enactment of any such probationary period of practice was superfluous and useless. That practice might mean anything or nothing. Stripped to a point of fact, it came to nothing more than putting a brass plate on a door. If they defined practice as dressership or house surgeoncy, that was another thing; but such a requirement was absolutely out of the question in the present case. What they wanted was, on the one hand, to prevent the surgeon of a colonial ship from being disfranchised as soon as he touched England, and being unable to take back another cargo of emigrants, and on the other, to prevent a man from just running across the Atlantic for the purpose of obtaining his diploma; and he thought that this might be met by inserting a clause making it obligatory for any holder of a colonial diploma, claiming registration, to have resided in that colony for at least two years before taking his diploma; and he would therefore put a motion to that effect.

Dr. WOOD then withdrew his motion.

Dr. STORRAR said that he knew something about the colonial universities, and he felt sure that some of their qualifications were equal to, or better, than some British qualifications, and that he thought it would be invidious, nay, even offensive, to the colonies to insert such a clause as that in the Bill before them. In the United States, he was free to admit, that there were faculties for gaining qualifications, against which it would be only right for them to be extremely guarded; but from conversations that he had held with Sir James Fayrer and others, he felt sure that it was the desire of most colonial universities to make the regulation for the acquirement of their degrees as stringent as possible.

It was then moved by Dr. PITMAN, and seconded by Dr QUAIN, that the Council adheres to its resolution of last year in regard to the registration of colonial diplomas (Minutes, vol. xiv., p. 119, clause 5).

Sir J. PAGET said that it should not be lost sight of that for the last three days they had been expressing great dissatisfaction with their own system of examinations, and that with every wish to be as liberal as possible to the colonies, he thought they ought to take care lest they fell into the error of being more liberal to the colonies than themselves.

Dr. STORRAR said that the question narrowed itself to giving some protection against persons who could not pass here going to the colonies to obtain their diplomas, and that this risk was, in his opinion, so microscopic, that it was beneath the dignity of the Council to consider it.

Dr. HUMPHRY said that after all he thought Dr. Wood's discarded motion was the most liberal of all, as instead of placing the colonial diplomate on a separate register, it gave him the opportunity of getting in the general register, and so be on a fair and equal basis with English practitioners.

Sir. W. GULL proposed an amendment, and was seconded by Dr. HUDSON:—

"That where a person who has been *bona fide* domiciled in any British possession can show evidence of holding some recognised medical diploma or diplomas, as hereinafter defined, granted in such British possession, and which may be satisfactory to the Medical Council, and that he is of good character, such person shall, upon payment of the registration fee, be entitled, without examination in the United Kingdom, to be registered as a colonial practitioner in the Medical Register."

The amendment was negatived.

Dr. ROLLESTON proposed that colonial practitioners should be admitted to the register on passing one of the final examinations here, and their colonial diploma should be sufficient credentials to admit them to any of the final examinations.

Dr. STORRAR said that he should like to know whether this would force every authority to admit colonial practitioners to the final examinations of their degrees, *e.g.*, to give them an M.B. degree on passing the 2nd M.B. examination only.

Dr. ROLLESTON modified his resolution so as to make it optional on authorities to do this, and ultimately withdrew his motion.

Second Amendment: moved by Dr. ANDREW WOOD, and seconded by Mr. TEALE:—

"That in clause 5, lines 1 to 4, of the Bill, for the words, 'Where a person who either is not domiciled in the United Kingdom, or has practised medicine or surgery or a branch of medicine or surgery, for more than ten years elsewhere than in the United Kingdom,' there should be substituted the following words: 'Where a person has been domiciled in a British possession for two years immediately preceding the granting of his diploma."

The amendment was carried, and, having been put as a substantive motion, the following amendment was moved by Mr. SIMON and seconded by Dr. STORRAR:—

"That where a person who has been *bonâ fide* resident in a British possession outside the United Kingdom shows that he is of good character, and holds a recognised diploma or diplomas (as hereinafter defined) granted in a British possession, such person shall, upon payment of the registration fee, be entitled without examination in the United Kingdom, to be registered as a Colonial practitioner in Medical Register."

This amendment was carried, and, having been put as a substantive motion, was agreed to.

The Council then resumed and ballotted for the Executive Committee, whereupon the following members were found to be duly elected—Sir James Paget, Dr. Andrew Wood, Dr. Quain, Dr. Humphry, Dr. Aquilla Smith, and Mr. Simon.

The Council then went again into committee on the Bill.

Clause 6 was, in substance, approved.

With regard to clause 8, Dr. HALDANE pointed out that in it no mention was made either of examination or diploma.

Mr. SIMON explained that this clause was only designed to meet very exceptional individual and personal cases, of the merits of which the Council would be the judges.

The clause was then approved.

Clauses 9, 10, 11, 12 were then in substance approved.

Clause 13.—Mr. BRADFORD said that he should like to point out that by this clause the power of erasing a practitioner's name from the register was delegated to a small committee of five, of which three would form a quorum, so that, practically speaking, the dictum of two was sufficient to remove a man from the register. That he felt that this was too serious a power to be used in such a manner, and he hoped that the Council would reserve that power to its general body. In ordinary courts of law there was a jury of twelve, and he thought it un-English to administer the matter in such a manner.

Dr. WOOD said that the power of erasing a name from the register was indeed a tremendous power—a power which was capable of blasting a man's prospects for life. He thought that such a committee was too small a body. He had no doubt but that such a body would feel their immense responsibility, but he feared that this would lead them to judge too technically. Hitherto the action of the Council had shown great justice in this matter, but its tendency had always been to temper justice with mercy, and he feared that such a tendency would be lost if the power were deputed to a small section of the Council. He was glad to see that this clause gave a power of appeal, but beyond that, he hoped that they would leave things as they were at present.

It was then moved by Dr. APJOHN, and seconded by Mr. SIMON,

"That questions relating to the erasure of names from the Medical Register for infamous or disgraceful conduct in a professional respect ought, in the opinion of the Council, to be reserved for the decision of the general body of the Council, and that it be recommended to the Lord President to amend clause 13 of his bill accordingly."

Dr. AQUILLA SMITH said that he agreed with the preceding speakers with regard to the power being by the Act vested in too small a number, and that, in addition, it appeared to him to needlessly complicate the machinery of the Council by adding a judicial to their already numerous committees. If the power was to be vested in a committee, why should it not be exercised by the executive committee, its decisions being subject to the approval of the General Council.

Dr. ROLLESTON said that in this matter the Council did not act as jurymen, but as judges, and that the whole Council was too large a body to act as such. He thought that the smaller the body the better, because they would feel the weight of the responsibility more, and would hence have more method in their decisions. They would be responsible both to the profession and the public, and open to criticism from both. If the power were vested in the general body of the Council, he thought the responsibility would be too much diluted, and might come to be loosely exercised. A check might be imposed on such a committee by making their decisions subject to the veto of the General Council. It was an acknowledged axiom that a guilty man would rather be judged by a jury, and an innocent man by a judge. He therefore hoped that the power would be vested in a committee subject to the veto of the council.

The PRESIDENT said he should like to draw the attention of the members to the fact that hitherto their practice had varied a great deal. That this power had in some instances

been exercised by the General Council, in some by the Branch Councils, and in others by the Executive Committee, and that it was evidently desirable that this state of things should not continue. Questions as to competency had been raised on this account, and that this clause had been inserted in order better to define the conditions under which this power was to be exercised.

Dr. HUMPHRY said that he felt this to be a serious question. That they had to exercise this power with regard to two distinct classes of cases. First, in those in which the culprit had already been convicted in the ordinary courts of law; and, second, in those cases where the Council was the court in which the offence was to be tried. With regard to the first class there evidently need be no dispute, but with regard to the second he could not help thinking that the duty would be better fulfilled by specially chosen persons. Speaking for himself he should, as a judge, feel a graver sense of responsibility, and were he the accused he would rather be judged by 5 than 24. That the question now came before them from a new point of view, as a power of appeal had been instituted, and he thought that this ought to materially influence their decision.

Dr. WOOD said that he supposed that if they delegated this power to a committee, it, like their other committees, would sit in private. The great advantage of making the General Council the court was that it was open to the public, and he did not think that three people in a quiet room constituted an open court. All judges tried and sentenced the cases brought before them openly, and hence he still retained the opinion he had already expressed.

Dr. ROLLESTON replied that he did not think the cases were analogous. That this power that they held was not like that of a judge in court, but like the power the benchers had of disbarring or disbenching one of their own number.

Dr. TURNER pointed out that their court in such a matter was partly private and partly public, for they heard and gave sentence on a case in public, but they deliberated in private.

Mr. BRADFORD said that in his opinion such a committee would be a most un-English institution, and he for one would not like to sit on such a board.

The motion was then put to the vote, and carried.

It was then moved by Dr. HUMPHRY, seconded by Dr. AQUILLA SMITH, and agreed to :—

"That it is desirable the power of erasing from the Medical Register the name of any person who has been convicted in a court of law of a felony or misdemeanour, be deputed to a committee of the Council."

After some formal business the Council adjourned.

SIXTH DAY.—DEPUTATION FROM OBSTETRICAL SOCIETY OF LONDON.

The minutes of the preceding meeting having been read and confirmed,

The President of the Obstetrical Society, Dr. West, with a deputation of the members were then received. (The deputation consisted of Drs. Barnes, Aveling, Priestly, Murray, and Williams).

Dr. WEST said that in the letter he had sent he had dwelt on the main points of a scheme for the education and examination of midwives. It had appeared to the Society that the fees should be small. They had added a requirement for each candidate to have a certificate of good moral character. They considered that important, as there was no doubt that some midwives received unmarried pregnant women into their houses with the understanding that the child should not survive. That in order to prevent a traffic in certificates they recommended that each certificate should be numbered, and that each county should license and examine its own midwives who should not be competent to practise out of their own county. That they ought also to be obliged to have had some training in ordinary sick nursing, as they had met with a large number of midwives who were utterly ignorant of the very rudiments of nursing duties. He said that they had proposed a simple and inexpensive arrangement of examination boards, in which he suggested that the test should be mainly oral. They considered also that the limits for the action of midwives ought to be as clearly defined as possible.

The PRESIDENT asked whether the scheme they proposed agreed with the Bill before Parliament?

Dr. WEST replied that it did not in any way contradict it, but that it related mainly to those matters of detail which in the Bill had been left for the consideration of the Council. That they pointed out in clause 5 there was a permissive power given for the establishment of local boards, but that they did not think that, without some compulsory clause that would come to anything.

Mr. SIMON asked Dr. West if he considered that a central system of registration was needful, and whether or not a local system might not meet the case, and that when a midwife wished to change her residence it might be made necessary for her to get her certificate countersigned to the effect that she had behaved well?

Dr. WEST replied that he did not think that the system would throw any great amount of work on the Council.

Dr. HUMPHRY asked whether it would not be better to have travelling examiners paid by the State?

Dr. WEST replied that he doubted if it would be possible to get men of sufficient standing to accept such an appointment.

Dr. WOOD asked what would be the constitution of the local examination boards?

Dr. WEST replied that they considered that it should consist of the senior officer of health *ex officio*, the two senior officers of the local lying-in institution or infirmary, and the two senior medical officers of the local hospital or infirmary.

Mr. SIMON pointed out that the Bill only made punishable the use of the title of registered midwife.

Dr. WEST replied that registration conferred certain advantages on the women which they thought would be sufficient inducement to make them go through the requirements for registration.

The Council having thanked Dr. West for his ample explanations, the deputation withdrew.

DEBATE ON THE MEDICAL ACTS' AMENDMENT BILL—(*continued*).

The Council then went into committee for the adjourned consideration of the Medical Acts' Amendment Bill.

On the motion of Mr. SIMON the report of last year's Medical Acts committee (Minutes xiv., pp. 194-197) on the proposals of the Obstetrical Society with regard to women acting as midwives, was read.

It was then moved by Mr. SIMON, seconded by Sir W. GULL, and agreed to :—

"That the Council adheres to the opinion which it expressed last year, in accordance with what it regards as the *general intention* of the proposals of the Obstetrical Society, that legislation for the following two objects would be desirable :—'Firstly, that means under legal sanction should be provided for giving credentials of qualification to competent midwives; and secondly, that the lives of women in labour should, as far as possible, be protected from the incompetent.'" (Minutes, vol. xiv., p. 198.)

Moved by Dr. ANDREW WOOD, seconded by Dr. ROLLESTON, and agreed to :—

"That the Council now proceed to discuss the several sections of clause 24 of the Bill."

Moved by Mr. SIMON, and seconded by Sir WILLIAM GULL :—

"That the Council, having regard to its own special purposes and organisation, and to the resources of its office, could not undertake to initiate arrangements (which must for the chief part be local) for the examination, licensing, and registration of midwives throughout the United Kingdom, nor accept such administrative responsibilities as would attach to any central authority which might purport to act in control of the local arrangements for those purposes; but that the Council would willingly, if so desired, provide examination rules for the assistance of administrative authorities, local or central, which might be appointed for the purposes of the law."

Dr. HUMPHRY said that he should like to propose an amendment to that resolution. It was evident that if rules for the training of midwives were to be drawn up at all, some body must take the initiative, and that unless the Council undertook it, he did not see who there was that could do so, as that there was not at present any public mechanism whatever for the education and examination of midwives. He therefore moved, "That section 1 of clause 24, be in substance approved."

Mr. TEALE seconded this.

Dr. FERGUS said that having regard to the resolutions they had passed with respect to drawing up rules for examination of medical men and of dentists, he did not think that they could consistently propose to initiate rules for the education of midwives.

Dr. WOOD said that it should be remembered that the clauses in the Bill relating to midwives had been inserted on their own recommendation, and he thought they would hardly be acting consistently if they refused to be instrumental in carrying out their own suggestions.

Sir WILLIAM GULL said that he thought action ought to originate from the periphery at the local authorities. That as yet there were no examination boards for which to frame rules, and he doubted that they would be able to call such boards into existence. He did not think that they adequately realised the magnitude of the duties they would thus undertake.

Dr. ROLLESTON said it was plain that there must be a start somewhere, and that he did not think that there was any other authority so well fitted to make it as the Council. To take the initiative was all that was required of them. He did not think that this would throw such an amount of labour on their shoulders as they appeared to think. At any rate they were well paid for their services, and he thought they should take care not to lay themselves open to the imputation of casting about how not to do it, but of being anxious to be of as much service as possible to the profession and the public.

Dr. HUMPHRY, in reply, pointed out that by taking the initiative the Council would have the power of instituting a scheme such as they knew they were capable of carrying into effect. In reply to Dr. Fergus, he would observe that the cases of the dentists and midwives were not parallel; for the former there was already a system of training and examinations, while the needs of the latter were as yet without such provision. On this account he denied that the Council in any way laid itself open to the charge of inconsistency; it decided to confine itself to supervision of the one, while it undertook to initiate rules for the other.

The amendment was then put and carried, and having been put as a substantive motion, was agreed to.

The Council then resumed for the transaction of more formal business, but on the completion of this, again went into committee on the Bill.

Section 2, clause 24, was in substance approved.

Section 3.—Dr. HUMPHRY pointed out that this section contained the expression "The midwives' register," evidently written under the idea that there would be a central register for midwives. Here he thought was the point where the shoe pinched too hardly. Such an enactment would throw a great amount of work on the Council, which was, in his opinion, too important and too expensive a machinery to be used for such a purpose. Local registers would meet all the requirements of the case. The case was different from that of the medical register. A medical man was a much more important unit of the community, and it was important that all the world should know where to find him; but no one in Yorkshire could possibly be interested in who were the midwives of Devonshire. Such registers could be kept by the various local authorities, without any great additional expense or machinery.

It was then moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That in the opinion of this Council it is not necessary that a central Register of Midwives should be kept, but that there should be local registers, and that the duty of keeping them should devolve upon the authorities having power of government in the several places in which the examinations are conducted."

Mr. MACNAMARA said that throughout clause 4 the words to practice "midwifery" were repeatedly used with respect to the practice of midwives. Now "midwifery" was, in his opinion, a word of much too wide a scope to be applied to such a purpose. Even at present, as was well known, these women were often in the habit of taking a great deal too much upon themselves, and if they allowed the Act to pass as it stood they would be able to plead legal permission to use instruments, and to do other things which they were in no way qualified to attempt.

It was therefore moved by Mr. MACNAMARA, seconded by Dr. AQUILLA SMITH, and agreed to :—

"That the word 'midwifery' in lines 2 and 5 of section 3 of clause 24 be changed to 'as a midwife,' and that the same change be also made elsewhere throughout the Bill."

Moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That sections 3 and 4 of clause 24 be modified in accordance with the foregoing resolution, and that it be provided that a certificate of good character be required in the case of those who present themselves for examination or registration."

Moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That section 5 of clause 24 be in substance approved."

Moved by Dr. ROLLESTON, seconded by Sir JAMES PAGET, and agreed to :—

"That the following be in substance an addition to section 5 of clause 24 :—'Persons not upon such a Register shall not be eligible for public appointments as midwives.'"

Moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That section 6 of clause 24 of the Bill, to the end of the sub-section (1), be in substance approved."

Little or no discussion attended the proposition and passing of the above resolutions.

With respect to sub-section 2 of section 6,

Sir WILLIAM GULL pointed out that a sort of central register might without any trouble or expense be provided by causing a copy of the local registers to be annually forwarded to the Council.

It was then moved by Sir WILLIAM GULL, seconded by Dr. ROLLESTON, and agreed to :—

"That, instead of sub-section 2 of section 6 of clause 24, the following be substituted :—

"The Register of Midwives shall from time to time, and at least once a year, be printed, published, and sold in the several districts of the United Kingdom, as directed by the General Medical Council from time to time and that copies of these Registers shall be forwarded to the Medical Council on the first of January in each year."

Moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That lines 28 to 40 of section 6 of clause 24 be in substance approved."

Moved by Dr. HUMPHRY, seconded by Sir JAMES PAGET, and agreed to :—

"That with reference to section 6 of clause 24 the Council is of opinion that the duty of prosecuting under this clause should devolve upon the local authorities specified under section 5."

Moved by Dr. ANDREW WOOD, seconded by Dr. AQUILLA SMITH, and agreed to :—

"That clauses 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 be in substance approved."

Clause 22, which contains the new enactments with respect to unregistered persons, and the penalties to be imposed on persons falsely assuming registrable titles then came on for consideration.

Sir JAMES PAGET said that he was by no means clear as to the scope and meaning of the various paragraphs of this clause. He should like to know whether or not under it, a registered person using the M.D. of a foreign university, or an M.B. calling himself doctor, could be prosecuted. He, therefore, moved that the attention of the draughtsman should be drawn to this clause, with a view to its being made more definite. This was agreed to.

Dr. TURNER objected to the medical authorities being made prosecuting bodies, and it was determined to also draw the draughtsman's attention to the sixth paragraph. After a short discussion, it was decided, in view of the large number of delicate questions involved in, and the obscurities of this clause, and remembering the small amount of time that was left of the session, that it would be best to refer the consideration of this clause to the executive committee.

The Council then adjourned.

SEVENTH DAY.—DEBATE ON THE MEDICAL ACTS' AMENDMENT BILL—(*continued*).

The minutes of the preceding meeting having been read and confirmed,

The Council went into committee on the Bill.

The PRESIDENT said that they had received the deputation of the Medical Reform Committee that morning, and that the

point on which Dr. Waters had put most stress, was the opinion they held that a change should be made in the constitution of the Council. That it should consist of one quarter representatives of the profession, one quarter Crown nominees, and one half representatives of the corporations. The total number of the Council Dr. Waters does not think important. He thought it right to add that no opinion had been expressed in answer to the representatives of the deputation, as the Council had not given them any power to do so.

Dr. ROLLESTON said that he had two resolutions to propose with regard to the clauses 14 & 20, which referred to the education of women. The substance of those resolutions was, that there should be a separate register, separate examination, and separate training for women.

Dr. WOOD said that he thought that before they said anything about these motions, they ought to be clear as to what the Act meant.

Dr. ROLLESTON said that if the State left them their independence of action, they would expect that they should obey the voice of the public, and that the public did demand that examination rules should be provided for women, that there was no way of getting out of it, and that he did not think that permissive legislation would meet the case.

Sir JAMES PAGET said that there was a feeling that this Act would make the position of the women worse. That now having obtained the qualification open to them, they were able to be placed on the register. At present, there was no surgical authority which was willing to examine women, and hence that women would no longer be able to be placed on the register after double qualification was made compulsory, and he thought this could not be intended, but that if the Act were read closely, it would be seen that it would be the duty of the Council to force all the surgical authorities to provide for the examination of women.

Dr. HUMPHRY said that the clauses on this subject were very involved, but that he did not think that the Act would bear such a construction as that which Sir James Pajet had placed on it, because subsection 4a, stated that the rules should not compel any medical authorities to do so. He, therefore, moved that section 4, be approved provided that a Conjoint Scheme be established. (Cries of no ! no ! oh ! oh !)

Mr. SIMON said that these sections were most complicated, and contained pitfall after pitfall. He thought that on this account, they should state as plainly as possible their opinion with regard to the medical training and registration of women, apart from the wording of the clauses altogether.

Dr. WOOD said that as far as the clauses stood, they were very grateful to him, as according to it, no woman, as Sir James Paget had shown, could be in futute registered He, indeed, thought that a consummation devoutly to be wished, but he feared that matters had gone too far for such a happy condition of things to be brought about.

Dr. ROLLESTON said that he thought that the case must be met by making it necessary for any Conjoint Scheme to provide for the examination of women. That whatever people might say, it was necessary to provide both for the examination of women, and for conjoint examinations.

Dr. ROLLESTON then proposed that the examination rules shall provide for the examination of women.

The motion was agreed to.

Mr. SIMON suggested they should qualify this by moving, "but with such distinctions as are necessary in the different cases of men and women."

Sir DOMINIC CORRIGAN wanted to know what those distinctions might be ?

Mr. SIMON said that that was not for their present consideration.

Dr. ROLLESTON said that he knew he should be abused by both sides, and on that account felt sure that he was right. And he would, therefore, propose as an amendment "That those rules must provide for the separate education, separate examination, and separate registration of women."

Mr. MACNAMARA said that he thought it most objectionable that a woman should not be examined or be liable to examination in all branches of the profession. As soon as she was placed on the register she would be able to practise all branches of the profession. He did not think that women were intellectually unfit, considering the eminence they had attained in literature ; but he thought that the profession was such that their modesty ought to prevent their joining it – that the very elements appeared to object to it.

Dr. ROLLESTON then read a motion to the effect that he had mentioned.

Mr. MACNAMARA proposed as an amendment, "That the Council did not approve of sub-section *b* of 4 of 14."

Sir J. PAGET said that he was very anxious that the Act should pass, and he therefore thought that they should be very cautious lest they should provoke strong opposition from any quarter.

Sir W. GULL said that he thought that they should point out to the Lord President that they had no power to carry out the provisions of the Bill. Where was the good of their framing rules when no authority would adopt them.

Dr. ROLLESTON replied that he could not help arguing on the hypothesis that they would have a Conjoint Scheme.

Dr. TURNER said he objected to the use of the term "obligation" in sub-section *a* 4.

Dr. ROLLESTON then proposed as an amendment in subsection *a* that they should substitute for (*a* 4) "That no medical authority who, at the passing of this Act, has not granted qualifications to women shall be compelled to admit women to examination."

Sir JAMES PAGET said that they must not shut their eyes to the fact that if this Act passed, and no surgical authority was to be compelled to examine women, women would evidently be no longer able to be registered. Would Dr. Rolleston tell him how a woman was to get on the register under the Act.

Dr. ROLLESTON replied that he could not do that, but that he could not conceive a Conjoint Scheme that did not provide for the examination of women, and that he considered that a Conjoint Scheme was inevitable.

Dr. Rolleston's motion was then put and carried.

The addition of a memorandum was then proposed by Sir WILLIAM GULL, "to direct attention to the want of power on the part of the Council to carry out the conditions of clause 14.

This was also passed.

Dr. ROLLESTON then proposed, "That it shall be in the power of the Council to frame rules for a board for the examination of women."

This resolution was agreed to.

Dr. ROLLESTON then proposed, "That any Conjoint Scheme that may be proposed shall provide for the examination of women."

The PRESIDENT pointed out that this would be an almost insuperable obstacle to Conjoint Schemes. And the motion hence fell through.

Mr. MACNAMARA then proposed, "That sub-section (*b* 4) be omitted."

This was carried.

Dr. ROLLESTON then proposed, "That for it should be substituted clauses providing for separate education, examination, and registration of women.'

Dr. HUMPHRY said that he thought that this was hardly a subject for legislation. That it would be quite as reasonable for the State to provide for the separate education of boys and girls. He thought that this should be left to the judgment of the various corporations. He strongly doubted that any such serious consequences would be likely to happen even if male and female students were educated together. He had seen male and female students working very well together at the Moorfields Infirmary, and he had had women as well as men at his own lectures, and he had observed nothing beyond a healthy rivalry ; and he thought that it would be quite sufficient to trust to the good feeling and honour of English men and English women.

Mr. MACNAMARA said that he did not think that any such legislation was necessary, and that it would put a new bar to the admission of women to the profession, as it would necessitate separate lectures on all subjects.

The motion was then put and carried separately with regard to all three clauses of the motion.

With regard to a separation of the registration of women, the names of those who voted were called for, and resulted in 10 for, 8 against.

Mr. SIMON then proposed "such separation of names not to involve any difference of legal rights." The motion was carried.

Section 5 was in substance approved. Sections 6 and 7 were also in substance approved, noting that they should be brought into conformity with their previous resolution with regard to the framing of rules. Section 8 was in substance approved.

Mr. MACNAMARA said that with regard to clause 33,

taken in connection with clause 4, he should like to point out that the registrar was defined as the registrar of the General Medical Council, and that these clauses taken together, would require the register for Ireland, and the £5 to be centralised in London. This might be accidental or intentional. If it were intentional, he should have to say more on the subject. If there was no intention of changing the law with regard to the local registers, there could be no objection on the part of the Council to drawing attention to the effect of the clause, and he therefore proposed a motion drawing the attention of the draughtsman to the effects of the clauses, and suggesting that they should be brought into conformity with the clauses on the subject, in the Act at present in force.

This was agreed to.

Sir DOMINIC CORRIGAN then proposed his amendment of clause 14, section 2 :—"The examination rules shall not require a candidate to adopt the practice of any particular theory of medicine or surgery;" and added that he would wish to cut out the words "refrain from adopting." He mentioned instances in which grave consequences had happened from homœopaths and others neglecting to perform the most necessary measures.

Sir W. GULL said that he thought that no Government would consent to removing such words as those.

The motion was negatived.

Section 15 :—Dr. HUMPHRY pointed out that this clause did not give any power of withdrawal from conjoint boards on the part of any authority. He therefore proposed that words should be inserted to the effect that any authority might withdraw from such a combination in the event of there not being an examining board for each division of the country, as recommended in the previous resolution of the Council.

This motion was carried. The section was otherwise approved.

Clause 16 was in substance approved.

Clause 17 :—Dr. PITMAN said that he would wish to point out by this clause, any woman passing a conjoint examination, would be entitled to all of the qualifications of the combined authorities, and that he feared that this would be fatal to the adoption of any Conjoint Scheme.

It was determined to consider this question while on section 20. With this proviso the clause was in substance approved.

Clause 18.—In substance approved.

Clause 19.—Mr. SIMON suggested that the attention of the draughtsman should be drawn to the extremely wide bearing of the words, "such information."

Clause 20.—Mr. SIMON wished to make an extension of the powers under this motion to enable any authority or combined authorities to institute new diplomas *specially* for women, which should be registrable under the Act.

DR. PITMAN said that he should like it to be clear that no authority should be obliged by a conjoint scheme to give its degrees to women.

Mr. SIMON proposed an amendment, "That after the words 'both sexes,' there be inserted 'with distinction,' if considered necessary, between the diplomas of men and women.

Dr. ROLLESTON said that he could in no way support such a resolution.

The amendment was put and lost.

Clause 21 was in substance adopted.

This completed the consideration of the Medical Act.

The council then resumed.

THE PROSECUTION OF UNQUALIFIED PRACTITIONERS.

Sir DOMINIC CORRIGAN then proposed the following motion :—

"That while the Council (as exressed in Resolution 7, on p. 189 of vol. xiv of the minutes) cannot undertake the duty of prosecuting unqualified practitioners, they, nevertheless, think it their duty to draw the attention of the Local Government Board of England to a practice, which it would appear exists in England, of practitioners in charge of medical relief districts employing unqualified assistants to act for them in the treatment of medical and midwifery cases, tending to the detriment of the public, and other evils; and they would suggest to the Local Government Board of England the consideration of the rule in Ireland, that no medical officer in charge of any dispensary district is permitted to have a substitute to perform his duties unless for a limited time, and unless such substitute is fully qualified to the satisfaction of the Dispensary Board, and with the sanction of the Local Government Board."

The motion was agreed to.

The session of the Council then concluded, but it was considered probable that there would be a second short session shortly before the 20th May.

Original Communications.

THE CAUSES AND COURSE OF DISEASES OF THE HEART, WITH SPECIAL REFERENCE TO PREVENTION AND TREATMENT. (a)

A Course of Lectures delivered at the WEST LONDON HOSPITAL.

By J. MILNER FOTHERGILL, M.D., M.R.C.P.,
Assistant Physician to the Hospital, and to the City of London Hospital for Diseases of the Chest, Victoria Park.

LECTURE III.—THE GOUTY HEART AND FATTY DEGENERATION.

THE lecturer commenced by saying that the relations of the gouty heart to fatty degeneration in its later stages justified their being discussed together. The term, gouty heart, suggested at once the origin of the changes, and the relations of these changes to alterations in the kidneys. A gouty condition might be produced by defective oxidising processes, as well as by a superfluity of food. In those hereditarily gouty the most ascetic fare would scarcely protect from gout in some of its forms. The retrograde product of nitrogenised material which had the greatest tendency to linger in the system was uric or lithic acid; hence the terms "lithiasis" and "lithæmia," had been employed to indicate a condition where there was excess of such waste in the system. Some persons with lithiasis seemed peculiarly prone to disease in their circulatory system. Dr. Johnson had observed a thickening of the muscular walls of the arterioles in cirrhosis of the kidneys: and Sir Wm. Gull and Dr. Sutton had described an arterio-capillary fibrosis, associated with renal changes; probably each saw a part of a great pathological process, which must be still further studied before it can be seen in anything like completeness.

The first step in the chain of morbid processes is the presence of lithic acid, or other waste, in the blood in excess. Such a condition is not confined to ruddy complexioned persons, though almost certainly present in them. The effect of this is to set up contraction of the tiny arterioles, and so to obstruct the flow of blood through them, so that the blood is damned up in the arteries, and thus the arterial tension is heightened. This offers an obstruction to the onward flow of the blood out of the ventricle in its contraction, and this leads, as was seen in the last lecture, to hypertrophy of the muscular walls. By the hypertrophy of the heart, and hypertrophy of the muscular walls of the arterioles, the state of high blood pressure within the arteries is maintained: and this over-distension of them in time leads to atheroma of them. The progress may be very slow and extend over many years, yet it steadily progresses. At last changes are set up in the walls of the heart, and cardiac failure follows. The pathological process in these cases explains the signs and symptoms found during its progress. The muscular hypertrophy of the heart might be long maintained, but the changes in the arteries necessarily lead to decay of the muscular walls in time. The development of connective tissue in the arterial walls leads to loss of elasticity, and consequently of the arterial rebound after distension by the ventricular systole. This change is often pronounced in the coronary vessels, placed at the base of the aortic column, and so exposed to the full force of the aortic rebound. Changes, too, are often well marked in the thin walls of arteries within the encephalon, and rupture of one of them, or true apoplexy, is one of the chief dangers of this condition of hypertrophied ventricle and contracted arterioles. In many stalwart families there is a history of unbroken health till

(a) Abstract of Lecture III.

middle age, then apoplexy in some members of the family, and sudden death from heart failure in those who live till old age.

The manner in which these changes in the heart walls are brought about, he said, were as follows :—

The arteries becoming less elastic the coronary vessels, which are filled by the aortic rebound, are no longer sufficiently supplied with blood ; while the current is broken by the tortuous windings of the coronary arteries. This imperfect blood supply leads, in time, to fatty degeneration of the muscular walls, but usually the process is a long and chronic one, not recognised till almost the final stages are reached. At last, however, the necrosis of the muscular fibrillæ reach that point when dilatation sets in, no longer arrested by hypertrophy, and the evidences of cardiac failure are manifested. At other times there is no dilatation, and the heart retains its normal shape. In the first case, we have dropsy, dyspnœa, &c. ; in the other, there is merely general failure of the powers, with great liability to sudden death. Indeed, the matter for surprise is, that sudden death does not more frequently occur than it does, and at an earlier period too. In such sudden death the end is brought about by some sudden increase of the blood pressure within the heart, as from quick effort to catch a train or an omnibus, the weakened walls are distended in diastole, the ventricle fails to contract, and all is over.

The relations of angina pectoris to this sudden stoppage of the heart in diastole, are very interesting, *i.e.*, true angina, not merely neurosal angina. It is now known that in true angina there is a rise, not a fall of blood pressure in the arteries ; the heart is embarrassed and the ventricle contracts with difficulty, the pressure within it is increased, and there is danger of it at last ceasing in diastole. As long as the heart walls are structurally sound, severe attacks of angina are survived and recovered from ; but when fatty degeneration is established a fatal result often follows. The starting point of angina is sudden contraction of the arterioles, the arteries become hard and tense, and then the heart is embarrassed. The inhalation of nitrite of amyl which dilates the arterioles has been found to give immediate relief. When the arterioles are dilated, then the blood pressure in the arteries is lessened, and the heart relieved. These sudden contractions of the arterioles are fraught with the greatest danger to life when the heart walls are undermined by fatty degeneration.

When, from imperfect nutrition, the heart walls commence to decay, at first fat granules are deposited in the germinal matter and then through the muscular structure. At first the striæ are lost, and ultimately the muscular fibrilla is converted into a string of beads of fat within the sarcolemma. This necrobiotic change is not spread evenly through the heart : advancedly decayed fibrillæ are found alongside fairly sound fibres ; and some localised areas are more affected than others. This last is probably due to some arterial twigs being more diseased than others. Or one ventricle may be more affected than another, as from an atheromatous plate over its orifice. In advanced disease the heart has a dead-leaf hue about it, and the finger can readily be thrust through the walls of the ventricles. Such is the end of an hypertrophied heart if the patient survives long enough.

At times fatty degeneration of the heart is found with a sustained pyrexia, with phosphorus poisoning, or pernicious anæmia. It is also found in elderly persons at times, not being the consequence of the morbid changes detailed above : but rather of a splitting up of the tissues as a species of senile change. Michael Foster says that in advanced life "we see a disposition on the part of protoplasm to fall back upon the easier task of forming fat, rather than to carry on the arduous duty of manufacturing new material like itself ; everywhere, almost, we see a tendency to the replacement of a structured matrix by a deposit of amorphous material." The question which arises is this, "Is this condition one permitting of repair ?" And if so, can we do anything therapeutically to aid the natural efforts ? We know that a condition of fatty degeneration occurs in the uterus after delivery, in the muscles of a broken thigh, and even in the heart itself after fevers. It also, probably, occurs as a more chronic process with some women at the menopause, and it seems in a certain number of them to be recovered from. It would seem probable that, in such cases to increase the oxidising powers by plenty of fresh air, without, however, too much exercise, and by a dietary largely free from hydro-carbons, it is possible to remove the fatty *débris* and lay down new material. Such a plan would be aided materially by a course of iron, which increases the amount of hæmoglobin, and with it the oxidising processes of the body. Some digitalis to maintain the action of the fibres remaining sound is also indicated. The plan is worth a trial, and in some cases seems to have succeeded.

The lecturer then proceeded to the subject of the treatment of the gouty heart. He pointed out how a knowledge of pathological processes could direct our therapeutic measures, and teach us how to prevent or retard what could not be cured when established. He divided the treatment into that of the first stage, viz., hypertrophy, and that of the second, viz., heart failure. The treatment of the two varies much. As to the first stage it was necessary to reduce the bulk of nitrogenised waste from which the troubles commenced, as the first step ; and to attain this the patient should be put on a dietary which contained but a small proportion of albumenoids, just such an amount as would meet tissue repair, and no more. Gouty people do not require, as some other persons do, large quantities of animal food. A non-nitrogenised dietary lowers the arterial blood-pressure, and with that its consequences. Even in albuminuria it was not well to give albumenoids freely. Such a dietary lessened the chronic high blood-pressure, and also kept off the acute conditions of angina. A lobster salad was the typical dish of a gouty person with a good digestion. Potash or lithia, which form soluble salts with uric acid, should be given, with colchicum or buchu. If found too depressant, a little nux vomica might be added. They should be taken before meals, with a draught of water. Iron and digitalis are rarely indicated in the first stage, except where the cardiac hypertrophy is mixed with dilatation. But when the heart is failing then they are called for imperatively. They should be given steadily away, week after week, and if necessary, year after year, without fear of any accumulative action. Digitalis does not lurk about the tissues to do mischief, as it were through malice. When there are attacks of uræmic dyspnœa, strychnia or belladonna, as stimulants to the respiratory centre, are indicated. Exercise is good as long as the heart is sound. In the dropsy of the gouty heart tapping is more useful than in pure heart cases.

AN ANALYSIS OF FORTY CASES OF CLUB-FOOT. (*a*)

By ROBT. LAFAYETTE SWAN, F.R.C.S., L.K.Q.C.P.I.
Surgeon to the Dublin Orthopædic Hospital ; Member, Court of Examiners, Royal College of Surgeons ; late Lecturer on Anatomy, Steeven's Hospital.

In the following paper I omit all reference to distortions connected with traumatic causes. Also to that large and very important class of deformities which are dependent on general conditions ; or centric lesions—their treatment, whether associated with chorea, paralysis, hysteria, or any allied neuroses, opening a far wider domain of therapeutics than those varieties of distortions for which the surgeon finds mechanical appliances chiefly remedial. I have tabulated forty cases typical of the varieties of club-foot usually met with, which have come under my own observation.

The literature of club-foot is undoubtedly profuse, and there are in existence numerous treatises which enumerate more or less plainly the errors to be avoided, and the practice to be pursued. In spite, however, of this fact I think most surgeons will admit that numerous examples

(*a*) Read before the Surgical Society, March 29.

are seen of want of success in the treatment of the commonest varieties of talipes, which no other branch of surgery presents. As in the field the soldier, from successive defeats, learns how at length to conquer, so the surgeon, from his own failures, as well as from those of others, should follow those signs which mark the path to final triumph. I shall endeavour, from facts in my possession, to state briefly the reasons for failure in the management of the varieties of this deformity.

Equino varus being the most usual form of club-foot met with, offers the greatest number of uncured results. Of the forty cases which I have classified, twenty-six belong to this affection, of which eighteen had been previously under treatment; amply indicated by cicatrices of incisions, or of sloughs from the pressure of apparatus, or in occasional instances from the statements of the parents, where extension without leaving a mark had been unsuccessfully applied.

The causes which led to want of success in those cases, may, I think, be placed under three heads.

1st. Removal of forces producing deformity in improper order.

2nd. Transfixion of tendons, or omission to divide a tendon which should have been divided.

3rd. Improper application of extension. Deficient time allotted to the subsequent treatment. The application of improper retaining apparatus.

Despite the teachings of Little, Adams, Brodhurst, and the majority of surgeons at the present time, which show definitely the principle of selection in order of the tendons to be divided, it is of common occurrence to observe in aggravated equino varus, the tendo Achillis first divided, or in conjunction with the tibials, or with the anterior tibial alone. This practically adds to the difficulty of treating the varus; the entire foot rotating at the tibial tarsal, instead of at the median tarsal joint, the true situation of rotary varus.

The plantar fascia is frequently seen divided simultaneously, or subsequent to the division of the tendo Achillis. As in the great majority of slight cases, and in every instance of exaggerated contraction of the fascia, it requires a greater and more prolonged force to unfold the plantar arch than to remedy the equinus; and by the division of the tendo Achillis the fixed point from which to make extension is lost, the difficulty in treatment is increased, or calcaneous is the result.

In six of the eighteen cases enumerated, the tendo Achillis and anterior tibial had been divided in conjunction; in three, the tendo Achillis and plantar fascia together; in four, the tendo Achillis alone.

Although impossible to demonstrate the transfixion of a tendon, yet we may, I think, with some certainty, draw such an inference from the following facts: 1st. The influence of point pressure on the tendon below the site of attempted division, which will produce spasmodic contraction of the corresponding muscle. 2nd. In such a case extension is performed slowly, and with difficulty, followed by rapid recontraction, when treatment has been stopped; the resumption of the deformed position with a spring when extension with the hand is suddenly withdrawn.

If old cases are seen where extension seems limited at the situation of the cicatrix, where the tendon is adherent to the adjacent structures, and no elongation of a new tissue appears to have been produced at the time of treatment, the presumption is that the tendon was transfixed. In connection with the second class of signs of transfixion above alluded to, I may mention that a case of equino varus, recently under my own treatment, was proceeding unsatisfactorily, when on one occasion, while manipulating the foot, some undivided fibres of the posterior tibial tendon snapped across, after which the unfavourable symptoms vanished. It is not difficult to understand how transfixion of tendons may occur. The fear of wounding the anterior tibial vessels may lead the surgeon to cut very close to the external edge of the tendon. Its small size, and the difficulty of feeling this structure in an infant, with the variation from its normal situation which generally exists, likewise add to the liability to the accident. Failing to get the tenetome into the sheaths between the posterior tibial tendon and the bone, is necessarily a cause of the accident in this situation.

In but two cases of the eighteen was the posterior tibial tendon divided; all of them required such section. I have endeavoured in as many instances as possible to discover the cause of this omission. The answers I have obtained were the following:—1st. That the tendon could not be discovered. 2nd. The fear of wounding the posterior tibial artery. 3rd. That it was in many cases unnecessary. The plain rules laid down for finding its situation, render it unnecessary to feel the tendon, and with some care the posterior tibial artery may be avoided. Mr. Adams disposes of this objection by stating that he would prefer wounding the artery to missing the tendon. I have myself on more than one occasion unskilfully divided the artery, but fortunately no bad result followed. In those cases I made the division of the tendon certain. I have no doubt, whatever, that to effect a perfect cure of true rotary varus, a section of the posterior tibial tendon is essential.

The third and most important series of obstacles to success in the treatment of equino varus, are: the improper application of extension; deficient time allotted to the subsequent treatment; the application of improper retaining apparatus.

I shall first consider the improper application of extension, and include as its most common unfortunate results, sloughing, from too long continued pressure on projecting points, and the consequent interruption to treatment; the induction of paralysis of a muscle, or series of muscles, from too rapid extension. These events may occur from more than one cause. The surgeon, from urgent demands on his time, or from the neglect of the parents to bring the child for treatment on the appointed day, may omit to remove the extending appliance sufficiently often; or in large general hospitals, this portion of the treatment is not infrequently consigned to a pupil whose zeal, untempered by experience, most commonly defeats the object he seeks to attain. This fertile source of failure has been forcibly alluded to by Mr. Little. Five of the eighteen tabulated cases presented, when admitted to hospital, marks of sloughs of the integuments; in two instances, unhealed. In one, calcaneus, with paralysis of the posterior muscles of the leg, had been induced after section of the tendo Achillis, and too rapid extension.

There are many circumstances from under the control of the surgeon which curtail the time given to the treatment of club-foot. The patient—at least, among the poorer classes—is usually removed from under the surgeon's care far too soon. Apathy, or pressing duties, prevent the parents from following the directions given, and the result is a partial relapse, even in those cases which at first seemed very favourable.

A tendency to inversion of the toes, after the tendinous and fascial structures have been fully extended, is commonly noticed. This is so usual that I have endeavoured to ascertain the cause. The circumstances which induce it may, I think, be classified into passive and active. *Passive*—Incomplete contractile power of the peronei, or extensor digitorum muscles. Absence of the normal forces which retain *in situ* the articular surfaces between the calcis-cuboid, fourth and fifth metatarsal bones, by the structural lengthening of the following ligaments: Deep portion of the long plantar ligament; dorsal calcaneo cuboid; cuboids metatarsal ligaments passing to the fourth and fifth metatarsal bones. *Active*—The rapid re-contraction of the integumental structures at the inner side of the foot, aided by the subsequent and slower contraction of the muscles which have no opposing agency. I have repeatedly observed this to occur, and it may be demonstrated by allowing a foot, apparently cured of equino varus, to remain for some days without manipulation, or any other extending treatment. On everting the toes at the end of

that time, it will be seen that the capillaries of a certain patch of integument are entirely deprived of blood, owing to the strain on that structure. A few days' continued treatment will suffice to re-extend this tissue, to be followed, on its intermission, by a relapse. The cure of equino varus must therefore be considered incomplete when there is an imperfect balance between the muscular forces, causing the deformity, and those opposing its production; while the ligaments above enumerated are so lengthened as to admit of an abnormal separation between the bones they unite. If the patient be arrived at that age when he can co-operate with the surgeon, it must expedite the process, but practically it can be of no limited duration.

The application of improper adjusting apparatus is one of the most frequent causes of eventual disappointment in the treatment of equino varus. There is nothing more easy than to conceal a very distorted foot in a boot which, giving the member a shapely appearance, will satisfy the parents for the time, and even seems sometimes to content the surgeon.

Examples of this nature are daily met with, in which the mechanical arrangements are not at all adapted to the purpose required. A very common form of appliance in the treatment of equino varus, is one which, in the endeavour to remedy the commonly existing inversion of the toes, rotates the entire limb, more or less, from the hip-joint. In the great majority of cases, this is entirely unnecessary, and when so, is injurious, being deceptively efficacious.

I have seen very aggravated varus assume a natural position—apparently—when the entire limb has been thus rotated outwards. The boot which I show, and I have—except in a few rare cases in which rotation inward of the entire limb existed—invariably used with great satisfaction, as I consider it applies extension to the real cause of the inversion, and is, in addition, not costly, and simple in its construction. It consists of an ordinary laced boot (fig. 4), with a rule joint at the junction of the heel and sole, with an inside stem and bar passing round, and terminating in a spring, which acts at pleasure on the anterior segment of the foot.

I am very much in favour of a treatment which, I observe from some reported cases, has been resorted to by Mr. Lambert Ormsby in the treatment of club-foot. It was first suggested to me by the facility of application of Sayre's plaster bandage in spinal curvature, which—the foot being maintained in position by an assistant—forms a perfect mould for the member. By adapting a piece of padded lead-plate or leather to the sole (the accompanying illustrations, Nos. 1, 2, 3, exemplify), the flexion of the toes which sometimes exists is overcome, and the patient soon learns to walk in the temporary boot so constructed, a matter of great importance in the development of the muscles of the limb. By this means an expensive Scarpa's shoe may often be dispensed with. I have treated the case, almost altogether by this means, with a good deal of success. The use of plaster of Paris in the treatment of talipes, is not by any means new, having been described by M. Guerin—although somewhat differently applied—as early as 1836.

Ten of the forty cases were affected with valgus; five of the congenital, and five of the acquired or spurious, variety. The latter were selected from a very large number of that class. The congenital cases varied from a minor to a very aggravated degree of the affection, with convexity of the sole of the boot. In none of those cases was tenotomy necessary. Manipulation and retention of the foot in its natural position sufficed for all. In those cases associated with calcaneus, the development and contraction of the gastro-cnemius, completed and maintained the cure. In cases of this kind I found the plaster bandage a very efficient splint. A small pad, to restore the arch of the foot, will be useful. In whatever retaining apparatus the foot be placed, it should be removed daily for the purpose of manipulation, which is of the utmost importance.

Acquired valgus appears to be a very common affection in individuals whose employment necessitates standing for a length of time. Hence grocers' assistants, shop girls, &c., seem often so troubled. It is usual to see one foot alone so engaged, or the other in a minor degree. This may be explained by the habit of resting the body on one member, and thus stretching the ligamentous structures of the arch. On examining the affected foot at an early stage, it is not easy to mark any deviation from the normal standard. By causing the patient to stand on each foot alternately, it will be found that the affected arch is shorter than its fellow, or absent altogether, as the valgus is minor or complete. By colouring a flat surface with red or blue chalk, and making the person stand thereon, a correct estimate of the diminution of the arch may be formed. The pain which accompanies this affection will be found to assume two distinct characters. 1st. A gnawing, dull sensation, referrable to the instep, aggravated by exertion or continuous standing, and alleviated by rest. 2nd. Pain of a lancinating description; so violent as occasionally to completely deprive the patient of the power of locomotion. It will be seen that the severity of the suffering does not always increase in proportion to the development of the distortion. These symptoms indicate two distinct conditions. The first variety, a relaxation of the tibialis posticus muscle, lengthening of the inferior calcaneo scaphoid ligament; falling of the arch of the foot; approximation of a portion of the enarthrodial joint formed in part by the above-named ligament to the ground, and subacute inflammation thereof with its consequences. The second, undue tension or stretching of the plantar nerve. I have lately had an opportunity, through the kindness of my friend, Dr. John Barker, of examining a specimen of aggravated valgus, which was associated with, if not the result of, rheumatic arthritis. The partially ossified condition of the cartilages covering the astragalo scaphoid joint was well seen.

The connection that appears to exist between acquired valgus and lateral spinal curvature is remarkable, especially in young females. It no doubt, in a great degree, is due to the formation of a series of compensatory curves; but there may exist a unity of diathesis as a powerful pre-disposing element. The accompanying photo-lithograph (fig. 5) represents a case which illustrated this connection very plainly.

The following cases illustrate that a mistake in diagnosis may be made in this affection:—

J. R., æt. 27, grocer's assistant, came to hospital, June 23rd, 1877. Complained of an aching pain in the left foot after standing for any length of time, or walking a short distance. Has been in consequence in a state of great discomfort for more than two years, and has gradually become worse. He has been under surgical treatment on three occasions, in the country and in Dublin. Has been blistered and leeched on the foot, and has used various liniments without benefit. Has lately worn a tight bandage round the instep, which affords him some relief. On examining the foot off the ground, no very marked deviation from its normal condition could be observed; but on placing it on the ground, and directing him to bear his weight thereon equally with the other, a marked depression of the arch of the foot was clearly seen. Ordered a laced boot with a convex sole plate, to restore the natural size of the plantar arch.

July 4th.—Has been wearing the boot a week with great comfort. Can now pursue his occupation without inconvenience.

J. E., æt. 19, shop girl, was first seen October 2nd, 1877. Has been confined to the house for the past six months, unable to walk to her employment. The left foot found to be the subject of aggravated valgus. The inner malleolus came near the ground on standing, and the arch of the foot was completely lost. The tendons of the peronæus tertius and extensor digitorum were tense, and resisted extension; structural shortening of those muscles had evidently taken place. In the early stage, an almost analogous plan of treatment to that before related was adopted; recently nothing had been attempted. Divided

existing tendons. Ordered a boot with outside stem and broad ankle strap, to draw the inner malleolus outward; a smooth steel sole plate covered with leather to support the arch.

October 17th.—Since the 6th inst., by gradual stretching and manipulation, all resistance to placing the foot in a natural position having been overcome, the boot was applied this day.

From this date, with the exception of having to slightly reduce the size of the sole plate, the patient has had uninterrupted ease.

The remaining four cases comprised two of congenital equinus, and two of calcaneus, and presented no unusual characters.

ON THE VICIOUS SYSTEM OF DRAINAGE PREVALENT IN WEST-END HOUSES. (a)

By THOS. FITZPATRICK, M.D. Dub., M.D. Cantab., M.R.C.P. Lond.,
Physician-Accoucheur to the Western General Dispensary.

(*Continued from page 294.*

In the course of my practice during the last two or three years I have met with a series of cases of zymotic disease so closely associated with a vicious system of drainage in the houses where they occurred that no doubt could be entertained as to the two things holding the relation of cause and effect. That such should be the case is no new discovery, but I think we are always glad to receive here fresh illustrations of even the best established truths in the domain of medical science. What is new, however, and may, perhaps, strike many with surprise, is that those cases occurred in the houses of wealthy persons living in the West-end of town; that the unhealthy state of the drainage in each instance was wholly unsuspected by the occupants, and would have remained so if attention had not been forcibly directed to it by the medical attendant. Out of these cases I have selected four for brief description this evening. One occurred in the house of a nobleman in Mayfair, one in a house excellently situated in Bayswater, and two in different houses in the two principal squares near Hyde Park.

I take the first in order because it is the simplest—the case that occurred in Mayfair. The subject of it was a young footman, æt. 22, who caught typhoid fever from sleeping in the butler's pantry, where he was exposed to the emanations from a sink communicating with a sewer in the front area. He called at my house one evening about 9 o'clock, and complained that he did not feel well. The family with whom he lived had just gone to Ireland, and he was ordered to follow with several other servants the next day. I happily recognised the nature of his illness, and telegraphed to his master that he could not go. The disease subsequently ran its course, a severe one, in St. George's Hospital, and terminated favourably. I had that particular sink rectified by Messrs. Banting, and no other case of zymotic disease has since occurred in the house.

II. The second case that I propose to take is much more interesting and remarkable. The house in which it occurred is one of the best in this neighbourhood, and situated in one of our principal squares. It had been specially prepared at great expense for its present occupier, and the system of drainage, carried out anew by an eminent builder, cost in itself several hundred pounds. Nevertheless, it had not been in possession of the family for more than six months when the youngest child, a fine, healthy little girl, of three years, was suddenly taken ill. The attack began in the middle of the night with a cry of pain, accompanied by a certain hoarseness of voice. The next day at noon the child was suffering from unmistakable croup, and dyspnœa became so aggravated that before midnight a timely operation of tracheotomy was performed. False membranes were subsequently extracted from the trachea; albumen was present in the urine; and the case proceeded to a fatal termination. Of course, we could only regard it as diphtheria, and the question arose how and where it had been acquired. Any source of contagion outside of the house was, by the age and habits of the child, excluded, and therefore the necessary alternative was to investigate the drainage and the drinking water. My attention was first directed to the latter, and an analysis showed that it contained a large proportion of nitrites. The cistern from which the drinking water was supplied to the nursery stood under the floor of an upper room in which the cook slept. It was covered by the floor and a carpet, and completely concealed from view, but the cook, who was ignorant of its existence, frequently perceived a bad smell in her room. On examination this was amply accounted for, for the waste from this cistern was in uninterrupted communication with the soil pipe of the water-closet. Elsewhere throughout the house the same defects were made visible. The waste from the bath room discharged into a drain in the stables, which was a perfect abomination, and so on throughout. But this house exhibited another ingenious perversion of the builder's art which I have not seen parallelled elsewhere, and, as it illustrates, in a simple, striking, and convincing form, the evils to which I have been adverting, I will describe it in detail.

Every kitchen boiler is provided with a cock, which is commonly affected, from some inherent fault in its construction, with a troublesome degree of leakage. To obviate the effects of this unpleasant drip from the boiler a vessel is usually placed upon the floor to catch the falling drops; but in our case the ingenious builder bethought him that he would lay a small drain or pipe from beneath the cock, where its aperture was covered by a grating, to the drain in the area. Now what occurred? The sewer gas entered direct from the main sewer, and completely saturated the water contained in this narrow outlet. The fact that it was so was proved in the following manner. I had the impure water ladled out of the open end of the channel beneath the cock, and replaced by fresh water. The latter was then allowed to stand for fifteen minutes, when it was found to be as foul as that which preceded it, and so on as often as the water was renewed. Thus we have here two important facts illustrated in miniature.—1. The ready access afforded to sewer gas by this slight communication between the kitchen and the sewer. 2. The rapid saturation by sewer gas of a small column of water, and its subsequent escape (as evidenced by the foul smell exhaled) into the atmosphere.

The drainage of this house has been remodelled in the most admirable manner by Mr. Rogers Field, and in the two years that have since elapsed no case of illness attributable to similar causes has occurred.

III. The third case to which I invite your attention is still more remarkable than the last, and, I think, illustrates in a still greater degree the importance of a preliminary investigation of the drainage in cases of continued fever. The house, as I have said, is excellently situated in the best part of Bayswater, and, from the abundance of air and light with which it is surrounded, it presents a most healthful and attractive aspect. The subject of the case was a gentleman, 35 years of age, of good constitution and active habits, who, up to the time of this attack, was in perfect health. He began to be ill on the 30th of June; on the 26th of July he had a sharp relapse; and he was unfit to be moved from his house till the 6th of September. The fever thus lasted altogether seventy days, and it was only after his removal from London that complete defervescence was established.

The first question that arose on all sides when the nature of the disease revealed itself was where it had originated, or how it had been acquired. The patient had been in the habit of taking a swimming bath every morning at some public baths, and, for a time, we suspected that that might be the source of contagion. Each morning, as I came to the hall door, an offensive smell was perceptible, which was attributed to decaying

(a) Paper read at the Harveian Society.

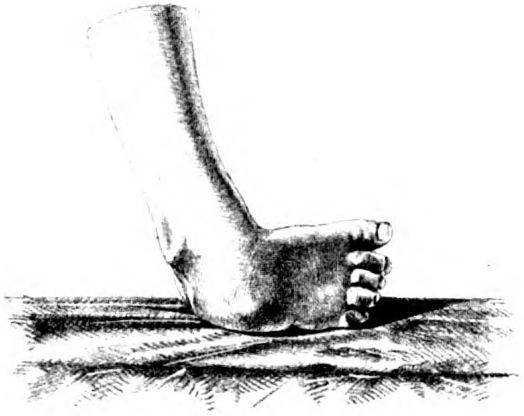

Fig. 1.

Fig. 2.

Fig. 3.

Fig. 3.

Fig. 4.

substances in the adjoining dust-bins. Notice of this fact was sent to the inspector of nuisances, who duly replied that the matter would be investigated, but the nature and result of his investigations remain, to this hour, an inscrutable mystery, and that they were perfectly nugatory will be shown by the sequel. Perhaps some gentleman present, who may understand the sphere of duty of this parish official, will inform us what he ought to have done. Is he invested with the power of discovering a nuisance as a dog discovers truffles—by his nose? And, having found it, is he armed with summary powers for its removal or abatement? In one word, is it of any possible use to invoke his assistance where the sanitary state of adjoining houses is supposed to be at fault, and harmful to the occupants of another house? However, as soon as I had placed my patient in the hands of a physician at Folkestone, and returned to town, I began this investigation for myself. At the rear of the house, opening on an extensive square, or garden, was a spacious balcony, which had been handsomely paved with coloured tiles and shaded by an awning. On a wicker arm-chair, in a corner of the balcony, my patient was accustomed to sit in the summer evenings, while below him, on his left hand was the head of a rain pipe, which communicated directly with the drain in the back yard; and, on his right, the opening of the waste pipe of a cistern, which discharged into the trap of a very foul w.c. From the seat that he habitually occupied he might rest on one of these apertures with his right elbow and touch the other with his left hand. In this house, too, which was the property of the occupier, a considerable sum had been paid only a couple of years previously to a builder on account of the drains. Yet, on examination, what did we find? In the front area an abandoned servants' water closet—the pan broken, and the floor beneath the seat flooded with sewage. This was doubtless the source of the smell perceived at the hall door, and ascribed by the servants to the dust-bin of a large family that inhabited a house a few doors off. It has never been my fortune to encounter anything more abominably foul and loathsome, and it was only by liberal douching with carbolic acid that it was rendered approachable by the workmen. Nevertheless, into the drain leading from this filthy latrine ran the waste-pipe of the large cistern that supplied the kitchen and furnished drinking water to the household. Two water-closets of the old pattern in the interior of the house were also horridly foul, while into the traps beneath them ran the wastes from sinks and cisterns. In that house I caused every waste and water pipe to be disconnected, and to open either into a water head, or over a gully trap, and three old closets were replaced by patent valve closets. The whole was done at an expense of about £50.

IV. I now turn to the fourth and last of the cases I have selected, of which I have here two plans, illustrating, *in part*, the former arrangement of the drainage, and the alterations that have since been made. In this instance it was the cook, a young woman of delicate constitution, aged about 27, who fell ill of typhoid fever. She slept in a small room immediately adjoining this sink, with her head turned towards it, so that when the door was open or ajar she may very well have respired any foul air that escaped from it. But in the scullery there was also an unprotected sink in communication with the drain, which might equally well have communicated the contagion. Now let me relate to you as briefly as may be the history of the house to which I am referring. It is interesting in more than one point of view. The lease of the house for a very long term was bought by its present proprietor only three or four years ago, on the occasion of his marriage. Not only a leading builder, but an eminent architect, were employed to put the house into thorough order and repair, without any limitation as to expense. Mediæval furniture and decorations adorn the sitting-rooms and line the staircase, while, unfortunately, the architect's mediæval propensities extended also to the entire system of drainage. In the basement an old brick drain traversed the house from back to front, and actually entered the main sewer in the roadway, without the intervention of any kind of trap (see general plan). Into this brick drain ran all the wastes of the lower offices, the rain water pipes from several flats, and the soil pipes of two sets of water closets. But even amidst this general badness there was a distinguishing peculiarity, a certain refinement and concentration of evil. It is feebly portrayed in this plan, but I hope to make the description as forcible as it deserves. Underneath this staircase on the third floor stands a housemaid's sink. It had previously been a water closet, but the water closet, as you see, had been removed so as to adjoin the outer wall of the house, and the place was made to serve as a housemaid's sink. Attached, of course, to the former w.c., was a soil pipe, *and into that disused soil pipe the architect and builder conducted the wastes from the large cistern and sink upstairs and the housemaid's sink.*

In conclusion, I have to add only a few words of a practical kind, in view of the circumstance that we may at any moment be consulted, or have occasion to satisfy ourselves as to the fitness or healthfulness of particular drains. When a medical man is placed in such a position, the points to be ascertained are these :—

1. Does the safe of the water closet communicate with the D trap?
2. Are the water-closets old and foul?
3. Is the soil pipe properly ventilated and carried above the highest windows on the roof?
4. Are wastes and rain-water pipes disconnected so as to discharge in the open air?
5. Is the house-drain formed of glazed stoneware of 6″ or 4″ in diameter, and properly ventilated?
6. Is there a good syphon trap situated between the extremity of the drain and the main sewer in the roadway?

Only where those conditions have been rigorously fulfilled can a dwelling house be said to enjoy immunity from sewer gas, and from the evils that follow in its train.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Concealed Hæmorrhage.

By T. H. STOCKER PULLIN, M.D., M.R.C.S.,
Sidmouth, Devon.

THE following case may be of some interest to the readers of your valuable journal :—

I was engaged to attend a Mrs. S. in her approaching labour; I was summoned by her husband on the 10th of April, and in answer to the call I went, and after examining my patient, I found the os uteri dilated to the size of a 5s.-piece, the liq. amnii came away previously; the vertex presented, the pains were feeble, irregular, and inefficient. I administered liq. ergotæ, min. 40, she complained of feeling faint; she had no rest for three nights, her pulse was rather feeble, but nothing marked to attract attention. She looked anæmic, but her friends informed me that she always presented a paled appearance, I therefore put her condition down to insufficient rest, as I could assign to it no other adequate cause.

Everything went on well until the child was born, which unhappily was dead, when everything revealed itself. There was profuse hæmorrhage, with detached placenta; the patient became very restless, with extreme exhaustion, the pulse feeble, quick, and compressible; I at once cleared away all clots, and gave an injection of liq. ferri perch. (B.P.), 1 part to 8 of water, a quarter of an hour later, I gave another injection of hot water at 120 deg., in order that it might have the effect of stimulating the patient. I applied firm pressure to the uterus, and gave a full dose of tr. opii, together with stimulants, in half an hour the hæmorrhage had almost subsided,

occasionally a little oozing, in about an hour and a half the uterus was as firm as a cricket ball, and all hæmorrhage stopped. I remained with the patient until 5 o'clock, and left her in a comfortable doze, I called again later, and found her certainly out of danger.

The object of my contributing these few hasty lines, is to show how these cases of concealed hæmorrhage may prove very serious, and almost fatal, before the true nature of the case is recognised.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE last meeting of the Session was held on Friday evening, March 29th, 1878. The President, Dr. Robert M'Donnell, F.R.S., in the chair. Dr. B. Wills Richardson, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Dr. SWAN read

AN ANALYSIS OF 40 CASES OF CLUB-FOOT,

which will be found at page 341.

Dr. ELLIOTT said that one of the cases Dr. Swan had alluded to, a valgus, being of only five years' standing, appeared to have made very rapid advance. He wished to know if the ordinary starch bandage was sufficient to retain the limb *in situ*? He had not found the starch bandage so successful, and he thought it was partly a delusion to apply it where the weight of the body of a patient of the age this one was, was thrown upon the limb. Dr. Swan said he did not apply the starch, or rather the plaster bandage to that particular case, but he applied the boot which he had described. Having divided the patient's peronei and extensor digitorum tendons, and by manipulation, he got the arch reformed, and then applied the boot. Dr. Elliott said the reason he asked the question, was because so far back as his residency in the Richmond Hospital, 35 or 36 years ago, Dr. Adams took in several cases of this kind, and it was very difficult satisfactorily to turn those cases out; when he said satisfactorily to turn them out, he meant to turn them out to what they might call the public satisfaction, to make them satisfactory, good cases. They found that by using a stiff application of the kind just referred to, that although the foot might for a time be partially brought into position, yet at the same time it was not satisfactorily restored without a more forcible application to the sole of the foot, because the whole of the arch of the foot became obliterated as in the instance illustrated by this cast. There was no operation usually requisite, although he (Dr. Elliott) had divided the tendon in some cases to enable him to restore the arch of the foot. By suitable appliances they raised the arch, and then a proper boot was used, that would maintain the arch in position afterwards. Dr. Swan's was a very interesting case, because they saw so many of them, but at that age he (Dr. Elliott) had always found that it was necessary to have something very substantial under the sole of the foot to keep it up, more than a bandage.

Mr. TUFNELL was desirous of asking Dr. Swan as regarded the early cases what method he adopted for making the extension, because in ordinary cases of clubbed foot, the plan that he (Mr. Tufnell) had been in the habit of adopting for some years, was one that he found sufficient. The plan was this: to take two pieces of sticking or soap plaster, he might say at once that it was a modification of the American extension plan, one on either side of the leg from below the knee joint to the ankle, doubling or rather trebling the soap plaster at the bottom, and having counter spaces, one below the knee and the other above the ankle, to prevent it from slipping. Draw that down over a small fulcrum, by placing a piece of cork at the bottom of the foot, with a tin splint, and knotting the pieces of plaister below it, they had immense power. After the division of the tendons, and the foot was put into its natural position on the splint, the foot piece of which for cold weather he had covered with a small piece of cork as a non-conductor, and knetting the sticking or soap plaster which he had converted into a kind of sling, he found this splint did not slip at all, and the child was enabled to paddle along on the ground, and it was impossible to move the position of the foot which was strapped on to the tin splint by the plaster, the weight of the body being thrown above. That splint could be kept on for a fortnight. He had those splints made by Messrs. O'Neill and Thompson for about three-shillings, according to the size of the child. He had spent a considerable sum on different kinds of instruments, and he had found none so useful as the simple appliance which he had described. With those other instruments the child managed to wriggle its foot away, and in six or eight hours afterwards, they found the distortion almost as much as it was before the division of the tendons.

Dr. STOKES said that while listening to the very interesting paper which Dr. Swan had read to the Society, he was struck with the fact that the very simple appliance of Mr. Tufnell's was not alluded to in it. He (Dr. Stokes) might mention that during the last eight years he had used no other method, in the subsequent treatment of clubbed foot, and he had the notes of upwards of thirty cases of different varieties of clubbed foot that he had treated entirely by means of that appliance by Mr. Tufnell's, and in all but very few had he had very satisfactory results. He might also mention that his colleague, Mr. Thomson, had also very largely used that splint, and he believed he was right in saying that Mr. Thomson also entertained a very high opinion of it. It certainly was a very simple and efficacious appliance, and it was quite uncomplicated, as the members would understand from Mr. Tufnell's description of it. There was one thing connected with the use of plaster of Paris, that he (Dr. Stokes) would like to ask Dr. Swan a question about. It struck him (Dr. Stokes) that the plaster of Paris bandages in very young subjects was open to the great objection of being affected by the urinary incontinence that was so frequent in those who were operated upon for clubbed foot at that age. The way they had at the Richmond Hospital of keeping that splint in place, was by the use of the paraffine bandage, and the urine had no effect whatever in softening that, and it could be kept on for a very considerable time. He doubted very much if that could be the case in the use of gypsum, or plaster of Paris. There was one other point to which he would like to refer. Mr. Swan had spoken of a great number of cases that he had dealt with, in which he had divided the tibial tendons. His (Dr. Stokes') experience of these cases might not be so great as that of many persons who were present, but he must say that the cases that required more than the division of the tendo-Achillis or the plantar fascia, had been in his experience extremely exceptional, in fact in almost all the cases that he had dealt with he had found that division of one or other or both of those structures was sufficient. He might mention an observation of his late revered instructor, Mr. Adams, which was to the effect that any case that did not yield after the division of those structures, was not amenable to surgical operative interference at all. He (Dr. Stokes) did not endorse that declaration altogether; it was a little too sweeping, but of this he was certain, that in the vast majority of cases it was quite unnecessary to divide anything more than the tendo-Achilles, and it might be also some of the fibres of the plantar fascia. On that point it would be extremely interesting to have the opinion of Dr. Elliott, who had had, he supposed, about the largest experience of anyone present in the treatment of these deformities.

Dr. ELLIOTT said that in no case of distortion like this that he had ever had under his treatment either in hospital or in private practice, had he ever been able to overcome that deformity without the steady elevation of the foot by much more substantial means than that of a starch bandage. He had been using since the time when he was a very young man, a plan of treatment which was used for this particular distortion by his respected friend the late Professor Smith, and had used it very frequently in Richmond Hospital, and that was by screw power to raise the bones into their natural position, and when they were got into their natural position, and the foot perfectly restored to its shape, then they might apply some artificial means, such as a boot to enable the patient to walk about; but without that gradual elevation of the bones into their natural position, and the restoration of the natural arch of the foot, he never saw a case succeed, though in infants it might be different. Very few of those cases—he might select for instance, the cast of an infant's foot, exhibited by Dr. Swan—required more than one single operation, and the

plan he (Dr. Elliott) had adopted; he did not want, however, to lay it down as a rule for any person, but he used Dupuytren's splint for fracture of the fibula reversed on the outside of the leg, and after reducing the limb to a state of equinus, he divided the tendo-Achillis. There was then but one deformity to redress, and that was the equinus; except in patients of advanced age, they—he alluded to the late Mr. Adams, the late Mr. Cusack, and several others who had passed away—had never divided anything except what actually resisted the restoration of the foot.

Mr. B. M'Dowell—Did you touch the plantar fascia?

Dr. Elliott—Yes, particularly the inner edge of the plantar fascia. Dr. Elliott proceeded to say that the experience of Sir Philip Cramptom, and of those who had treated many of these cases, led them to say, "Don't cut anything unless it opposes you; if it opposes you then cut it, but not till then." He (Dr. Elliott) had invariably found in cases in children of just merely everted foot, that they could be satisfactorily treated by the simplest splint on the outside, and when the splint was so placed, then to divide the tendo-Achillis, and the foot would go into its natural position. He fully agreed with Dr. Stokes upon that point. He (the speaker) did not see what could be gained by cutting tendons that did not oppose them.

Dr. Barton said there was one point to which he would like to call attention for a moment. Dr. Swan had stated in his paper that it was a great matter in the treatment of such cases after the division of the tendons, to let, as far as possible, the child run about so as to move the muscles. He thought that was a very important point, and it suggested to him that in reference to that point, he did not think the method of treating by an elastic band, originally suggested by Barwell, had been mentioned by Dr. Swan. Perhaps he would tell the meeting in his reply, what he thought of it? He (Dr. Barton) had frequently used this method of an elastic band in the after-treatment, with, he thought very great benefit. It was a simple band, and it fulfilled that which, he thought, with Mr. Swan, was an important principle in the after-treatment, and that was, if possible, to allow the child to run about. He remembered the late Mr. Syme dwelling upon that when he was a student, and he thought it was an important and valuable method in the after-treatment if it was possible to follow it. That was the plan that he (Dr. Barton) had adopted; a small pot hook in the outer part of the boot, about three-quarters of the distance forward (the point could be selected in each case where it should be) and so make a sort of external muscle of the elastic band, which freely played in a ring attached to a strap above the knee. There was a simple method of uniting the two ends of the elastic which could thus be made as tense as the case required. By the aid of that in the after-treatment, the little child could run about, and thus aid in the development of the muscles, and thus by its weight assist the action of the treatment.

The President said he had heard with some satisfaction indeed, but some surprise, Dr. Elliott's experience with regard to the fact that he did not find it necessary to divide any tendons except the tendo-Achillis. He (the President) had had a good many of these cases, and of course they were met with in general hospital practice. It was an easy thing enough to get the foot straight with the leg, and to reduce such cases as this to a condition of equinus; but they were excessively likely to return again, and in many of those cases when they moved the foot straight they felt the anterior tibial as tight as a fiddle-string, but it became gradually recontracted, and in a short time the deformity returned again. In two cases he had had an opportunity of dissecting carefully a foot of the kind, and in those instances it was quite obvious that the anterior tibial and the posterior tibial, as well as the tendo-Achillis, were tendons upon which there was very great strain, upon which there must have been very great strain in any attempt to move the foot into its normal position. The experience of no surgeon of a general hospital could be of much value when it was set beside that of a person like Dr. Elliott, who had given so much of his attention to this subject, and it was, therefore, very encouraging to hear that many of those cases could be grappled with without the division of those tendons. Some years ago he (the President) used to visit London oftener than he had time to do now; he used to spend some of his time at the Orthopædic Hospital there, with his friend Mr. Holmes Coote. The practice there at that time invariably was to divide these tendons. The anterior and posterior tibials were, he thought, in a bad case of equino-varus invariably divided. He could hardly think that in an institution like that, where there was such a large number of cases, and where some of the surgeons were very much in favour of doing what could be done by stretching; and he recollected that at the same time he was astounded at the results he saw of stretching cicatrices, and the ingenious appliances to the limbs and to the head and neck, notwithstanding all was being done that could be done in the way of stretching, it was still found necessary to invariably divide those tendons. He would be glad to learn from Dr. Swan what his experience was of the accident, when it happened, of dividing the arteries? He (Dr. McDonnell) remembered particularly inquiring about that when he was in London, and he found that at the Orthopædic Hospital they made little of it. The child bled smartly for a moment or two, but the hæmorrhage in no instance that he had met with, or that the Orthoædic Hospital surgeons in London had seen, was alarming. He (Dr. McDonnell) thought this was a matter of great importance, because those surgeons who were not specialists in this subject were often timid about touching the posterior tibial artery. If, therefore, while seeking to avoid it, the surgeon met with the accident, knowing that it was not serious, he would be bolder in having recourse to division in those cases where on account of their gravity it appeared to be a necessity for their treatment.

Dr. Swan, in reply, said it was an omission on his part not to mention that he had very frequently used the ingenious splint which Mr. Tufnell described, and which was his own plan. He believed it was known as the L shaped splint, and he had used it often with very beneficial results. However, there was such a large number of very ingenious instruments that he had not had time to allude to them, and that was how it came about that he omitted Mr. Tufnell's appliance; it was not that he did not fully appreciate the value of the instrument. With reference to Mr. Stokes's observations as to the effect of the urine upon the plaster, he did not think that was of much importance, because the plaster being only left on a few days until its removal, could scarcely be softened by the urine if the mother of the child was directed to put a piece of flannel about the upper part of the plaster. Regarding Dr. Stokes's experience as to the division of the tibials not being necessary, but that the division of the tendo-Achilles was usually sufficient, he (Dr. Swan) could only state what he felt himself to be the case, that he did not think the division of the tendo-Achilles was in all cases of such importance as the division of the tibials; viz., when calcaneo varus was present; in fact, he did not think the division of the tendo-Achilles necessary unless there was equinus He thought in the majority of cases of equino-varus the division of the tibials was at least as essential as the division of the tendo-Achilles. That was his experience; he might be wrong, but that was what he thought. He thought it was very easy, as the President had stated, to bring the foot into a straight position or into a state of equinus, but the deformity was sure to return; and that, he thought, was the great objection to Barwell's method of treatment as a curative method He was not referring to the application of Barwell's method in the way that Dr. Barton had referred to it, which he thought was a very good method indeed as a remedial agent after division, but he thought stretching the tendon without division an inefficacious method of treating club foot. He had listened with great respect to the observations of (Dr. Elliott. He (Dr. Swan) thought they should regard anything that Dr. Elliott stated as worthy of careful attention, remembering his vast experience in these cases, but he (Dr. Swan) regretted that he could not honestly endorse what Dr. Elliott had stated. He thought the tibials should be divided in the great majority of cases of club-foot in order to obtain a perfect cure. He knew that many cases might be turned out which would do, but after some months when seen by other surgeons, or by the surgeon who treated the cases, they would give great dissatisfaction. Regarding the valgus to which Dr. Elliott alluded, he (Dr. Swan) did not in that case treat the affection with the plaster bandage, but having divided the peronei and extensor tendons, and allowing the new tissue to unite the tendons and by careful stretching, and by manipulation having got the arch pliable, the soft plate was applied under the astragalo-scaphoid joint with the boot which he described. He had

no doubt that the method to which Dr. Elliott had referred —that of the cog wheel—would answer some cases, but he (Dr. Swan) thought it would be a more complicated method of treating cases than that to which he had alluded. Mr. Barton's observations had been extremely pertinent. He (the speaker) thought it was extremely important to develop the muscular structures of the limb, especially the muscles which were stretched in the first instance by the existence of the deformity; and he thought they should at all times aim at the development of those muscles either by friction, manipulation, electricity, or exercise, if it was possible to maintain the foot at the same time in its proper position. He had repeatedly used Mr. Barwell's method as an adjunct to the treatment after the division of the tendons, but he thought it was not a treatment to be recommended as a curative treatment alone. During a recent visit he paid to London, he went through the various orthopædic institutions, and he found that treatment was not in favour with the surgeons of the orthopædic hospitals of London, who had such vast experience in these cases. It was considered a nice way of making money, because patients did not like their children to be cut, and there was a great deal to be done in that way; but such cases fell into the hands of other surgeons who divided the tendons eventually. He quite endorsed the statement of the President in regard to the division of the tibials; equino-varus being a compound distortion consisting of three distinct deformities, rotation, and adduction of the anterior segment of the foot, and elevation of the heel; as a rule, the affection must require a removal of the forces which produced those various distortions, and he thought the first plan to be attempted was to cure the rotary varus, the adduction and rotation, and for the cure of that distortion he thought that certainly the division of the anterior and posterior tibials was necessary. With regard to the question of the division of the artery, he had divided the posterior tibial at least three or four times, and after the division he had put on a graduated compress. He had seen the foot suddenly blanch, but after a short time the circulation again entered the foot and no bad result followed, although he had occasionally read of serious results occurring afterwards in such cases. He would be very loth to divide both tibials, and he did not think any surgeon could be so unfortunate as to meet with such an accident. As he had before said, he had never seen a bad result follow the division of the posterior tibial. As to the length of time the plaster splint could be left upon the foot, he thought that would very much depend upon the amount of stretching that the foot would get on being placed in the plaster splint. He thought that generally three or four days would be long enough to allow the plaster to remain on, so that the muscles might be allowed to yield to the tension thereby exercised.

The President then read his concluding address, and the Session was brought to a close.

The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 24, 1878.

FEIGNING DISEASE.

Forensic medicine and toxicology is not a favourite subject of study among the generality of medical students, but we are often hearing of some extraordinary incident which reminds us of the great practical importance of that department of medicine, and of the necessity of both pupil and examiner giving a due share of their attention to it. Among the subjects treated of in our works on forensic medicine is that of "Feigning Disease," the difficulty of detecting which, and the liability of the ends of justice being defeated by its successful practice, are well illustrated by a remarkable case of imposture which occurred recently in Wiltshire, and an account of which is given in most of the daily papers.

A man, who was indicted for felony, and was lodged in Malmesbury lock-up for due transmission to Devizes, was found next morning on the floor, apparently unable to move. His story was that he had got up to look out of the window, that he had fallen backwards across his bed, and that he had injured his spine. For nine weeks Neale was in the infirmary. Roast fowl, omelettes, jellies, custards, and various other savoury and nutritious articles of diet were provided for him. His general health improved, but the symptoms of spinal paralysis remained unchanged. Brought into court and lying helplessly on a pallet, he pleaded guilty to the charge preferred against him. The audience were moved to tears; the barristers evinced signs of commiseration; the learned judge was visibly affected, and could hardly restrain his emotion. "The infliction you are suffering under," said his lordship, "surpasses any punishment I can give you," and he accordingly proceeded to sentence the offender to eighteen months' imprisonment, which he afterwards, out of mercy, reduced to twelve. Owing, however, to circumstances into which we need not enter, he was seen by the Deputy-Governor of Gloucester Gaol, in which he had, on a former occasion practised some of his malingering tricks. The Deputy-Governor declared his conviction that the man had nothing the matter with his spine, and was simply shamming. The officials of the Devizes Gaol, on the other hand, were convinced that the poor man was in a terrible state, and that his symptoms were perfectly genuine. To settle the question an electric battery was brought into play, but for some time without any result. "At last," says the *Daily Telegraph*, from which paper we have taken the foregoing account, "the leg began to twitch convulsively. The suspicion previously aroused was aggravated; the battery was turned on to a greater strength, and the unfortunate cripple, lying paralysed and helpless on his bed, jumped up with the agility of an acrobat, and presently walked straight across the prison yard to get his gaol clothes. The man was as sound and healthy as any of the prison warders. His suffering was all a sham, but his adroitness has saved him from penal servitude, and secured him the comparatively lenient sentence of twelve months' imprisonment."

We do not recollect seeing or reading of a serious disease being so successfully feigned as in this case. For nine weeks this man was in the infirmary of Malmesbury Gaol, and it is certainly an extraordinary circumstance that during that time nothing should have occurred, and nothing should have been noticed, to arouse the suspicion of his medical attendants. We say "arouse suspicion," for evidently the true nature of this case was not suspected, or otherwise the test of the electric battery would have been resorted to before his removal to Devizes. At all events, the case is a good illustration of the ease with which a medical man may be imposed upon, unless he is on his guard, and more than usually sharp at detecting imposture of this kind. Besides, the art that is exercised, and the self-command that is often displayed by the malingerer is truly remarkable. Foderé (quoted by Guy),

speaking of the time when the conscription was in full force in France, says that malingering "was brought to such perfection as to render it as difficult to detect a feigned disease as to cure a real one." The most extraordinary devices have been used to feign disease, and the most painful tests have been borne in order to prevent the deception being discovered. One man successfully simulates coma and lethargy, every stimulant that is thought of is resisted, and even the operation of trephining causes but a single groan. Another man simulates deafness so perfectly that when he is asleep in bed and a pistol is fired off by his ear, he lies unmoved; a third, in a feigned fit of epilepsy, allows pins and needles to be run into him, hot and cold water dashed upon him, and even the application of the actual cautery. Indeed, so difficult is it sometimes to detect the real nature of these cases, that it requires as much ingenuity on the part of the medical attendant to expose the imposture, as skill and self-command on the part of the culprit who practises it. But this is all the more reason why medical men, when practising among a certain class of patients, should give a little special attention to the subject of feigned diseases, and should, in certain cases, ever have before them the possibility of the patient being an impostor. Even in civil practice the practitioner may occasionally come across cases of this kind, in the diagnosis of which any error of judgment on his part may be attended with serious consequences, and discredit him in the estimation of those who are aware of his mistake.

Those who are most familiar with the general character and symptoms of real disease, and whose skill and acumen in the diagnosis of disease have been improved by extensive observation, are not likely to be imposed upon by the arts of the malingerer. The case, however, is different with young and inexperienced surgeons, so many of whom begin practice among that very class of people, such as soldiers and sailors, which furnishes the greatest number of malingerers. The existence of motives for deception, the general character and appearance of the individual, his previous history, a minute and careful examination of the symptoms, a comparison of the symptoms and progress of the case, with good descriptions of the real disease, setting some watch upon the patient when he thinks no one is near him, taking him by surprise, and the application of such tests as chloroform, the electric shock, &c.; these are the chief means to be relied on in the detection of feigned diseases.

The great importance of the subject in a social and legal point of view has very properly claimed for it a place in all our text-books of forensic medicine. It is only one of the many interesting topics treated of in works of that kind, a fact, which should, as we have already remarked, induce the student and young practitioner to make this department of medicine a special subject of study, and the examiner a special subject of examination. We believe that in the proposed Conjoint Board of the English Examining Bodies forensic medicine and toxicology is not made a separate subject of examination, but is to be taken in connection with chemistry, medicine, and midwifery. This is a plan to which grave objection may be taken. What is worth doing is worth doing well, and we can scarcely expect the student to give much attention to a subject which is virtually ignored by his examiners. It has always been made a special department of the examination at the Apothecaries' Hall, a fact which accounts for the general practitioner having more knowledge of the subject than could otherwise have been expected of him.

THE CRISIS OF MEDICAL REFORM.

Our journal of last week was, perhaps, more pregnant with the future interests of the profession than any which has reached the hands of our readers for the last twenty years. We reported the debate in the Medical Council upon Professor Humphry's motion, which declared emphatically that "no medical legislation relating to examination will be satisfactory which does not provide for the formation of an examining board in each of the three divisions of the kingdom," and we recorded the gratifying intelligence that, in the teeth of every opposition which the Scotch Colleges, the Queen's University, and—we blush to say it—the Irish colleges could offer, the resolution was carried by a majority of 14 to 10. In favour of reform—*i.e.*, for the resolution—were the President of the Council, the representatives of all the London colleges, of all the English universities, and of the Irish Apothecaries' Hall, and, with the exception of the Scotch nominee, of all the Crown representatives in the Council. For resisting reform, *i.e.*, the *status quo*, were the Scotch Crown representative, to whom we have referred, and the representatives of every Scotch and Irish college and university, the honourable exception being Dr. Leet, as above noted. This resolution, coming from a body notoriously averse to reform, and essentially representative of the personal interest of licensing bodies, as distinguished from the general interests of the public and the profession, cannot fail to influence powerfully the Duke of Richmond to amend his bill, and to stimulate the profession to make its voice heard on the subject. If his Grace can read the division aright it will teach him another lesson worthy of his consideration. It will show him that nearly one-half the Council is ready to exercise its most powerful influence in diametric antagonism to the feeling of the profession, and that the Medical Council is, therefore, only in a limited sense, representative of the opinions of the medical profession, for we assert emphatically, and without fear of contradiction, that, if it were possible to poll the entire medical profession, outside the circle of those who have personal interest in teaching, at least three out of every four votes would be for reform of the present system, and for compulsory conjoint examination as the mildest measure of reform. A majority of the Medical Council has certainly spoken out the opinion of the medical profession, but the verdict thus delivered derives far greater importance from the number and nature of the minority than from the fact that a narrow majority decided in favour of medical reform. Of that majority it may truly be said that they express the opinions only of the most timid, most conservative, and least decided section of the profession—of those respectable elderly gentlemen who, experiencing no discomfort from the competition of half-licensed practitioners, who have been for half-a-century educated to a tolerance of

diploma-vending, who think that abuses of all sorts are best left to settle themselves—and even this section of the profession feels conscientiously that the abuses of medical education and licensing have risen beyond the toleration point, and the majority of the Medical Council has accordingly decided in favour of reform. But what has it been left open to be said of the minority? That they are the representatives of nothing but pocket interests of colleges to whom the earning of fees and the selling of diplomas is dearer than either principle or future prospects; of lecturers and teachers to whom medico-educational improvement signifies only the loss of so many pounds, shillings, and pence. That the General Medical Council contains ten such members—gentlemen who are content to vote and speak in direct variance with the feeling of the profession, ought surely to convince the Duke of Richmond that a *pronunciamento* in favour of medical reform by the General Medical Council needs to be multiplied tenfold in strength and emphasis before it can be taken as representing the anxiety of medical men for some measure which will rescue medicine from the control of the licensing corporations.

We are glad to learn that the Medical Reform Committee of the British Medical Association is taking energetic steps to bring the wants of the profession, in these respects, more clearly before Parliament, and we hope that the medical men of Ireland will not fail to make it understood that the votes of the Irish representatives of colleges against medical reform do not represent the feeling of the profession in Ireland.

SANITARY INSPECTION IN IRELAND—OUTBREAK OF MEASLES IN THE COUNTY LIMERICK.

At a recent meeting of the Limerick Sanitary Board the L.G.B. Inspector read a letter from Dr. Keyes, of Cappamore, stating that he had attended 150 dispensary patients suffering from measles in Cappamore town and neighbourhood, while private patients attended by him amounted to 60. The total number of deaths since the outbreak amounted to 24. The disease was of a most malignant type, amongst the poor especially, the lungs and kidneys of the patients appearing to suffer most severely. Infection was the cause of the outbreak, the disease having been brought to Cappamore from the neighbourhood of Tipperary. The disease has been much influenced by the ill-ventilated homes, the extreme poverty of the poor, the bad sewerage of the village, and want of cleanliness of the people. The Clerk read a letter from the Local Government Board urging that the state of Cappamore could be ignored no longer, and asking the Sanitary Board to discuss the matter without loss of time.

Thus is exemplified the policy of the Irish Local Government Board and its natural result. The sanitary condition of this district has for many years been admittedly as bad as it can be, and it is not until now, when twenty-four lives have been sacrificed to an epidemic, that the Irish Local Government Board takes any step towards a reform. Probably, it was profoundly ignorant as to whether the district was wholesome or the contrary, whether the sanitary authority was stirring or indolent or obstructive, and whether the medical officer of health was doing his duty or not. Under the present ridiculous state of public health system the Local Government Board must remain in primitive ignorance upon these points, because it is absolutely without any means of sanitary supervision or inspection. It has, indeed, full powers under the Act to appoint inspectors of sanitation, but for two reasons it does not exercise those powers. *Firstly*, it has no desire to hasten sanitary reform in Ireland. Strange as it may appear, the Irish Local Government Board has always been on the side of *laissez-faire*, and has, during many years in which the Public Health Acts have been in operation, done little or nothing to stimulate improvements, but, on the contrary, has discouraged every effort to stir up sanitary authorities to action. At the present moment it would seem to know almost nothing and to care less whether any individual sanitary boards or its officers are doing their duty, and, as a matter of fact, at least, one-half of the authorities *have* done nothing and are not disposed to do anything, and their officers dare not initiate active intervention against the will of their masters. But, *secondly*, if the Irish Local Government Board were ever so zealous for sanitary supervision as a means to improvement it is hardly in a position to appoint the needed inspectors because it has no means of paying them. The usual course—that pursued in England and also in reference to the Irish Poor-law inspectors—would be to have them paid from the Consolidated Fund, the work done being a strictly Imperial service. But the Lords of the Treasury oppose to the granting of money for such purposes *in Ireland* a rigid opposition. In this, as in other instances in which subsidies are required in Ireland equivalent to those granted for similar objects in England, their Lordships calmly draw their pen through the money clauses and, practically say, "You may appoint any one you please for any purpose you please, but don't ask the Treasury for money. Put the cost on the poor-rates, or the grand jury, or any local fund you please, but if you can't have officers without drawing on the Consolidated Fund you may do without them." On the appointment of the dispensary doctors as sanitary medical officers in Ireland they adopted this course, and only assented to their being paid at all on the expressed understanding that they should receive nothing more than a nominal salary. For sanitary inspection, for vaccination, and other analogous services, sums are paid by the Treasury annually to England much larger in proportion than the sums asked for Ireland, and yet the service cannot be carried out in Ireland for want of officers for whom the necessary salaries are refused.

Notes on Current Topics.

Sensational Therapeutics.—II.

Among the more ephemeral productions that appear every week in the columns of our medical periodicals (our own, of course, included), are certain therapeutical communications which must have a great charm for those whose credulity is stronger than their judgment, whose mode of reasoning is on the *post hoc propter hoc*

principle, and in whom a little rational scepticism seldom directs the due interpretation of the facts that are brought under their observation. It is a sad reflection, but nevertheless true, that Credulity and Superstition are to be found even among the more legitimate walks of science, especially in that attractive domain devoted to the cultivation of therapeutics. Driven from other quarters, they still find here convenient pasturage on which to fatten and prosper. We shall therefore make no apology for occasionally returning to the subject of "Sensational Therapeutics," in the hopes that, with the assistance of those who are equally anxious to keep this department of medicine free from error and superstition, we may in time succeed in mitigating the evil results of the influences above referred to. Our illustrations will not be taken from any particular journal, but from any and all of them, just as they happen to meet the eye. Very recently we noted an extraordinary communication in one of the most respectable of English periodicals with reference to the wonderful therapeutic efficacy of injecting a few drops of cold water under the skin. This week it is a communication in an American publication which excites our keen sensitiveness to whatever partakes of the marvellous or ridiculous.

The public are too well acquainted with the dangerous character and fatality of diphtheria not to be thankful to anyone who will discover a certain cure for it. Perhaps a correspondent of the *Philadelphia Medical Times* may claim such a discovery. Being convinced that diphtheria is not due to a poison of the blood, but to an excess of fibrine corresponding to the inflammatory diathesis, he has been treating all his cases with heroic doses of calomel, and declares that by this treatment he has had a high percentage of cures. His treatment is calomel in large doses every hour until the stools "resemble the fresh water-polyps in water-troughs, gelatinous, and of a bright green hue; then the patient is safe"! The proof of correct diagnosis is, "should prostration follow such heavy doses," the case is not diphtheria, but tonsillitis! This gentleman has given some of his young patients as much as *half an ounce* of calomel in four days' time. In another journal we read of a medical man administering very large doses of acetate of lead in post-partum and other hæmorrhages. The drug was given in half-drachm to drachm doses, and notwithstanding the prevailing opinion to the contrary, a number of cases are cited to show that these large doses of acetate of lead are perfectly harmless. Again, more than one eminent physician has said that we cannot "cure" fevers, and most members of the profession admit the truth of this dictum; but in the *Boston Medical and Surgical Journal* we are informed that a doctor "has cured thirty-nine out of forty cases of typhoid fever by a nitrate of silver treatment," in which, however, other remedies were employed, thus at once vitiating the confident conclusion arrived at by our too sanguine and illogical *confrère*.

The Weights and Measures Bill.

This Bill has undergone the ordeal of consideration by a Select Committee of the House, from which it has come in a somewhat modified form. The alterations are not very extensive, but one of them will require the serious attention of chemists and druggists. The *Pharmaceutical Journal* says—"On a former occasion it was stated that clause 20 of the Bill, apparently in deference to the wish of the Council of the Pharmaceutical Society, made it permissive to use the 'apothecaries' weight' when selling drugs by retail; but it was also pointed out that no provision was made for a scruple or a drachm standard, although to be in possession of a weight not of the denomination of some Board of Trade standard was to render a person liable to a fine of five pounds. The Select Committee has removed the inconsistency by removing the permission to use apothecaries' weight, and in doing so has so far decided that henceforth to sell a drug by the apothecaries' drachm or scruple shall be deemed an offence."

The Bill is now set down for consideration in Committee of the whole House on the 9th of May. "It may be remarked (says that *Journal*) that should the Bill pass in its present form not only will it be illegal to use or even to be in possession of an apothecaries' drachm or scruple weight, but it will be an offence to print any return, price list, or price current in which such weights are quoted, the offence being punishable by a fine not exceeding ten shillings for every copy of such price list or price current published."

Drunkenness and Dipsomania.

In an able article in the current No. of the *Journal of Psychological Medicine*, a journal to which we have been often indebted for an interesting "Note," our attention is drawn to a valuable table, containing the family history of 23 dipsomaniacs. As the table is a striking illustration of the hereditary tendency of the dipsomaniac to his peculiar malady, we shall quote it *in extenso*. Thus Nos. I. and II. (brothers.) Father a dipsomaniac, grandfather very excitable, eccentric, and a drunkard. III. IV. and V. (two brothers and sister,) A brother insane, maternal aunt a dipsomaniac, parents temperate. VI. and VII. (brother and sister.) Father an habitual drunkard, paternal uncle a dipsomaniac, sister a dipsomaniac and a thief, two cousins-german dipsomaniacs. VIII. Father an habitual drunkard, brother an idiot, cousin-german insane. IX. and X. (brothers.) Mother a dipsomaniac, maternal aunt a dipsomaniac, maternal uncle an habitual drunkard. XI. Father insane. XII. Brother a dipsomaniac, mother insane. XIII. Sister committed suicide. XIV. Father, a brother and sister, and several cousins, drunkards or dipsomaniacs. XV. and XVI. Paternal aunt insane, maternal grandmother insane, mother a dipsomaniac. XVII. Mother of Nos. XV. and XVI. XVIII. Brother a general paralytic, sister weak-minded. XIX. Father insane, and committed suicide in an asylum. XX. Uncle and cousins dipsomaniacs. XXI. Father and mother temperate, family strumous. XXII. and XXIII. Parents temperate, and family history good. Thus it will be seen that in no less than 20 out of these 23 cases, the parents, or other relatives of the dipsomaniac, had been either dipsomaniacs themselves, or had suffered from some form of insanity. And does not this table also show that our opinion of the character of the dipsomaniac should, in most cases lean to mercy's side; and that he is often more to be pitied than to be blamed? On the other hand the habitual drunkard might see in these records the deplorable consequences of

his vicious indulgences—sins that are visited upon his children unto the third and fourth generation. Apropos of the term "habitual drunkard," a distinction should be made between that term and the term "dipsomaniac." Dr. Cameron, Medical Superintendent of one of the Scottish asylums, to whom we are indebted far the above table, quotes a passage from Bucknill and Tuke's "Psychological Medicine," in which this distinction is well observed. The typical dipsomaniac drinks under the influence of an uncontrollable desire for alcoholic stimulants and in solitude, and is in every instance quite unfit to carry on any occupation continuously. The ordinary drunkard drinks for pleasure, in the company of boon companions, and at irregular intervals, as opportunity presents itself. The dipsomaniac drinks in obedience to an impulse which he cannot control, even though the wish to refrain may exist.

The Small-pox in Dublin.

According to the Registrar-General's return for the week ending April 13th, the deaths in Dublin are 30 in advance of the average of those of the 10 years' corresponding weeks. The death-rate is 32·2 per 1,000 of population, London being 27·6, Glasgow 25·0, and Edinburgh 29·9. The number of deaths from zymotic diseases registered during the week is 40, being 4 more than in the preceding week, and 15 over the average number in the 15th week of the last ten years. The deaths from these diseases comprise 15 from small-pox, 14 from whooping cough, 6 from fever, 4 from scarlet fever, 2 from croup, 1 each from measles, dysentery, &c. The deaths from small-pox are 5 in excess of the number in the preceding week; 3 are chargeable to the North City districts, 11 to the South City (of which 6 are chargeable to Peter Street—district), and 1 to Donnybrook. In five Dublin Hospitals, which admit persons suffering from this disease, there were 157 cases under treatment on Saturday, 13th inst., being three under the number in those institutions on the previous Saturday. The Registrar-General regrets that he has not been favoured with any information for last week on this subject as regards the Mater Misericordiæ Hospital. At Belfast four deaths from small-pox, 8 from fever, 2 from scarlatina, 3 from diarrhœa, and 1 from measles, were registered at Belfast during the week. The deaths from diarrhœa, and 1 each from measles and whooping-cough were registered at Cork. Two deaths from scarlatina, and 1 each from fever and diarrhœa were registered at Limerick. Four deaths from whooping-cough and 1 from measles were registered at Waterford.

Self-supporting Hospitals.

In connection with the financial difficulties of the London Hospital, the last number of the *Graphic* makes some very sensible remarks on the subject of self-supporting hospitals. "The question (it says) may be asked why the million of poor people who live round this noble institution cannot support it for themselves, without charitable aid from without. As matters now stand, the facts may be broadly stated thus. The people who use hospitals do not pay for them, the people who pay for hospitals do not use them. At first sight, no form of charity appears so free from objection as the support of hospitals by those who are well to do. They can thus give effectual help to a poor man just at the time when, from sickness or accident, he needs costly help, and when, because of the sickness or accident, he is unable to earn wages. Among the better paid and more thrifty members of the working classes, numbers do pay in some form or another for medical relief. Some employ regularly-qualified practitioners, others purchase advice and medicine from a druggist, others belong to clubs with salaried medical officers. And when persons of this class enter the hospital—at all events as in-patients—it is often not until they have spent much money in seeking relief elsewhere. We fully admit that beyond these there is a multitude of very poor or thriftless people who either cannot or will not pay for medical services so long as they can obtain them gratis. But we believe that the mass of the working classes would willingly contribute towards the support of our hospitals, provided an appeal was made to them in a more systematic manner than at present."

We would willingly endorse every word of these observations. When we reflect upon the extraordinary waste, extravagance, and intemperance that prevail among the working classes—among people who are every week in the receipt of good wages—it seems hard that the entire support of our great metropolitan hospitals should fall upon those who never use them. But, as the *Graphic* remarks, a systematic appeal to the charity and providence of the working classes has never been made. We believe, with that paper, that such an appeal would be partly successful, and that those who responded to it would, in the hour of sickness, feel some satisfaction that they contributed their mite towards the support of the hospital under whose roof they were sheltered and cared for.

Medical Sanitarians and Architects.

The *Irish Builder* has, it appears, a grievance against Irish medical officers of health in general, and those of Dublin in particular; and a special marked copy of our contemporary having been forwarded to us, we are, we presume, expected to reply or submit to judgment against us by default. We plead incapacity to answer, because having read the statement of the case by the *Builder*, we fail completely to comprehend its meaning. The *Builder* does our profession the distinguished honour of acknowledging that medical officers of health, when they are men of long experience, are a very useful class of public officials, but thinks "it will never be tolerated that medical men are to become directors-in-chief in all sanitary matters, including building construction, and that architects and engineers are to act as their clerks of works."

The *Builder* also requires to know "how many doctors know the constituents of good mortar, and what are the properties of sand and lime comprising it." From these quotations we derive the conception that our contemporary is jealous of the doctors. We hasten to reassure it. Irish medical officers of health have not the remotest ambition to undertake a larger field of duty than they have—being almost unpaid for that—and they gladly leave to the composition of bricks, mortar, and plaster—except sticking-plaster—to architects and engineers. In

the absence of any circumstance which justifies the *Builder's* complaint, it seems to us an unmeaning grumble.

Treatment of Œsophagism by Injections of Morphia.

THE *Practitioner* quotes from the *Gazette Médicale de Strasburg*, a case in which Dr. Richard was called to a patient suffering from suffocation and painful spasms of the œsophagus. The liquids introduced were violently rejected, and he could not even swallow his saliva. The symptoms came on suddenly; and no information was obtained from an examination of the throat, nor from the history. A free local bleeding, and several hypodermic injections of morphia effected a rapid cure, and on the following morning the patient, though much fatigued, could swallow well. These cases, observed M. Sieffermann, sometimes arose from the presence of foreign bodies in the œsophagus.

The Galway Anatomical School

Has received, within the last month, a very severe blow in consequence of a misadventure for which it can only be held semi-responsible. A coffin, supposed to contain the body of a person who had recently died in the workhouse, had been carried to the grave followed by relatives and friends. It is the habit in Ireland for every friend of the deceased to help to bear the coffin, and if the followers be numerous the funeral progress consists in a continuous shifting of the bier from one set of bearers to the other. It thus became evident to all concerned during the progress of the funeral that the coffin was unexpectedly light, and, on reaching the grave, suspicion being excited, it was opened and found to contain nothing but a few viscera. With loud outcry the daughter of the deceased gathered up the remains in her apron, ran shrieking to the workhouse door, and cast them down with imprecations upon the guardians and all concerned in the management of the house. It may be conceived that the excitement was great. The priest who was engaged to perform the funeral rights reported the matter to his bishop, who at once excommunicated the workhouse by ordering that no Roman Catholic clergyman should enter its doors for any purpose whatever until an *honourable amende* had been made.

Inquiry was made, and it was ascertained that in mistake for another body which was unclaimed, the deceased's body had been removed to the College School and there dissected, and that the remains had been given to the relatives.

A letter was addressed to the Guardians by one of the medical staff of the College, in which the following explanation was offered:—

"Bodies dying in the workhouse, and liable under Sec. VII of the Anatomy Act (*a*) to be claimed for dissection, are removed to the anatomical rooms of the college, and injected with preservative fluid. After dissection the remains are taken back to the workhouse and deposited in a coffin in accordance with the section of the Anatomy Act directing that the remains shall be 'decently interred in consecrated ground.' It has been the practice, so long as I have been connected with the school, that a dissected body should be deposited in the deadhouse in the room of each unclaimed body removed. In this way the burial of all dissected bodies is provided for. On Wednesday last the master of the workhouse, acting under an instruction of the Local Government Board which directed him to carry out the provisions of the Anatomy Act, notified to me that a body, liable to be claimed for dissection, was lying in the workhouse hospital. Instructions were given to the anatomical porter to remove this body to the college on Wednesday night. This was done on Thursday evening about five o'clock p.m. I was informed by the porter that the master of the workhouse had called to the college and stated that the body which had been removed was not the one referred to in his notification to me. Whether the mistake in the identity is to be attributed to the anatomical porter or to the workhouse official I do not know. I directed the porter to return the body immediately. This was done the same evening."

A meeting of the Board of Guardians being held, it was resolved, after much debate, that the supply of subjects to the School should be henceforth forbidden. Inasmuch, as the School has had much difficulty, heretofore, it will be placed in a great dilemma by this decision, and we regret that it should be thus inconvenienced in consequence of a mishap over which it had no control. It is needless to say that the College has had to contend through its whole life with violent religious antagonism, and that this opportunity has been gladly seized by an influential party to deal the institution a death-blow, all the virtuous indignation expended upon the subject by the local newspapers and the Board of Guardians being so much padding to cover the foregone conclusion to destroy the School by any or every means. We shall be gratified if the professors can find a way to parry the stroke and to bring the School to a state of increased efficiency.

The Army Medical Service.

AT a meeting of the Professors of the School of Physic, in Ireland, held in Trinity College, last week, it was resolved, in drawing up a reply to the letter of Her Majesty's Secretary for War, dated March 21st, to mention as the principal reasons which prevent the students of the Trinity College from competing in larger numbers for the army medical service.—1. The feeling of distrust produced by the frequent changes in warrants and regulations has caused a reluctance on the part of the medical students of the Trinity College to enter a service in which they are unable to calculate with certainty on their future career and treatment. 2. The recent short-service system, by which a medical officer is liable to compulsory retirement at the end of ten years' service. 3. The disadvantage at which medical officers are placed as compared with other officials in respect to several matters, such as sick and ordinary leave, and exchange and barrack privileges. In addition to the foregoing reasons, the medical students of Trinity College are of opinion that the adoption of the regimental system has seriously diminished the social and other attractions of the service.

(*a*) 7. And be it enacted, that it shall be lawful for any executor or other party having lawful possession of the body of any deceased person, and not being an undertaker or other party intrusted with the body for the purpose only of interment, to permit the body of such deceased person to undergo anatomical examination, unless, to the knowledge of such executor or other party, such person shall have expressed his desire, either in writing at any time during his life, or verbally, in the presence of two or more witnesses, during the illness whereof he died, that his body after death might not undergo such examination, or unless the surviving husband or wife, or any known relative of the deceased person, shall require the body to be interred without such examination.

Homœopathic Hedging.

At a meeting of the Homœopathic Medicine Society of the State of New York the other day, a resolution was adopted, declaring "that although firmly believing the principle *similia similibus curantur* to constitute the best general guide in the selection of remedies, and fully intending to carry out the principle to the best of our ability, this belief does not debar us from recognising and making use of the result of any experience; and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments, and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

Measle Epidemic in Wexford.

At the last meeting of the Wexford Guardians, the clerk read a letter which he had received from the Local Government Board, calling the attention of the Board of Guardians to the fact of there being over seventy children affected with measles transferred to the Fever Hospital, and the Board pointed out that it would be desirable that the medical officer speedily report as to this epidemic, and the sufficiency of the accommodation available for the treatment of so large a number of cases. Dr. Crean, the medical officer of health, reported that the children affected with the epidemic, which was of a mild type, had been transferred to the shed of the Fever Hospital. The greatest number of them are convalescent. He had appointed four nurses, temporarily, which he considered sufficient for the emergency.

Sickness in the Russian Army.

That disease is often more fatal to an army than actual warfare is again strikingly illustrated by the latest accounts from the East. It appears that the Russians are dying at Erzeroum in large numbers. Drs. Ryan and Stokes assert that 21,000 Russians have succumbed to typhus fever during the last three months in the city and plain of Erzeroum. There is also much sickness amongst the Russians at San Stefano, owing to defective camp arrangements and the dirty habits of the troops.

Fever Cabs.

At the last meeting of the Public Health Committee of the Dublin Corporation, a letter from the commissioner of police was read, stating, that in compliance with the report of the committee directions had been given by him to watch cabs setting down parties in the neighbourhood of the fever hospitals in order to prevent the use of public cabs by patients suffering from infectious diseases.

Besides small-pox, London is visited at the present time by an epidemic of whooping-cough, the deaths from this cause having risen to 157 and 158 during the last two weeks, being considerably higher than in any corresponding period on record. The deaths, also, referred to diseases of the respiratory organs, which in the four previous weeks had increased from 340 to 474, further rose last week to 497, and exceeded the corrected weekly average by 143; 295 resulted from bronchitis, and 137 from pneumonia. London's proverbially healthy state appears to have forsaken her for the time being.

St. Petersburgh has again the highest death-roll of any city in the world which furnishes returns to the Registrar-General. According to the most recent weekly returns, the death-rate in that city was 62 per 1,000; Calcutta 42, Bombay 45, Madras 59; Paris 29; Geneva 25; Brussels 35; Amsterdam 32, Rotterdam 33, The Hague 29; Copenhagen 21; Stockholm 25; Christiania 18; Berlin 27, Hamburg 26, Dresden 29, Breslau 32, Munich 32; Vienna 33, Buda-Pesth 49; Rome 38, Naples 32, Turin 51, Venice 41; Alexandria 41; New York 23.

The rates of mortality in the four principal cities of the United Kingdom last week were:—Glasgow, 25, London, 28, Edinburgh, 30, and Dublin, 33, per 1,000 of the population. The death-rate was also high in Liverpool with 29 per 1,000, Brighton, 30, Manchester, 31, and Plymouth, 40, the highest rate in the kingdom, which is principally attributable to measles and whooping-cough.

The deaths from small-pox in London still further increased last week to 58. Of these 25 were certified as unvaccinated, 10 vaccinated, the remainder being uncertified. The number of patients in the metropolitan small-pox hospitals at the end of last week had risen to 785.

A case of quadruplets occurred a few days ago in the practice of Mr. C. Hadley, M.R.C.S., of Birmingham. All were born alive, two boys and two girls; two died the second day, the others the day after. The mother progressed favourably with no untoward circumstances.

Correspondence.

UNION HOSPITALS AND COUNTY INFIRMARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I read in your issue of April 10th, a report of Dr. Thompson, of the Tyrone County Infirmary, which demands prompt notice from some workhouse surgeon. Dr. Thompson, who, according to his own naïve admission, feels it necessary to administer "a much needed warning" to, we presume, the flagging supporters of his infirmary, modestly informs his hearers and your readers, that the sick labour under disadvantages in the workhouse hospitals, as compared with his model institutions, in the scientific treatment of medical and especially of surgical diseases. This means in plain English, and it can mean nothing else, that the medical skill at their disposal in union hospitals is inadequate to their proper treatment, and inferior to that which county infirmaries offer to them. As Dr. Thompson does not condescend to favour the public with the grounds on which he has based this remarkable conclusion, I now call on him to do so.

I shall say more hereafter, but for the present I shall content myself with challenging him to furnish his proofs of workhouse inferiority.

Yours &c.,

Thomas Laffan, Surg. Union Hosp., Cashel.

April 11th, 1878.

[We do not understand Dr. Thompson to put forth any

such view as that attributed to him. He argues—and, we think, justly—that it is necessary to maintain an infirmary in each county in order to accomodate the large and deserving class who will not—and ought not to be expected to—enter the workhouse, and we agree with him in the opinion that the county infirmary must necessarily possess advantages for the performance of capital surgical operations greater than those offered by any hospital in which the general run of workhouse sick have to be admitted. The superiority is not, however, a question of surgical skill, but rather of the suitability of the institution.—ED. M. P. &. C.]

Literature.

GUNSHOT INJURIES. (a)

IN the progress of civilisation, no more striking advance has been made than in the scientific methods of slaughter brought by contending nations one against the other. While, however, on the one hand, greater powers of destruction have been elaborated, medical science has not been backward in counteracting the havoc wrought in time of war by gunshot injuries and by disease. There is not one of the wars of recent years which has not been marked by greater skill, knowledge, and research in the treatment of sick and wounded soldiers; and, notwithstanding the increased numbers of men now brought into the field, the care of those disabled has not been thereby pushed aside. The literature, too, of different countries, of France, Germany, and America, has been enriched by works well known in the profession, in which surgeons have written the results of their experience in the field, practical treatises of wide value to the civil no less than to the military surgeon. So there is now added another by Surgeon-General Longmore, who in a volume of six hundred and eighty-six pages brings forward the experience which he has gained during a service of many years, both in times of war and in times of peace. "Gunshot Injuries, their History, Characteristic Features, Complications, and General Treatment," must be consulted by all army surgeons who would be conversant with the work they have to do. "The army surgeon" writes Professor Longmore, "must comprehend in its range the whole sphere of professional science and practice. He must, in addition, possess a variety of other knowledge, peculiar to army practice, in order to be a thoroughly efficient officer. He ought to be acquainted with the science and application of hygiene as regards bodies of men in all climates; the preparation of various technical returns and reports, and the nature and uses of all the articles comprised under the general term of field medical, surgical, and transport equipment." And to judge from the work before us, the distinguished author himself does not fall short of the standard which he raises for the army surgeon.

Turning to the book itself, we find it arranged in sections dealing in great fulness with the various branches of the subject; for example, "the means by which gunshot injuries are produced," giving in five chapters a complete history of the missiles and weapons now in use; "the causes which influence the nature, character, progress, and ultimate issues of gunshot injuries;" "the characteristic features and distinguishing signs of gunshot injuries;" their "symptoms and complications;" "administration arrangements for the care and treatment of wounded soldiers in time of war;" "statistics of gunshot injuries in warfare." And each one of the eleven sections is further divided into chapters, and the chapters into paragraphs with separate headings easy of reference, the copious notes being placed conveniently at the end of the volume rather than, as usual, at the foot of the page. And herein lies the chief fault of the book. It is far too long, too much spun out, there is too much in it with which the ordinary practitioner is perfectly familiar, and which has no especial connection with gunshot surgery. It is not to a special work on gunshot injuries that the student or hospital surgeon, whether at home or in the field, will turn for instruction on pyæmia, erysipelas, and tetanus, unless, indeed, such diseases and complications of injury are in their clinical, pathological, and practical aspects made clearer to him by the lessons of gunshot surgery. We cannot but think that the chapters on tetanus, for example, would have been improved by a greater condensing of the general symptoms and course of the disease, and by giving more prominence to the facts which war surgery can specially contribute to its elucidation. It is only on such practical grounds that the experience of war surgery can have any right to speak with special force, and by showing how this or that disease may be modified or called into being by conditions met with only in the field, or in the unusual surroundings of military hospitals. The impression may be altogether erroneous, but it is a strong one which the book conveys, that much which our author writes has been evolved from the recesses of his inner consciousness, rather than from the mind, which is the chiefest wealth of practical experience. We deprecate the custom of taking a solitary quotation, and placing it forward as an example of an author's matter or style; but we must give one out of very many of like kind as an instance of what we mean. In the paragraph on "disabling consequences of *gunshot* injuries of the head" (the italics are our own) we read: "The manner in which the cerebral disturbance is manifested varies very greatly in different cases. Headache is one of the most common symptoms, and this is sometimes intermittent, sometimes continuous. It varies in different cases, from pains of the most intense character to merely slight uneasiness. The injury to the brain may also exhibit its effects in weakness, or loss of function of one or more of the organs of hearing, sight, smell, and speech; or in simply diminished muscular power and sensory acuteness; or in more or less complete paralysis of the face, upper extremity, or of both upper and lower extremities, generally limited to one side." Gunshot wounds produce the very lesions which are likely to throw light on obscure points of neural physiology and pathology, and one well-reported case of nerve or brain lesion would have been of greater value than such a general statement as this, which any thoughtful practitioner might have planned in the quiet of his chamber, ignorant of the horrors of war, and having never heard the din of battle. A treatise dealing with "individual injuries incidental to special regions of the body and their particular treatment," matters "not discussed in the present volume," would surely be of more practical service not only at home but also in the field. Professor Longmore has the "necessary materials for the purpose, and he hopes at some future time he may be able to supply this deficiency in a separate treatise." While admitting and freely acknowledging the great value of much which the present work contains, we cannot refrain, after a careful perusal of the whole book, from expressing our disappointment with it.

We rejoice with the author that by the new Warrant medical officers will in future have the power of controlling all that concerns their special functions; and we do not doubt that with a removal of restrictions which have hitherto harassed and oppressed them, army surgeons will be better able to work for the good of their country and of their fellow-men, and for the advancement of the noble science to which they devote their lives.

(a) "Gunshot Injuries: their History, Features, and Treatment." By Surgeon-General T. Longmore, C.B., F.R.C.S., Professor of Military Surgery in the Army Medical School. London: Longmans, Green, and Co, 1877.

The Briton Medical Assurance.—The Annual Report of this established Life Office was presented to the shareholders and policyholders last week, and as it is mainly supported

by members of the medical profession, its progress has especial interest for them. It is a plain unvarnished statement in few words, which in the present time of bolstered accounts in life assurance is highly commendable. The business done is not of an extensive nature, but as risky lives are studiously refused, this is a better standard of assurance than large returns with the probability of ultimate collapse. The Report will be fonnd in another column, and speaks for itself.

Death from Lockjaw.—A death from lockjaw occurred in St. Thomas's Hospital on Saturday last. The deceased, a painter, was brought to the hospital a few days since suffering from injury to the lower part of the spine. Paralysis and lockjaw set in with a fatal result.

Small-pox at Gravesend.—Small-pox is just now epidemic in Gravesend, where more than one hundred persons were yesterday reported to be suffering from the disease. Many fatalities have resulted, and as there is at present no provision for isolation, serious consequences are feared before it is got under.

The New Stafford House Hospital.—The Stafford House Committee have received from Mr. Kennett a report upon the new Hospital at Gallipoli, in which he says:—"I found everything most satisfactory at our hospital. The wards are of a convenient size, well ventilated, and perfectly clean. Wines, soups, and other medical comforts are found to do more than medicine towards curing the sick and worn-out soldiers. The moral effect of this hospital is extraordinary. There is scarcely a man of the 15,000 Turks in the Gallipoli lines but who looks upon it as a sign of English sympathy, for which he is deeply grateful. Admiral Commerell considers it most important that we should not close this hospital for the present." Within the lines of defence of Constantinople the sickness is rapidly decreasing. This result is, no doubt, due to the burying of 3,600 carcases of animals by Dr. Harvey's section. With the limited funds in hand the committee are still maintaining the Gallipoli and Salonica hospitals, and they feel deeply the importance of doing so, more especially the former, on account of its proximity to to the British fleet, and as a means of checking the spread of epidemics and infectious diseases.

NOTICES TO CORRESPONDENTS.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 o'clock, Dr. Richardson, F.R.S., will read a paper "On the Practice of Total Abstinence from Alcohol in Health and Disease." To the discussion of which he invites all members of the profession.

HARVEIAN SOCIETY.—On Thursday, April 25th, a special meeting will be held at 8 p.m., when Mr. A. J. Pepper will read a paper "On Abnormalities of Fœtal Development.

THE SALE OF DIPLOMAS.—It has been our custom to expose the names of those who engage in any illicit practice connected with the profession, and we have from time to time brought to light the sellers of diplomas, to which we now add another. The individual boasts of the name of Dr. Rumler, 40 Hollmanstrasse, Berlin, Germany, whose letter, addressed to the authorities of one of the American universities we have just seen, says: "Having acted in this capacity for several universities, I could labour for you with the best success if you would elect me as a delegate for Europe. I would endeavour to arrange matters in such a manner that the good name of your university will not suffer. I require diplomas as a doctor of medicine and as a doctor of dental surgery." The authorities of our colleges will need a more watchful eye than hitherto in order to detect these twenty-guinea diploma-holders when the Medical Acts Amendment Bill with its Dental Register becomes law.

LONGEVITY.—The widow of a labourer died last week in Whitechapel at the ripe age of 104 years. Two deaths at the age of 90 are also reported by the Registrar-General caused by falling down stairs.

PARAGRAPH PUFF.—A correspondent sends us an account of a "skilful surgical operation" at Drogheda Workhouse, published in the *Freeman's Journal*. If Dr. J. W. Adrian, whose name is used in it, were privy to its insertion he would be guilty of an unprofessional act. It is charitable to assume that the puff is the emanation of a local penny-a-liner.

TESTIMONIAL TO MR. SPENCER SMITH.—In another column will be found an announcement of the intention of past and present pupils of St. Mary's Hospital, Paddington, to present Mr. Spencer Smith, the Senior Surgeon, upon his retirement from active duties, with a testimonial in recognition of his long services in connection with this Hospital, and as a mark of the esteem in which he is held by those who have passed their educational course thereat. Subscriptions should be forwarded to the Hon. Treasurer at the Hospital.

VACCINATION PROSECUTION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—What remedy has a medical officer when a Board of Guardians tacitly refuse to issue a cheque for one guinea, being the amount of a magistrates' order made on them for giving evidence against vaccination defaulters?

I attended court recently and refused to give evidence in vaccination cases because the magistrate would not give me an order on the Guardians for one guinea. The order was duly drawn up. Seven cases were dismissed and eight were entered no appearance.

I have heard that the Guardians intend to process me for the amount of expenses incurred owing to my refusing to give evidence. I think the amount is 19s. 6d.

Was I right in declining to give evidence? Can the Guardians recover under the circumstances?

By answering me in the next issue of your valuable journal I shall feel obliged. Yours, &c.,

G. W. T.

[1. The Guardians *must* pay if a magistrate's certificate be presented, and the money may be easily recovered on process. See decree in case of Kisbey *v.* the Boyle Guardians.

2. It would, we think, have been better, on receiving the notice to attend at petty sessions, to have written to the clerk of the union stating that, inasmuch as you could not find it within your duty as specified either in the regulations or in the Acts of Parliament, and, inasmuch as your fee for similar services on a former occasion had been refused, you were not prepared to attend the prosecution without a definite understanding as to payment.

3. In our opinion the Guardians cannot recover the expenses from you, though they might do so if the attendance was within your duty. You should, therefore, defend their process and plead that it was not your duty. Certain Boards have attempted to escape payment by alleging that they were liable, under the Act, only for "expenses," but this point has been already decided against them in Kisbey's case above alluded to.—ED. M. P. & C.]

M. C.—There is no illegality in the proposed arrangement. The Guardians, however, have the power to refuse to recognise the substitute. You also run the risk of supplanting the son in the appointment, unless you bind the assistant by a written agreement to retire after a definite period.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Bourneville, Paris. Dr Wyckoff, Brooklyn, New York. Mr. Berry, Holmfirth, Yorks. Dr. Davidson, Chester Lunatic Asylum. Dr. M. Thomas, Glasgow. Mr. Barnard, Buxton. Dr. Harris, Norwich Lunatic Asylum. Dr. Robert Walker, Maida Vale. Dr. English, New Brunswick. Mr. Shaw, London. Dr. Milner Fothergill, London. Mr. Browne, London. The Registrar-General. Dr. Greene, Peckham. Mr. Porteus, Caterham. Mr. John Williams, London. Mr. Joy, Northwold, Norfolk. Dr. Thos. Smith, Reigate. Mr. T. E. Owen, Plymouth. Herr Schultz, Leitershofen, Homburg. Mr. Tyler, London. Mr. J.P. Allen, London. Mr. Blyth, London. Mr. E. C. Moss, Kingstown. Dr. S. S. Gray, Piqua, Ohio. Dr. T. F. Wood, Wilmington, North Carolina. Dr. Brush, Buffalo, United States. Dr. Mitchell, Philadelphia. Mr. Talfourd Ely, University College. Dr. Pullin, Sidmouth, Devon. Mr. Tombs, Llanwrtyd Wells, Brecon. Mr. Swan, Dublin. Mr. Morse, London. Dr. Dudgeon, London. Dr. Balmanno Squire, London. Dr. Quain, London. Dr. Pritchard, Abington Abbey. The Secretary of the Spencer Smith Testimonial Fund. Dr. Lea, Philadelphia. Mr. Giles, London. Mrs. Baines, London. Dr. Copland, Notting Hill. Dr. Wilson, Glasgow. Dr. A. B. Lyons, Detroit, Michigan. Dr. Cowling, Louisville. Dr. Heagerty, Bellington. Dr. Kennedy, Dubiin. Mr. Hanson, Municipal Infirmary for Diseases of the Throat

APPOINTMENTS.

ARCHER, R. S., M.B., C.M., Medical Officer for the Garston District of the West Derby Union.

BODDY, H. W., M.B., Assistant Physician to the Clinical Hospital and Dispensary for Children, Manchester.

BROWNE, C. R., M.D., Physician to the Convalescent Hospital, Eastbourne.

BUCKLEY, S., F.R.C.S.E., Assistant Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

HERON, G. A., M.D., an Assistant Physician to the City of London Hospital for Diseases of the Chest.

LYDDON, R., M.R.C.S.E., House Surgeon to the Kent and Canterbury Hospital.

PEPPER, A. J., M.B., F.R.C.S.E., Pathologist and Medical Tutor to St. Mary's Hospital Medical School.

ARMY MEDICAL DEPARTMENT.—The following were gazetted on Friday last:—Surgeon Major H. D. Massy retires on temporary half-pay; Surgeon Majors J. Atkinson and R. Spence, M.D., retire on half-pay; Surgeon Major A. R. Smith, half-pay, and Surgeon T. Kearney resign their commissions.

Marriage.

FFRENCH—WAKEFIELD.—April 11, at Kilkenny, Edward T. Ffrench, F.R.C.S.I., &c, of Glasson, Westmeath, to Kathleen, daughter of Thomas B. Wakefield, Esq., Hall Moate.

Deaths.

CAMPBELL.—On April 9, at Glentallach, Argyllshire, Hugh Campbell, L.F.P.S.G., aged 70.

CASS.—On April 12, at St. George's Road, Eccleston Square, William Cass, M.D., aged 67.

CLARKE.—On April 10, at Ballieborough, co. Cavan, Dr. Joseph Clarke, senior.

CROUDACE.—On March 10, at Thyetmo, British Burmah, Thomas Croudace, Surgeon-Major 6th Regiment, aged 51.

FLOWER.—On April 18, very suddenly, at his residence, Denmark Hill, S.E., J. Swan Flower, M.R.C.S., L.S.A.

HADDEN.—On February 17, at Skibbereen, co. Cork, David Hadden, M.D., aged 60.

MURDOCH.—On April 12, at Bruntfield Terrace, Edinburgh, William Burn Murdoch, M.D.

O'REILLY.—On April 8, at Bishops Stortford, Michael O'Reilly, M.D., aged 61.

ROPER.—On April 1, at Cambridge, Robert Roper, M.R.C.S.E., aged 54.

STEVENSON.—On April 12, at Nottingham, Frederick Stevenson, M.R.C.S.E., aged 60.

THOMPSON.—On April 18, at his residence, Notting Hill, Dr. T. Thompson, F.R.S., late Superintendent of the Botanical Gardens, Calcutta.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 1, 1878.

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ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Ho spital for Consumption and Diseases of the Chest.

(*Continued from page* 255.)

DIAGNOSIS.

I am quite inclined to the belief that hyperplastic inflammation of the pia mater of the cord is not so uncommon during the second stage of syphilis. I have no pathological evidence in proof of this beyond the cases given (see cases), where this condition was associated with myelitis. The following case is typical of several which have come under my observation :—

Case XVI.—*Syphilitic Inflammation of the Pia Mater of the Spinal Cord in Lower Dorsal Region—Pseudo-Paraplegia—Recovery.*

A. B., a strongly built and healthy-looking woman, æt. 24, was admitted under my care with syphilis in June, 1876. She contracted the disease on the 16th May, 1876, and on June 1st she observed the rose-coloured rash over her chest; in a day or two it extended over the greater part of the body, and the throat then became sore. On her admission into the Central London Sick Asylum at Highgate the chancre, the rash, and sore throat were indicative enough of syphilis.

On June 31st she complained of the legs aching, so that she could scarcely drag one before the other—they felt heavy, like lead. She said that her spine ached, but there was no tenderness upon pressure. The passage of a sponge filled with hot water, and of a lump of ice along the spine made her start when it came in contact with the spine of the lower six dorsal vertebræ. The flexor muscles of the legs were exceedingly painful, and subject to violent cramps. There were no convulsive movements of the lower limbs except when she was asleep, and then she wasawakened by them. When walking, she said it felt as though she was walking upon nothing, and when made to walk blindfolded over stones, blankets, and wood, she did not experience any difference between them. There was no sensation as of a ligature or cord being tied round the body. The sphincters were unaffected.

The urine was acid, of normal gravity, and free from albumen. Reflex excitability was rather lessened than increased. (This might have arisen from exudation and pressure. We have shown from pathological examination that exudation is extremely rapid in syphilitic inflammation of the membrane at the base of the brain and in syphilitic inflammation of the membranes of the cord). Cutaneous sensation to 20 cells in 40 seconds. Muscular excitation normal. Œsthesiometric test $1\frac{4}{8}$ inch.

The treatment consisted in the application of leeches over the dorsal spine, which was followed daily by dry cupping and highly nutritious feeding with wine. The blue pill, which she was taking at the time, was not discontinued. Perfect rest was enjoined. In about three weeks she was well.

Case XVII.—*Syphilitic Congestion of the Membranes of the Spinal Cord in the Dorso-Lumbar Region—Recovery.*

E. S., æt. 38, came under my care on the 9th July, 1874. She was a woman of dark complexion and of tubercular history. There was psoriasis of the tongue and deep-seated ulcers of the pharyngeal mucous membrane, chronic periostitis of the shin-bones, and nodes over the scalp—the hair came off plentifully, her face was bloated, and the urine was alkaline and albuminous. The skin was covered with a desquamating copper-coloured eruption, and in some places rupial elevations were seen. She contracted the disease six months previous to coming under my care.

The first symptoms of paralysis was a weakness in the lower limbs, so that at times in walking they almost gave way under her. This condition gradually increased, and in a few days she was unable to walk at all. The legs felt numb and heavy, as though they were made of lead,

and she could not raise them from the bed. There was marked cutaneous hyperæsthesia, no muscular cramps, but there was intense muscular hyperalgia. No convulsive seizures, slight reflex spasms. The sphincters were never incompetent. There was no spinal deformity or rigidity of spinal muscles. There was some increased sensibility over the 11th and 12th dorsal and lumbar spines, and she complained of a dull aching pain in this region. She was ordered a mixture of bichloride of mercury and iodide of potassium three times a day, dry cupping, and counter-irritation to the spine.

For a considerable time there was no improvement—in fact, for some months. On the 20th of April the following note was made of her state: She has so far recovered that she can walk with the aid of a stick, and when lying upon her back in bed can move the limbs co-ordinately in any way, but she does so in a stiff and awkward manner. The sense of heaviness has completely passed off.

Condition of Lower Extremities.

1. Reflex excitation to tickling normal.
2. Temperature normal.
3. No automatic movements.
4. Cutaneous sense and sensibility normal.
5. No subjective sense of heaviness.
6. The muscular hyperalgia has given place to an impaired muscular sensibility.
7. No marked muscular atrophy.

Electric Condition of Lower Limbs.

Cutaneous perceptibility is not quite normal, but progressively increasing from the feet upwards. There is no muscular response to 20, 30, or even 40 cells Stohrer's continuous current.

Stohrer's Induced Current, 20 Cells to Spine.

Region.	Rate of Perception.
Cervical - - -	- 1 sec.
2nd Dorsal - -	- 3 „
4th „ - -	- 2 „
7th „ - -	- 5 „
9th „ - -	- 2 „
1st Lumbar - -	- 1 „
2nd „ - -	- 1 „

The urine is now free from albumen. The objective signs of syphilis are nowhere visible, and the patient is becoming well nourished, and, in other respects, healthy. The induced current of low power to the spine and cold douches completed the cure. She was discharged in June, 1875, having been under treatmeat for nearly twelve months.

CASE XVIII.—*Syphilitic Paraplegia.*

S. J., æt. 56, admitted October 30th, 1875, a woman of dark complexion, thin, and careworn features, says she had contracted syphilis about three years. When I first saw her there were no objective signs of the disease, beyond a posterior synechia of *right* eye from syphilitic iritis, and there was a neuro-retinitis of the *left* eye. The following notes are abbreviated :—

The paralysis commenced with a feeling of heaviness in the lower limbs, and do what she would she could not get them warm. Although the limbs were almost entirely devoid of sensation, they were agonisingly painful with (as she expressed it) "a burning pain." The legs at this time did not feel heavy like lead. She said that when walking the ground felt like india-rubber. Her memory has been failing, and she has been distracted with pain, sometimes to such an extent that she has reeled about as though intoxicated. Has never had a fit. On admission, she complained of flying pains about the joints and bones, and of a feeling of deadness of the lower limbs extending beyond the knee, and rather on the outer than the inner side of the thighs. Her power of progression is very limited, and she scuffs the ground as she goes along. There is a tender spot on the 9th dorsal spine. No feeling of abdominal girth. She was ordered a mixture of bichloride of mercury and iodide of potassium, and in the course of three months, with galvanic and other treatment, she was discharged cured.

Concerning syphilitic disease of the spinal cord and its membranes, I cannot agree with the statements made by some authors that it does occur very many years after the primary infection. Judging from my own experience, it is rare to find a true paraplegia unassociated with brain disease seven years after the primary manifestations. From an analysis of seventeen cases coming under my care, I find that three occurred during the secondary period; seven during, and co-existent with, the tertiary objective signs; four, three years after; two, five years; and only one after six years of the syphilitic infection.

We have now to consider those forms of paralysis arising from vascular syphilitic changes of the main arterial cerebral vessels which have been described by Heubner, resulting in mal-nutrition, exudation, hæmorrhage, softening, atrophy, and thrombosis. Here we find, undoubtedly, the most difficult task connected with the whole subject—so difficult, in fact, one feels inclined to set it aside altogether rather than to run the risk of drawing from it merely speculative and false deductions. If we are not sure that our patient has syphilis, but if he presents some objective signs even of ancient syphilitic invasion—as an atrophied testicle, for instance, which we may be told was once hard and swollen—and if there are no vascular changes with increased arterial tension, or signs indicative of renal disease, or ischæmia of the optic disc, or of an especial gouty habit of body, or other special predisposing cause, I think we may then fairly infer that the cerebral degenerations are due to arterial disease which has syphilis for its origin.

I have been carefully looking over a very large number of recorded cases of my own, and of others, some of which I have known to be the result of syphilis, and the rest due to vascular changes of other kinds of a most undoubted character; and I must say that I cannot quite agree with all the signs and symptoms so specially laid down by Heubner in his very excellent article on "Syphilis of the Brain" in Dr. H. von Ziemssen's "Cyclopædia of the Practice of Medicine" (I mean, of course, in regard to this especial part of the subject); yet I may say that if we have no positive evidence, we are by inference permitted from a clinical, if not from a strictly logical, point of view, to assume a syphilitic disease, even provided we have no objective sign of syphilis, seeing that the elements of other disease are absent.

In a patient suffering from symptoms of brain disease where there is no clear syphilitic history, I think the facial expression and the difference between the real and apparent age is of great importance, and more particularly if there is no other notable cachexy. In addition, also, we find the ophthalmoscope aids us in simplifying the means to diagnosis, especially in clearing up the question as to the existence of changes in the vessels from chronic renal disease, with or without atheroma, which of all others seem to me to be the most material and important. Of course, there is little difficulty thrown in our path if the patient has not only the history but the signs of syphilis upon his person. Under such conditions, if he has an apoplectic seizure, or an attack of hemiplegia with or without loss of consciousness, a paraplegia or objective signs of a lesion of a cranial or spinal nerve, we shall then be to a certain extent sure that syphilis is at the bottom of it.

It must be apparent that in the progressive, gradual, and even complete occlusion of one or more cerebral vessels, we shall have a train of phenomena varying greatly in their character, course, and termination, the functions of some centres will be depressed, whilst others will become exalted, and such states will naturally depend upon the vessels involved and the area of their distribution. Heubner has considered all these conditions with great care, but he appears to have arrived at the conclusion that changes from arterial syphilitic disease are rare in any other than the medium-sized vessels which are distributed to the ganglia at the base of the brain. My own

experience does not coincide with the singularity of this view, and I have proved that the arteries of the pia mater which serve to supply the grey matter of the cortex and the convolutions with blood are equally liable to this form of degeneration leading to softening, infarcts, and cysts. In my own cases, the peculiar form of headache has been worth observing. It is not essentially nocturnal or paroxysmal, but comes on with great severity for twenty-four or forty-eight hours, perhaps not oftener than once in three or four weeks, yet rarely in the interval leaving a perfect sense of freedom. Exacerbations may, however, be readily induced by undue fatigue, worry, or excitement. The *pain* is of a different kind to that of the other forms of headache ; it is of the dull, heavy, aching character. It has no central point from which it radiates. It is usually diffused more or less over the whole of the forehead, and gives to the patient a hang-dog look ; often the complaint is that the eyelids cannot be raised, they feel so heavy, the whole of the vessels of one eye-ball may be congested and not the other, or both may be similarly affected. There may be a ptosis of one lid, and in the course of twenty-four hours this may have passed off and given rise to a ptosis of the opposite lid. There may be an external squint of one eye and an internal squint of the opposite eye, yet, in twenty-four hours muscular co-ordination shall be normal. There may be temporary diplopia and coloured vision associated with other ocular troubles, as well as nausea, vomiting, constipation, deafness, and various noises of the ear, which may be associated with a persistently furred tongue, and which must not lead us into the error that the stomach is the seat of the derangement. Heaviness and lethargy, rather than drowsiness and somnolence, are to be noticed. The tongue may be divergent or tremulous, or the patient may not be able to protrude it beyond the teeth. The speech may be slow, hesitating, and even aphasic, with unilateral or bilateral facial spasm. Cramps and convulsive spasms of isolated or combined groups of muscles with or without a local paresis, or an actual paralysis of one limb, or of one-half of the body, may arise and rapidly subside ; and it is to be remembered that, as a rule, the subsidence of these signs and symptoms is rapid, whilst their invasion is comparatively slow. This is peculiar to syphilis, and, again, syphilitic paralysis may occur during the night, the daytime, or early morning seem to be associated with these manifestations. A man free from syphilis goes to bed, and overnight has felt quite well, but finds in the morning that he cannot move his arm or leg. This mode of attack is surely not the case where the lesion is due to syphilis. A syphilised patient, without premonitory warning of any especial kind, may have an epileptic fit, but he will not without warning fall in an apoplectic fit. This does not imply that he will not have a fit of apoplexy ; but for some days, or it may be weeks, previous to this calamity, he will be heavy and lethargic, although he is not able to sleep ; he is restless, and all his doings and movements are without any definite purpose ; he may not eat unless requested to do so, or if he sits down to partake of a meal he rises before he has finished, and his knife, fork, or glass may suddenly fall from his hand, or his hand may shake so that he is unable to carry a glass to his mouth, or if he does so it rattles against his teeth and the fluid escapes at the corners of his mouth, of which he is in a measure unmindful, and finally, he may neglect and appear to be regardless of the calls of Nature. It is after symptoms such as these that the man with syphilitic arterial changes is usually found breathing stertorously and in a comatose apoplectic state. There may be subsequent convulsions or there may not, and the comatose state may be slight or it may be profound ; the comatose condition is the more usual, and it resembles a deep stupor, out of which the patient may be roused by pinching or pricking, to a state of apparent subjective consciousness, which is only a grade, however, beyond the mere automatic. He may continue in this state for one or two weeks, or, as I have seen cases, for three weeks, and then with returning consciousness the paralysis disappears, the intellect brightens, and he may even for a time so far recover as to be able to attend to his business or professional pursuits, but after this there is rarely a return of the evanescent forms of paralysis previously noted. After an attack of this nature, when paralysis supervenes (and it is very rarely that it does not sooner or later) it is usually persistent and permanent, and death may take place during an attack similar to that just noticed, or it may be preceded by a series of epileptiform seizures ending in profound coma. I give the following interesting case from my note-book as a typical one of syphilitic arterial disease :—

Case XIX.—*Case of Defect of Speech from Syphilitic Brain Disease, with Fits of Partial Unconsciousness and Alternate Paralysis, sometimes of all the extremities, sometimes of the left leg only, but usually of the right.—Recovery.*

S. S., æt. 46, came under my care in August, 1876. He was a man of good physique and fairly healthy facial aspect. From his history, it appeared that for the last three years he had suffered from headache, that his memory had failed, and that upon two or three occasions he had some kind of fit. I examined his body for traces of old syphilis, but none were found except a hard nodular atrophied condition of the left testicle. The optic discs were quite healthy ; the radial arteries soft and compressible ; urine clear, of acid reaction, and free from either albumen or sugar. Sp. gr., ·1018. He said that he had been under Dr. Elam's care at the hospital for paralysis, and had improved greatly. He had been ill for some time before he was paralysed ; the paralysis commenced with gradual loss of power in the *right* arm, then the *right* leg became weak and his speech was affected; shortly after this the same condition of paralysis affected the *left* arm and the *left* leg. He became giddy, fell about, and forgot himself ; his memory was so bad that he could not remember what he wanted to say, and the articulation was so defective that he could not make himself understood at all. He said that the power of movement returned in equal ratio with the memory and speech.

August 31st.—Since he has been in this asylum he has improved very much ; the memory is now good. All the cranial nerves are normal except the ninth. There is very marked want of voluntary co-ordinating power over the tongue ; when he tries to direct its movements it is some time before he is able to do so, and then they are not tremulous, but spasmodic and jerky; there is perfect voluntary power over the lips, but no ataxy or tremor of the limbs. Beyond the defect of speech and slight imbecility, nothing of note appeared to ail him.

September 10th.—Is not so well ; he complains of a return of the pain in the head, is obtuse, memory very defective, walks as though he was fearful of falling, does not care to get out of bed, says that he sees double, and things look blue ; fancies that he hears strange voices calling to him, says that some one is at the foot of the bed going to murder him. These exacerbations come on at night, but during the day he is very lethargic, and it is with some difficulty he can be roused to take nourishment. No control over sphincters.

16th.—I was called to him at 6.30 p.m., and found him sitting up in bed and screaming out "murder" at the top of his voice in a very excited state ; he tried to get out of bed, but fell upon the floor ; although his eyes were wide open he took no heed, neither did he seem to know either myself or the nurse. Pinching made him more comprehensive than anything else, so that sensibility was not much interfered with. Soon after this, he became slightly comatose.

17th.—Has been quiet all night ; is lying in bed with the eyes open. Pupils dilated, no apparent objective consciousness. Urine drawn off ; bowels relieved by enema. Cold to the head ; sinapism to calves of legs, and hot water to axilla and feet. Of the cranial nerves, the 1st,

2nd, 4th, 5th, and 6th are normal. There is palsy of the left 3rd, and right 7th ; the 9th doubtful ; there is right hemiplegia and paraplegia ; he seems to exercise voluntary power over the left arm. Pulse 130 ; resp. 40 ; temp. in right 102·3 ; left, 101·6, evening ; right, 102·4 ; left 101·2.

18th.—Has been quiet all night, and is in all respects the same as yesterday. Urine drawn off.

19th.—His state of consciousness seems uncertain ; he appears to have lost voluntary power over the left arm ; yet the actual voluntary power which he possesses is doubtful ; electric stimulus excites both voluntary and reflex movements ; the facial paralysis has disappeared ; resp., pulse, and temp. are now normal.

20th.—This morning he is conscious when roused, and makes an attempt to answer questions ; takes nourishment freely.

25th.—Is perfectly conscious and rational ; no *objective paralysis*, but a weakness of the *left* half of the body. He is now out of bed, and walks fairly well. The speech is much more distinct than before the seizure, and the movements of the tongue are co-ordinate ; no pain in the head, or giddiness. He was ordered a mixture of bromide of potassium, iodide of potassium, digitalis, and conium, to be taken three times a day. I kept him under observation for some months, although he repeatedly requested me to give him his discharge, saying that he was quite well. This case is typical of vascular occlusion from arterial change, and thrombosis producing general disturbance in the current of the blood, and cerebral shock. Dr. Huebner states, in speaking of these diseased vessels of the brain, that the resistance to the blood current in tubes thus narrowed increases considerably and proportionally to the length of the narrowed portion. Hence, a useless consumption of the momentum of the blood current, the consequences of which are intensified by the fact that with the diminution of the elastic force in the arterial wall, a subtraction takes place from the sum of the forces which tend to propel it. The blood therefore moves more slowly and with less tension in the network of the pia mater and in the brain capillaries.

Here it seems to me we have found the key to understanding the peculiar somnolent or drunken-like conditions in which the cerebral functions are not lost but greatly interfered with.

THE GOULSTONIAN LECTURES
ON THE
LOCALISATION OF CEREBRAL DISEASE.

Delivered before the

ROYAL COLLEGE OF PHYSICIANS OF LONDON,

By DAVID FERRIER, M.D., F.R.S.

[AN ABSTRACT.]

IN this, the third and concluding lecture, Irritative Lesions of the Motor Area were first described. The seat of these lesions may be approximately determined by the rules laid down as to the localisation of destructive lesions, but only approximatively, as the diagnosis of the seat of an irritative lesion is naturally more uncertain, owing to the difficulty of determining the extent of the zone, or the special point in this zone in which vital irritation concentrates itself. Yet many cases are on record in which the phenomena of irritation have been such as to allow exact regional diagnosis in accordance with the principle of localisation of distinct centres. Such irritative lesions consist of hyperæmia and irritability of the cortex and adjacent medullary tracts, as had been noted by several observers. Or there may be actual inflammation, or a morbid growth.

Frequently the disease, which commences as an irritative lesion, tends to invade and destroy the region on which it grows, and leads to permanent paralysis, with secondary degeneration, irritative phenomena being liable to occur so long as the vitality of the grey matter and subjacent medullary fibre has not been absolutely annihilated. "Jacksonian epilepsy" has often, in the early stages, the character of a monospasm, which may extend to more general convulsions. When both sides become so affected, the convulsion goes down one side and comes back up the other, according to Dr. Hughlings Jackson, but he had not yet been able to establish this in his own experience. These monospasms may be crural, brachial, or facial. Illustrative cases were related. Thus, in a case where the right leg was specially affected, a tumour was found in the upper posterior part of the left frontal lobe, extending forward into the posterior part of the first and second frontal convolutions. In a brachial monospasm convulsions invariably began in the left thumb, and after death a tumour, the size of a hazel-nut, was found under the grey matter at the posterior extremity of the third frontal convolution of the right hemisphere. Then, as to facial monospasm, the lecturer said few uncomplicated cases had been recorded. In a case related by Dr. Bramwell, a woman who had received a cranial injury began to have right-sided convulsions, followed by paralysis of the right arm and leg. She remained subject to frequently repeated convulsions, which always began in the right platysma, and frequently were almost entirely confined to that muscle. On *post-mortem* examination a spiculum of bone from the inner table of the skull was found projecting and causing a very limited lesion of the inferior margin of the ascending parietal convolution. Clinical and physiological experiment are here, again, in harmony.

The lecturer then proceeded to the consideration of Lesions of the Sensory Regions. He said, "It is clear that if the centres of sensory perception are localised in the hemispheres, these are to be sought in those regions yet remaining to be considered, viz., the occipital and parieto-temporal lobes. Too much reliance should not be placed on anatomical investigation as a means of determining cerebro-spinal tracts ; still, it was pretty generally recognised that the posterior strands of the crus and their connections with the brain and cord, were more specially the paths of sensory impressions. Experiments show that when a section is made of the posterior capsule there ensues a condition of hemianæsthesia of the opposite side of the body, with frequently some temporary loss of motor power ; whereas, when the anterior part of the internal capsule is divided, motor paralysis, unaccompanied by sensory paralysis, is the constant result. The facts of human pathology are no less precise. Motor hemiplegia is invariably the result of destructive lesions of the anterior two-thirds of the internal capsule, which may be accompanied temporarily by hemianæsthesia if the lesion be such as to cause pressure or functional disturbance of the posterior third ; while destructive lesion of the posterior third of the internal capsule causes cerebral hemianæsthesia. After reviewing some facts connected with loss of or disturbance of vision, connected with cerebral disease, he said that when there was amblyopia, or diminution of the acuteness of sight, and a remarkable contraction of the field of vision, especially as regards the perception of colour, ophthalmoscopic examination reveals no organic lesion or degeneration of the optic nerve or retina—in the first instance, at least—any atrophic changes which may show themselves subsequently being the consequence, and not the cause, of the blindness. In hemiopia the lesion is situated below the cortex.

Of lesions of the occipital lobes he said that, in injury to such lobes in the monkey, the special senses were not impaired, and the the animals retained the power of voluntary motion. The animals, however, ceased to eat — an occurrence, he thought, causally related to the lesion, as it was not found after injury to other portions of the brain. Cases supporting this view were related of disease in the occipital lobes, which were not accompanied by loss either of motion or sensation. Both Hughlings Jackson and Bastian think that lesions of the occipital

lobes are more frequently associated with insanity than lesions of the anterior or other portions of the brain ; and the lecturer said, if our feelings are our chief motors, it might readily be allowed that lesions of the anatomical substrata of such an important element of our feelings and emotions should lead to mental derangement.

Of lesions of the parieto-temporal regions, it was stated that there existed individually differentiated centres of special sense, injuries to which produced impairment or paralysis of sensation on the opposite side of the body. This had been peculiarly demonstrated as regards vision. The lecturer gave an account of his experiments on monkeys, after which some cases were referred. In disease of or injury to these areas, there is no loss of motility or sensation, though consciousness may be deeply affected. Charcot and Pitres give a case where there was dementia with great itching of the abdomen, and where there was found a patch of yellow softening in the left hemisphere, occupying the first and second occipito-temporal convolutions. Recent observations had demonstrated that in chronic epilepsy there are very commonly lesions of the hippocampus. Optical illusions, coloured vision, are frequently associated with lesions of the posterior lobes. It has been observed, too, that in cases of thrombosis of the posterior cerebral artery, vision is impaired on the side of the motor paralysis. Hughlings Jackson states very positively that he has never met with deafness as the result of disease of the cerebral hemispheres directly. Unilateral lesions of the sensory centres vary considerably as regards their effects on sensory ideation, according as the lesion is on the side of the more or less developed centre. As to loss of smell, it was often the result of blows, especially on the vertex or occiput; and instances of loss of smell and taste after cranial injuries furnish clinical corroboration of physiological experiment. As to tactile sensation, it was very difficult to localise it. Motor paralysis and tactile anæsthesia were often found together ; there is, however, no organic fusion of the motor and tactile centres with each other. There is some evidence that lesions in the neighbourhood of the hippocampus affect tactile sensation. The lecturer concluded by saying that though the clinical evidence is yet comparatively scanty, still so far as it goes it tends to bear out what experiment has ascertained as to the localisation of functions in the brain ; and that more exact observations in the future will probably go far to clear up the doubts and obscurities which still surround this important subject.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY.

AMONGST the patients whose cases came to a conclusion in the surgical wards during the month of March were the following :—

Excision of the Head of the Humerus, and subsequently of the entire Scapula.—Preservation of an excellent Limb.—This extensive operative procedure, necessitated by caries and necrosis, was performed "*en deux temps.*" In the first instance the head of the humerus was removed, and the affected portions of the scapula gouged away. Much temporary improvement to health supervened, but this local repair was only transitory, and after a time it became evident that extensive disease was progressing in the scapula. At the operation this bone was found in such a condition as to require the removal of the entire of it. The patient, aged 25, who had been much debilitated by long-continued suffering and suppuration, was in a precarious enough state for some time ; the natural buoyancy, however, of his constitution prevailed, and he made a most satisfactory recovery, leaving hospital with the wound thoroughly healed, the parts recovering tone, and every fair prospect of a good useful limb.

It may be here mentioned that in another case from whom the same parts had been removed some years previously, the condition of the limb continued steadily to improve with the lapse of time, being, with the exception of overhead movements, for all the ordinary purposes of life scarcely inferior in utility to the sound limb. The future of this second case seems to be at least equally promising.

Fracture of Sternum.—Recovery.—This accident occurred in a large and powerfully made man, 40 years of age. He fell under a moving heavily-laden float, and his thorax became wedged between the ground and the thick iron axle beneath the body of the cart. The displacement was very marked, the bone being broken at or about the junction of the manubrium and gladiolus. This latter portion was forced considerably backwards, the cartilaginous structures on both sides forming a somewhat depressed pair of planes leading to it. There was a profound shock and subsequently intense distress. In a few days broncho-pneumonia of an aggravated form developed. The man kept good heart all through, and surviving a prolonged struggle began to get the better of his trouble. After a stay of 58 days, he was sent from the hospital to the country, still a weakly and shaken man, but with fair apparent prospect of ultimate recovery. When leaving the hospital a depression still existed at the seat of injury, but the natural resiliency of the structures here had to a very great extent caused the deformity first observable to disappear.

Fracture of Pelvis—Perforation of Intestine—Death.—During his brief time in the hospital this case was under observation, coincidently with the preceding one. The accident was caused by a rearing mare falling over on her rider, a lad of 17. Two days after the occurrence, he was brought to the hospital. There was then extensive blood extravasation into the upper portion of the left thigh, buttocks, abdominal parietes of the same side, as well as into the scrotum. Some preternatural mobility of the hip was noticed to exist, but in the patient's state no searching examination was made. The belly was tympanitic and distended, and the face was suggestive of probable severe internal lesion. Matters went from bad to worse, death occurring the sixth day after the accident. At the autopsy gas escaped on opening the peritoneum, some feculent fluid was found in the pelvic region. A large quantity of thick inflammatory deposit was on the lower coils of the small intestine, and of the parietal peritoneum. Fourteen inches from where the small intestine terminates in the cæcum it was perforated by a double opening with clean-cut, well-marked edges. The left os innominatum was extensively comminuted, one fracture running from above through the acetabulum and into the thyroid foramen. The neighbourhood of the symphisis pubis was also broken in two places, and the isolated piece of bone displaced in such a manner that its sharp inferior fractured edge was turned, projecting directly backwards into the abdomen. There could be scarce any doubt that it was by this the lesion to the gut was occasioned. The urinary apparatus escaped unhurt. There was no intra-peritoneal blood extravasation, though such was extreme in and between the muscular structures.

Large Hæmorrhoids—Application of Clamp and Cautery—Hæmorrhage and Ligature.—The piles were "intermediary," of very large size on one side, occurring in a tailor, aged 50. Whilst applying the cautery and towards the conclusion of the process the screw of the clamp slipped. Smart hæmorrhage at once started ; the mass was transfixed by a needle carrying a double ligature, and tied in halves with strong silk. The case did excellently, the patient leaving the hospital in ten days with the parts already nearly healed.

Deep Abscess in Popliteal Space.—This case was of special interest in consequence of the difficulty of the diagnosis. The patient was a girl, aged 11. There was scarcely any ascertainable history. During the earlier days sh was

under observation the treatment was tentative. As soon as there was room to believe in the presence of pus, a long exploring needle was inserted and matter found at a considerable depth. Free vent was given to it. The subsequent suppuration was tedious, but by careful support and dressing the parts were again firmly consolidated after some weeks.

Double Hare-lip—Extensive Complication—Good Result.—Patient was a female infant aged 6 months. The mucous membrane having been stripped by knife and raspatory from the outer surfaces of the protruding intermaxillary bones, the corresponding aspects of the opening of the maxillary cleft on each side were similarly treated. Then the upper connexion of the displaced bones was partly cut through: it was now found the anterior portion of the bone was a separate and loose piece; this had to be unavoidably taken away, as well as teeth which were exposed and more or less detached. The remainder of the protruding bone, still of considerable bulk, was forced down into the place prepared for it and united there by interosseous sutures of carbolised catgut. The soft parts were dealt with in the ordinary manner. An excellent result, including a comely septum, followed.

Ugly "Gap" after Operation for Hare-lip—Remedied by further Operation.—The patient, a girl 12 years of age, had been operated on several years previously for bad complicated hare-lip associated with an aggravated cleft palate. This operation had in the main succeeded, but an ugly gap deeply notching the lip remained. Incisions were made in ∧ form parallel to the edges of the gap, meeting each other above, but not cutting through the free border of the lip below. The partially separated portions were drawn down, and the wound brought together with two small pins and twisted suture. Collodion was subsequently applied; the silk fell off two days after the withdrawal of the pins, showing the deformity to be thoroughly remedied.

Long-continued Laryngismus Stridulus, with Croupy Complication, eventuating in recovery.—A male child, 4 years old, was admitted with well-defined laryngismus stridulus associated with paroxysms of marked croupy character recurring at short intervals. This state continued for six days, during which the infant's condition was at times so bad as to suggest the serious contemplation of tracheotomy. Without obvious cause, the little patient now began to show signs of improvement, and two days later was so well that he was taken home by his mother, where, according to the report, he continued to progress favourably towards a speedy recovery. The treatment was at first emetic and mercurial, subsequently tonic and supporting.

Partial Enucleation—Uterine Fibroid—Fatal Result.—A single woman, aged 35, had been under treatment several months "off and on" for uterine tumour. The course of the disease had been steady and rapid enlargement, the patient all the while continuously losing health and strength in consequence of increased suffering and repeated hæmorrhages. Thus she had come to be in a very weakly state when operated on. After preliminary dilatations of the uterine canal with sea-tangle, the fibroid growth [which was in the substance of the anterior wall of the uterus and about the size of a cocoa-nut] was cut down on, and partly by the finger and partly by instrumental aid the mass was for the greater portion of its surface detached from the enveloping uterine tissue. In the weakly condition of the patient, it was deemed inadvisable to prolong the operation to effect the complete separation of the growth. The interference proved to have been undertaken too late—death, due to exhaustion, occurred next morning. At the autopsy it was found that no mischief or perforation had been done to the uterine walls; about two-thirds of the tumour had been enucleated. Had that patient survived there could be but little doubt of the speedy extrusion and separation of the growth by the purposed after-treatment with ergot.

Amongst various cases of minor operations were four, in which circumcision was necessitated; in all the procedure was done practically after Ricord's mode.

Phymosis an Obstacle to Connection—Circumcision.—This patient, aged 29, had been five years married, and having no family, sought relief from a very tight congenital phymosis, which he alleged "interfered" with his "duty" to his wife. The little wound healed kindly in a few days. In the other cases, respectively aged 20, 21, and 23 years, the operation was indicated for the relief of syphilitic complications; in all three there had been a more or less marked pre-existing condition of phymosis. In two of these cases no vessel could be found to ligate at the time of the section, and in both of them there was troublesome hæmorrhage a few days after it. This yielded to styptics and continued pressure.

Extensive "Sloughing Phagedæna" occurred in a lad of 20, who suffered acutely from pain and hæmorrhages previously to applying at the hospital. The prepuce was slit, and strong nitric acid freely applied. This associated with opiate and tonic treatment acted like a charm. The sloughs separated without further mishap, and the parts rapidly healed in, with, however, extensive loss of substance to testify to the severity of the affection. A few other minor operative cases requiring treatment in the house were also amongst those patients who were discharged during the month. These were—

A Cancer of Lip—Removal of Great-toe-nail and Amputation of the Index Finger.—In the case of the first of these patients the disease was of small size on the left side of the lower lip of a man, aged 63; it was removed by V incision, united by hare-lip pins and twisted suture, and healed rapidly. The second patient was a young man, aged 17, who suffered from very bad ingrowing great-toe-nail; this was evulsed by Maisonneuve's extractor. For the week he remained in hospital progress was all that could be desired. On the last patient the left index finger was removed immediately below the meta-carpo-phalangeal articulation for gangrene, following a bad smash of that digit, occurring in a wild lad, aged 15, a machinist by occupation. After a few days the parts were healing nicely, and the lad became an out-patient.

Transactions of Societies.

DUBLIN MEDICAL SOCIETY.

THE Sixth Meeting of the Society for the Session 1877-78 took place on Wednesday evening, April 3rd, the President, Dr. GORDON, in the Chair.

Dr. F. J. BANKS was elected a Vice-President of the Society.

The first business was the exhibition of patients, the subjects of interesting forms of disease.

Dr. HAYDEN brought under the notice of the Society a case which he considered would be of some interest to the members. It was that of an adult and boy, æt. 19, with

CONGENITAL ATROPHY OR ARREST OF DEVELOPMENT OF THE RIGHT UPPER EXTREMITY.

The members would observe, on looking at the patient, that there was a very striking difference, indeed, in regard to the length and volume of the two upper limbs. It would also be observed that there was a very singular curvature of the cervical portion of the spinal column, that there was a curve convex to the right side, and a curve compensatory of that towards the right side. He was not prepared to say whether the latter was the original curve, and that the cervical curve now so very striking was compensatory of the other. The patient stated that, as far as he knew at the time of his birth, he was strong and well-developed, and in good health for some time afterwards. About a year after his birth he had a fall from the table, and from that time it was noticed by his mother that he exhibited a weakness of the right upper extremity, and was ill for five years, but it was not clear what the character of his illness was. He would now read for the members the measurements of the two upper extremities made by his friend Dr. Gunn: The patient's height was, it might

be mentioned, 5 feet 4¼ inches. The scapula, from the superior angle to the anterior angle measured on the left or unaffected side 6½ inches, while on the right or affected side it was but 4⅞ inches. From the superior angle to the acromium on the left side, it was 5 inches, and on the right 4¼, so that there was a difference of 1⅝ inches in the former, and of ¾ of an inch in the latter case. From the inferior angle to the acromium there was a difference of about an inch in the length of the clavicles in favour of the left. From the top of the acromium to the outer column of the humerus there was a difference of 3½ inches—that was to say, that the left humerus, measured from the acromium to the outer condyle, exceeded in length the right by 3½ inches. The ulna, measured on the two sides, exhibited a difference of ¾ of an inch in favour of the left. Singularly enough, the two radii were the same length, each being 9 inches long, but there was a difference of ½ an inch in the length of the hands. In the circumference of the arm, at the middle of the biceps, there was a difference of 1⅝ inches in favour of the left. The forearm, measured 3 inches below the elbow, exhibited a difference of 1⅜ inches in favour of the left. The length of the limb, measured from the top of the acromium to the top of the middle finger, showed a difference of 3¾ inches in favour of the left. If they compared this with the difference between the inner spaces, the two sides, the tip of the acromium, and the outer condyle, they would see that there was only between the two a difference of ¼ of an inch, from which it followed that the difference of the length of the two limbs was due mainly to the difference in the length of the two humeri. In Dr. Humphrey's well-known work the length of the humerus in a person 5 feet 6 inches was given as 12·54 inches, while in his (Dr. Hayden's) patient's case it was 12 inches on the left side and only 8½ on the right side. Dr. Hayden remarked that the patient had been under treatment by means of the magneto-electric machine. At first his muscles did not respond, but now they did, and he found that he was acquiring some little power in the arm. The right side of the patient's trunk would be observed to be less developed than the left. He had no grasping power in the right hand, and although he knew how to write he could not do so on account of the inability to use the right hand. That the boy was fairly intellectual might be inferred from the fact that he had gone through the greater part of the first book of Euclid, and had mastered it fairly well. The lower extremities were not affected in any way.

The patient was then examined by the members present.

Dr. NIXON exhibited a patient suffering from

CYANOSIS.

The particulars of the case were, he said, briefly as follows :—The patient was a boy, aged 11 years, whose mother and two sisters had died of phthisis. About three years ago he complained of attacks of pain in the cardiac region, dyspnœa, and neuralgic headache. At that time the cyanotic condition developed itself. A short time afterwards the boy became subject to fainting fits, and it was to get relief for these that he presented himself at hospital. These fainting fits lasted for about five minutes at a time. He (Dr. Nixon) might now mention the patient's condition on admission. On examining the heart they found that there was a considerably increased area of cardiac dulness upwards and to the left side, but the sounds of the heart presented no abnormal phenomenon. There was no murmur whatever. The temperature ranged from 95° to 96°. They could observe that there was a very marked cyanotic condition of the head and neck, and the condition of the tongue was most marked. He examined the optic discs with the ophthalmoscope, and found that the edge of the discs could hardly be distinguished from the retina. The veins were extremely engorged, and very tortuous, looking like a number of snakes crossing the field of the retina. About three weeks ago a number of purpuric patches developed themselves at the extremities, but they had disappeared. The patient had, however, since then been subject to attacks of epistaxis. The boy complained of no cough, and there were no pulmonary signs, respiration being normal both at the front and back of the chest. The boy's left forearm was deformed. It was considerably shortened, and there was only one bone, which terminated in some bones at the wrist. As regarded treatment, he might mention that he first tried peroxide of hydrogen and inhalations of oxygen, but they seemed to have no effect.

Dr. M'SWINEY inquired what was the nature of the fainting fits ; were they fits or convulsions ?

Dr. NIXON said they were fits of *pseudo*-apoplectic character.

Dr. FINNY asked, was there any cyanosis of the lower portion of the body ?

Dr. NIXON replied in the affirmative. There was a dark hue.

Dr. D. M. WILLIAMS, of Liverpool, physician to the Liverpool Hospital for Consumption and Diseases of the Chest, then read a paper entitled,

A FEW REMARKS ON THE TREATMENT OF PLEURISY AND EMPYEMA.

Dr. WILLIAMS gave a brief history of the first case, which had been already reported in full in the *British Medical Journal* of December 12th, 1874. In that case he washed out the pleural cavity daily for thirty-one days with a weak solution of sulphurous acid, as the patient preferred it to the carbolic acid, which he used two or three times. He must mention, however, that there was no real improvement up to the twentieth day after the operation, the pus being still very offensive ; he therefore enlarged the wound with a probe-pointed bistoury, and, on washing out the pleural cavity, the wound became suddenly blocked, and he managed to remove two pieces of false membrane (?), horribly offensive, after which the whole aspect of the case changed, and the patient slowly, but steadily recovered. After detailing several cases, Dr. Williams said he would not now occupy time in recording the histories of cases of pleurisy with serous effusion, but only remark that they usually took from six weeks to six months' time before the fluid was absorbed, if it had been thrown out in any considerable quantity ; but, notwithstanding the longest time (three months), such cases have done well in his practice, the lung expanding once more. He felt, therefore, encouraged to treat these with diuretics, iodine, &c. Nevertheless, as an illness of two or three months was often a very serious matter to the patient, sometimes causing the loss of employment, or of business, he had asked himself if there was no way by which they could hinder the effusion of serum, or at least, its accumulating in any great quantity. When they remembered that the sharp stitch in the side in pleurisy, caused by the friction of the two surfaces, was intended to limit the movement of the lungs, we could not but feel that Nature had already given them the hint—stop respiratory movements and the mischief is prevented. They had already recognised that principle in peritonitis, synovitis, &c. Here, however, they had to do with an organ whose function could not be stopped with safety to the patient ; but he thought they could sufficiently limit the movements of *one* lung so as to hinder the formation of, at any rate, a large quantity of fluid in the chest, and this he had attempted to do by strapping the inflamed side firmly with plaster, taking care to bring the ends of the plaster to the opposite side of the spine and sternum. The first result of such treatment was a great relief from pain ; the next was a subsidence of fever, &c. To say that a few cases had been thus treated successfully was to prove nothing, as it might be reasonably urged that these were slight ones, or only dry pleurisy ; a medical friend, however, had, at his request, already treated eight successive cases successfully. Having detailed one case treated successfully in that way, Dr. Williams said that since writing the description of that case he had heard that an American surgeon had claimed all thoracic diseases for the domain of surgery, and treated all such by pressure, but not exactly strapping, while Dr. Fred Roberts had, he found, already advocated strapping. Again, with reference to empyema, he wished to dwell especially on the condition of the lung after recovery. It is pretty generally admitted that in children under twelve years of age, such cases usually ended well—the lung expanding again, whatever may have been the amount of mischief ; while in adults this was rarely the case, the lung being almost always so damaged as to be unable to support life *alone*. This is surely not a *cure* in which we can take much comfort, however brilliant the recovery might appear to the patient and his friends. On the contrary, they should not consider such cases *cured* unless the lung once more occupied its normal situation. He had asked himself the reason why the lung should expand so easily in children, and scarcely ever do so completely in adults ; and he thought the condition of the ribs in children explained it. Thus, in children the ribs yielded rather readily to the atmospheric pressure without losing their spring ; consequently there was not left the same amount of empty space in the chest when the fluid was removed as in an adult, while, at the same time, there was a constant suction power from the tendency the ribs had to resume their

natural curve. In the adult the ribs yielded much less readily, but eventually became bent in permanently. Now, it had occurred to him that if they could imitate this, and find some plan of keeping the pleural cavity more or less constantly in a state of vacuum before the ribs bent without using injurious force, they would help the lung to expand; and for this purpose he had invented a canula with very delicate valve, which, by acting only one way, allows fluid or air to escape from the chest, but instantly hinders air entering it. Now admitting that a patient, with this tube *in situ*, coughs only twice each hour, the force of coughing easily expels fluid out through this tube, while the valve effectually hinders the entrance of air into the pleural cavity. Thus more or less of a vacuum is formed, and in proportion to the amount of vacuum was the aid given to the air rushing through the trachea to expand the lung. The canula had been purposely made short, in order that it might be worn until the lung expands pretty freely. It is secured in its position by tapes passed through the slits on either side. Seeing, then, that pleurisy, if detected at the commencement, may be greatly relieved, and effusion to any great extent hindered by firm strapping, it became exceedingly important to detect it early. There was, of course, no difficulty in doing this when effusion had already taken place, but previous to that he considered it no easy matter to do so in children. The pain in the side and friction sound, upon which they depended so much in the adult, were of but little use in dealing with children, and he had adopted the following plan:—Suppose a child two years old; very cross and feverish, with a slight cough, and these symptoms not explained by any other disease. He wrapped the child loosely in a blanket, and having put it sitting on its mother's knee, waited a minute or two; presently it coughed, and immediately cried. Then he put it sitting upright, and watched carefully; next time it coughed they would notice that it shrank to one side. He placed a warm flannel on that side, and let the mother keep up firm pressure; the child coughed again, but the crying and shrinking were less; and if on very careful examination there was slight dulness, and respiration a little feeble, without crepitation, they might be sure that they had a case of pleurisy; and if that side be strapped the child would probably have a good night, and be much better next morning. Supposing effusion to have already taken place (and the patient be a child), the fluid should be removed at once *if the constitutional disturbance is great*, as in all probability it is purulent—serous effusions giving comparatively little indication of their presence unless the quantity of fluid is great—indeed, he had been often surprised at the small amount of constitutional disturbance where he had found a large quantity of fluid, in both children and adults. If a doubt existed, the needle of the hypodermic syringe might be used to explore, as recommended by Dr. Barlow and Mr. Parker; but in an adult he would seek to be guided entirely by the constitutional disturbance, which, he thought, was much greater where the effusion was purulent. If, in a child, a fistulous communication with a bronchial tube had already occurred, and pus was being freely expectorated, he would first strap the side and wait a few days, as that seemed to be Nature's best and most successful mode of removing pus from the cavity of the pleura (while fistulæ through the thoracic parietes almost always ended badly). Should the relief be insufficient, or the strength giving way, he would then tap the side; but, in the case of an adult, he would tap at once, notwithstanding that a fistula had occurred, as he had not seen a single such case do well without tapping. The pleural cavity should be freely washed out with a weak solution of carbolic or sulphurous acid, or iodine, and if, after a week or two, the pus remained fœtid, the wound should be enlarged with a probe-pointed bistoury, in order to give exit to any pieces of false membrane or clots of blood which might be decomposing. There was nothing remarkable in the cases he had detailed; their interest lay rather in the fact that they were all more or less frequently called upon to treat them. Nor was there much that was new in the treatment advocated, except it be the valved canula, which, he hoped, some present would put to the test.

Dr. HAYDEN wished to express the indebtedness of the Society to Dr. Williams for coming over specially from Liverpool to read the paper with which he had just favoured the Society, and also for the great merit which the paper itself possessed. All who had been connected for some years with important hospitals had, doubtless, had great experience in the treatment of effusion into the chest in its various forms. With most the results had been in the majority of cases unsatisfactory. Latterly, however, men had taken heart, and they had done what common sense, so valuable a guide in many other particulars, would have suggested, namely, removed by mechanical means the body which was interfering with the vital functions of breathing. Dr. Williams's remarks on the treatment of serous effusion possessed considerable interest. He (Dr. Hayden) could not subscribe to his approval of the treatment of effusion by means of opium, for he (Dr. Hayden) had never seen any benefit from that treatment—in fact, he would regard opium under such circumstances as merely a palliative. He had had some experience of tapping the chest in cases of effusion, and he believed that where the effusion was serous, where it had been the result of acute inflammation, where life was threatened (especially in a child) from the mechanical pressure of the fluid, having tried the ordinary means of quickening the action of the kidneys and bowels, and having failed by that means to relieve the patient or to alleviate the symptoms, there should be no time lost, but at once the operation of tapping should be performed. He had had within the last ten days an opportunity of putting that doctrine into effect in the case of a boy four years of age, who had been a fortnight ill. When he saw him the left pleural cavity was quite full of liquid, dulness was universal, the heart placed to the right side, congestion of the face, the pulse beginning to fail, and the patient was beginning to get cold. The operation was at once performed, and a quart of fluid removed. Immediate improvement followed, the heart returned to its place, and within three days the boy was running about quite well, and from that time he had gone on improving, and was now quite well. Dr. Hayden then exhibited a portion of the fluid (removed from the patient referred to), in which twenty-four hours after removal a mass of fibrine had formed.

Dr. HENRY KENNEDY would like to ask Dr. Williams if he had met with any unpleasant results from washing out the pleura with fluids? He (Dr. Kennedy) had met with in the periodicals records of cases in which sudden death was the result of the use of carbolic acid and materials of that kind in the way described by the reader of the paper, and he therefore would be glad to know if anything of that kind had happened to Dr. Williams. Dr. Kennedy then stated that he had met with two cases in which the fluid removed by tapping was of the most fœtid description. He had always observed in such cases that the fœtor of the fluid seemed to be in connection with the state of the body for the time being—the body being below par in general health.

Dr. FINNY said there were two points in connection with the treatment that he looked upon as very important. One was strapping, which had been known in Dublin longer than Dr. Williams thought, for it had been in use in the City of Dublin Hospital for many years, with very good results. In fact, the question of physical rest which Dr. Williams had alluded to, was one that he (Dr. Finny) thought could be very much enlarged upon not only in relation to the treatment of pleurisy, but of several other affections. There was one question that he thought they should be clear about, and that was —If the existence of pus be recognised, whether the right practice was to tap it frequently or to give free vent to the pus at once? He had some experience of tapping in empyema, and he thought the proper course was to open at once and give free exit to the pus.

The PRESIDENT said he had seen in his time many cases of pleurisy, with effusion, and he had tapped, perhaps, an unusually large number of them—over twenty-five cases—and he thought he might say, as a general rule, with great success. He had tried strapping the chest in many cases, and those in which he thought it afforded most singular relief were secondary cases—cases which arose secondary to phthisis. On the contrary, in those cases of acute pleurisy which would run on to empyema, he thought strapping was not applicable at all, but it gave, he thought, great pain. Many of those cases were accompanied by great external inflammation, as well as internal inflammation—there was external periostitis in those cases which would not bear pressure. Another point of great interest which Dr. Williams's paper rather elucidated was what he (the President) had more than once seen, and that was where a case of well-marked empyema was supposed to have terminated by a fistula, and that the purulent matter which had been secreted was a consequence of the fistula having formed. He had seen several cases where the physical signs gave no evidence of the formation of fistula, but the relief was so great that it was supposed to have occurred, and that relief had taken place over and over again, and the consequence was

that it became a case of chronic empyema, which was more or less accompanied, if the patient survived, with falling in of the chest. With reference to the advisability or otherwise of completely emptying the pleura in cases of great effusion, some time ago it was a very great question as to whether that should be done or the fluid removed in small quantities. There was no question that they were, as Dr. Williams had said, formerly too much influenced by the dread of allowing air to pass into the cavity of the pleura, and that dread was formerly carried to such an extent that all sorts of means were used to prevent the passage of air through the wound into the pleura, while means were taken to completely evacuate the contents of the pleura.

Dr. Williams, in reply, thanked the members for the kind way in which they had listened to the paper, and for the remarks which they had made upon it. In none of the cases that he had as yet strapped for pleurisy had they been, so far as he was aware, connected with phthisis. They had all been, he believed, simply cases of pleurisy—primary inflammatory affection. He had, however, strapped for phthisis. As regarded opinion, he would only say that all physicians had their own opinions about medicines. In his first case he believed it was a great mistake not to make a large wound in the first instance. He agreed with Dr. Kennedy in the belief that the smell of the fluid depended upon the constitutional state at the time. He was not aware that strapping was done in Dublin until the statement which Dr. Finny had made, and was glad to hear its adoption had been so successful. These cases were continually being mistaken for phthisis. He had not found bad effects result from the washing-out of the pleura.

The Society then adjourned.

THE LAW IN REGARD TO UNQUALIFIED PRACTICE—ALLEGED MANSLAUGHTER.

At the Exeter Assizes, before Sir James Fitzjames Stevens, Q.C., Commissioner-Judge, Charles Hornsey was indicted for the manslaughter of Rhoda Burge.

Deceased, for some time before her death, had been suffering from bad legs. The prisoner said that he had no doubt that he could cure them, adding that he had "done great cures." Next day the woman's husband observed that his wife's legs were in blisters. The woman got so ill the day before she died that her husband called in two doctors, and they said they could not save her. On the morning of August 18 (when she died), and about twelve hours before her death, he asked the prisoner how it was he came to make such a mistake. The prisoner asked, "What mistake?" and witness said, "You have killed my wife and ruined me." Prisoner replied, "Oh, Mr. Burge, I have practised this for thirty years and never known anything go wrong." The prisoner then administered an injection in his presence. His wife had a very delicate constitution and suffered from ulcerated legs.

Cross-examined: The prisoner was very kind and attentive to his wife, and the people in the district had every confidence in him.

Mary Corner, widow, residing at Bampton, said she was at work at the house of the deceased, and on July 31 she saw that her legs were in a complete bladder. The prisoner "let" the bladders, and said she was poisoned all over, and that the poison had gone through her whole system.

Cross-examined: The prisoner said to the deceased, "You have taken some poisonous medicine."

Ann Paviour, also a widow, of Bampton, deposed to seeing the prisoner apply a lotion to the legs of the deceased, and handing over samples of it to the sergeant of police.

Dr. Attwater said he was sent for to see the deceased. He found her in a dying state and past human skill. He made a *post-mortem* examination. The brain was in an advanced state of decomposition, the lungs were congested, but otherwise healthy, and there was no trace of any organic disease. The appearances which he saw and described at length, led him to form an opinion that death was caused by the use, in some shape or form, of an irritant poison.

By his Lordship: In no case and under no circumstances would it be proper to apply corrosive sublimate either in the form of lotion or ointment to ulcerated legs.

The only additional evidence was that of Dr. Blythe, who would say that the lotion contained a small admixture of corrosive sublimate.

Addressing the jury, his Lordship said he did not think it safe to leave this case to them, and it was important that they should know why he took the course he now did, and that the law on this subject should be publicly known. The charge against the prisoner, who was not a regular practitioner, was that he had committed the offence of manslaughter. Manslaughter meant causing death either by an unlawful act or by unlawfully omitting to do that which it was a person's legal duty to do. When a man undertook to treat disease it was his legal duty to employ, in the treatment of that disease, a common amount of professional knowledge and skill, and if he failed to employ that, and the result of the failure was to cause the death of the person treated, then he was guilty of manslaughter. He might add that in all cases the prosecution had to show the absence on the part of the accused person of that common knowledge and skill, or, in other words, he had to show gross and culpable negligence or ignorance, and the law applied just the same whether the person who was charged with causing death was a regular practitioner or wholly unqualified. A man might make great professional mistakes, attended with the most lamentable results, even causing death, and yet not be guilty of manslaughter, just as a lawyer might make a great mistake in his practice, and might ruin his clients without making himself liable for negligence. When doing difficult and delicate things, the most skilful man might make a mistake, an error of judgment, and if he did so he suffered in reputation and in other ways, but he was not criminally and not always even civilly responsible for what he did; and in order to make a man criminally responsible, grossly culpable negligence, and ignorance of the common rudiments of professional knowledge must be shown. In this case the other witness who could be called would prove nothing more than this—that the lotion which the prisoner supplied was found to contain corrosive sublimate, and that a small portion of it was found in the woman's liver. They would then have to depend on the evidence of Dr. Attwater, and before they could convict the prisoner it would be necessary to show two things—first, that what he did caused the woman's death; and secondly, that what he did showed such a degree of ignorance as to make it culpable. The evidence that the woman actually died from this corrosive sublimate, and that she did not die from some of the other complaints from which she suffered, was very far indeed from being proved. He had done his best to explain the law on this important subject, and he would now tell the jury that he did not think they could safely convict the prisoner of manslaughter on the evidence given to them, and therefore they ought to find a verdict of "Not guilty."

The prisoner was thereupon discharged.

Translations.

THE USE OF OPIUM IN CEREBRAL ANÆMIA AND AFFECTIONS OF THE HEART.

M. Huchard has pointed out in the *Journal de Thérapeutique*, the good results obtained by the administration of opium, in patients suffering from insufficiency, or aortic obstruction. In the course of certain affections of the heart, when the attacks of suffocation and dyspnœa have acquired an extreme intensity, injections of morphia are of the greatest service.

To support this view, M. Huchard, besides his own personal observations, quotes the facts published by Levy, of Vienna, 1867, by Renauld, in 1874, and by Vibert, in 1875. The communication of M. Huchard presents two points deserving of attention:

1st. The popularisation of the employment of opium in affections of the heart.

2nd. The theory by which the good results are explained.

M. Huchard recognises that other medical men have prescribed morphia in affections of the heart, but his desire has been to fix the indications and contra-indications of the method.

It has been known for a long time that opium in doses

of from one to two centigrammes, amongst other physiological effects, produces slight excitement of the circulation, exhilaration of the spirits, animation of the face, and an increase of muscular power; but if, after the appearance of well-marked phenomena of excitement, the dose be increased from 5 to 10 centigrammes, depression of the circulation and tendency to sleep supervene. Professor Gubler, in his *Commentaries*, insists on the utility of opium in want of stimulation of the nerve centres, due to impoverished or altered blood; and Dr. Vibert, at the end of a Memoir published in the *Journal de Thérapeutique*, 1876, concludes that the previous employment of injections of morphia in the operation of thoracentesis, and even in all operations giving rise to syncope, prevents the occurrence of such accidents. M. Huchard employs opium in the hope of utilising its hyperæmiant properties on the nerve centres, and particularly on the brain. In patients suffering from aortic obstruction, or insufficiency, with symptoms of suffocation, dyspnœa, cold sweats, pallor of the face, &c., he has seen these formidable symptoms disappear after the injection of one centigramme of morphia.

If opium be useful in cases of aortic affection accompanied by vertigo, buzzing in the ears, tendency to giddiness, cephalalgia, it is because such symptoms are those of cerebral anæmia, and that cerebral ischemia is a frequent complication, not only of aortic insufficiency, but of aortic lesions in general. Hence the administration of opium is indicated in the course of affections in which cerebral ischemia is equally met with.

In M. Huchard's opinion, as in that of Professor Gubler, opium may be used in certain forms of anæmia, as it acts as an excellent tonic owing to its congestive action on the brain. It may be prescribed for cachectic or phthisical patients, for in such cases, besides the tonic action of opium recognised by Sydenham, we also utilise the power of this medicine to calm the dyspnœa and the cough.

T. M. Dolan.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 1, 1878.

THE MEDICAL REFORM COMMITTEE AND THE MEDICAL COUNCIL.

Towards the close of the late session of the Medical Council, several of its members assembled at an early hour to meet a deputation from the Medical Reform Committee. The members present were Dr. Acland (President), Sir James Paget, Sir Dominic Corrigan, Mr. Macnamara, Mr. Teale, and Drs. Rolleston, Pyle, Storrar, Apjohn, Andrew Wood, and Quain. The deputation consisted of Dr. Waters of Chester, Dr. Davey of Bristol, Dr. Wade of Birmingham, Dr. Stewart of London, Dr. Leech of Manchester, Mr. Wheelhouse of Leeds, and Mr. Nicholson of Hull.

We quite sympathise with the object which the Reform Committee has in view, and will admit that although its representative status has been impugned, it does, with regard to certain important questions of medical reform, really represent the opinion of the great body of general practitioners. The deputation, however, like most deputations, led to no result, and was little more than a matter of form on the part of the Reform Committee, and of curiosity on the part of the Medical Council. Nor could anything else have been expected. As the President remarked, the Council had been called for a special purpose, namely, to consider the Duke of Richmond's Bill, and it could scarcely be supposed that the Council would have time to take into consideration such an important subject as that of completely altering its own constitution. Consequently there was from the first very little hopes of the movement represented by the Reform Committee receiving much attention, much less encouragement, from the Council. On the contrary, the reception of the deputation appears to have been marked by an air of austerity and self-satisfaction which could scarcely have escaped the observation of the several members composing the deputation, and which might almost warrant the thanks which Dr. Waters returned to the President and the Council "for their kind attention" being taken in a rather ironical sense. The self-satisfaction of the Council with regard to its catholicity as a representative body, was well illustrated by the remarks of Drs. Acland and Storrar. The latter regarded himself as representing not only the profession, but the intelligent public at large. The President stated that the Medical Council had done its best for the profession, and he should like to know what member of the Council would say he did not represent the profession. It must not for one moment be assumed that the motive of those who had seats at that table was simply and solely to represent the interests of particular institutions. Such remarks, however, are little more than an evasion of the question at issue. In theory, and indirectly, each member of the Council may be said to represent the profession, but practically, and directly, the great body of medical practitioners has no representative on the Council. As Sir Dominic Corrigan very ingenuously admitted, the Council merely represents the corporations, the Universities, and the Crown. It is, we admit, only natural that each member of a representative council should consult the interests of that body or corporation by which he has been elected, and of which he is the chosen delegate. No doubt the motive of those who have seats at such a council is not "simply and solely" to represent the interests of particular institutions, but it is impossible for such members to keep their minds quite unbiassed and free from all prejudice in favour of those institutions. Will anyone venture to say

that those Scotch and Irish members who voted *en masse* against the Conjoint Scheme, simply and solely represented the interests of the profession and the public? We cannot, for reasons just stated, wholly blame them for the predilections which they showed on that occasion, but the fact that such predilections were shared by a large minority of the Council—a minority wholly composed of the delegates from the Scotch and Irish corporations—shows, as we have before observed, that the Council should be partly composed of members who are prejudiced in favour, not of this or that corporation, but of the public and the profession at large, for whose benefit the General Medical Council was originally constituted.

Nor did the questions put by the Council to the deputation show that the former would very readily recommend to the higher authorities the propriety of its own self-reconstruction. Did the Medical Reform Committee represent the general body of the profession? Had "Dr. Waters and his party" considered the difficulties that would lie in the way of a direct representation of the whole profession? Had a calculation been made of the expenses of such an election as that contemplated by the Committee? Would not the compulsory clauses for a conjoint examination have been passed in Lord Ripon's Bill if the Committee had not interfered to prevent it? Did the Committee claim direct representation as a right, or with the idea that it would improve the Medical Council? Such were the kind of questions which the Council put to Dr. Waters, the general tone of which clearly indicated that the Council was not very sanguine as to the necessity or practicability of its reconstruction. There can, however, be no doubt that the time will come when the proposed reconstruction of the Council will be an accomplished fact; but it is evident that the attainment of such a desirable object can only be secured by the united efforts of all those who are anxious that the Council should represent more perfectly than it does at present the general body of medical practitioners, and who object to its acts being so much influenced, or its opinions divided, by the prejudices of men to whom vested interests are more dear than the interests of the public and the profession.

THE FICTION OF SMALL DOSES.

No one acquainted with the recent literature of therapeutics can have failed to notice that many medical practitioners have got into the habit of prescribing certain medicines in very small doses. For years this has been the habit of those who are given to write long and elaborate prescriptions, the ingredients of which have probably as much effect upon the disease for which they are prescribed as so much simple water. Two or three drops of tincture of hyoscyanus, four or five of ipecacuanha, ten or fifteen minims of the compound tincture of camphor—one fluid drachm of which contains but a quarter of a grain of opium—five or ten minims of the aromatic spirits of ammonia, of the spirits of chloroform, or of ether—these are the doses we have constantly seen prescribed for adult patients, whose symptoms were of so severe a nature as to call for more heroic remedies. In fact, herein lies one of the improprieties of writing long prescriptions, for then not only is it impossible to say to which drug the relief or recovery of the patient is due, but the practice engenders the habit of prescribing a lot of "adjuvants" in such small doses that they are in nine cases out of ten quite inert. Indeed, we feel ashamed to contemplate the incalculable waste of medicine, and the downright self-delusion, which are the outcome of the reckless and theoretical manner in which so many of us are apt to "make up" a mixture or write a prescription. No doubt all this is good for trade; the chemist reaps a handsome profit by it; the physician may or may not be labouring under a slight delusion; and if no good, at least no harm, is done to the patient. It is, however, but a sorry reflection upon the practice of medicine, and promises little for the advancement of therapeutics by individual observation. But in many instances medicines are ordered in very small doses from principle, and from a belief that their efficacy is thereby increased, or is as great as if they were administered in larger quantities. For example, Dr. Sydney Ringer, whose work on therapeutics is so well known, states that, according to his experience, one drop of ipecacuanha, repeated every hour, will arrest some forms of vomiting; and not long ago an American physician espoused in the pages of the New York *Medical Record* the doctrine of small doses. He said that his investigations had been carefully made, and had extended over a long period of time. The scheme was tried in private and hospital practice, and the result appeared to him sufficiently satisfactory to induce him to deliver before a medical society a forcible address, in which he declared his opinion in favour of small doses.

If, however, we reflect for one moment upon the principles of allopathic medicine, and the universal experience of allopathic physicians, we can come to no other conclusion than that the administration of drugs in very small doses is, as a rule, wrong, both in theory and in practice, and that the supposed efficacy of that plan of treatment is nothing less than a delusion. We can see some sense in the homœopathist giving his drugs in small doses, for were it a natural law that any symptom of disease may be relieved or removed by a drug capable of producing the same symptom in a state of health, it might also be a natural law that the drug, to be efficacious, should be given in comparatively minute quantities. At all events, there is something plausible in the principle upon which a homœopathic dose of medicine is exhibited. But we are certainly at a loss to understand on what grounds a practitioner of rational medicine can defend that practice. If medicines were classified according to the principles on which they are prescribed—a classification which is not so often adopted as it should be—we should find that most of them are given with the view of increasing or diminishing the activity of some great function of the body, while others are given with the view of making some impression upon the nervous system, or of supplying some deficieney, or correcting some fault, in the composition of the blood. We need not at present enter into the reasons why these intentions are kept in view by the allopathic physician; but that all our medicines are in nine cases out of ten given with those intentions, is evident to every one who is in the habit of prescribing diaphoretics to increase the action of the skin, diuretics to increase the action of the kidneys, purgatives to in-

crease the action of the bowels, ferruginous tonics and lemon juice to improve the quality of the blood, quinine and other nervine tonics to make an impression upon the nervous system. But the universal experience of the profession testifies to the fact that if any medicine belonging to the above classes of drugs be given in doses short of the minimum dose specified in the Pharmacopœia, it will most surely fail in producing the desired effect. In all those cases in which the therapeutic efficacy of certain drugs cannot be questioned by anyone, however sceptical he may be, or to whatever medical persuasion he may belong, the largeness of the dose seems to be an important factor in its therapeutic action on the system, and the influence it has upon the disease for which it is prescribed. Hence the unquestionable efficacy of large doses of iodide of potassium in secondary syphilis; of large doses of quinine in arresting the progress of intermittent fever; of comparatively large doses of mercury, in some form or other, in the treatment of syphilitic iritis, and certain syphilitic affections of the skin; of large doses of bromide of potassium in some cases of epilepsy; of comparatively large and long-continued doses of arsenic in certain skin diseases; and of large doses of the hydrated peroxide of iron in the treatment of certain neuralgias. It is the same with other and less potent remedies. Large and frequently repeated doses of the liquor ammoniæ acetatis, or a full dose of Dover's powder, will act upon the skin and excite diaphoresis, when a grain or two of the one, or a few drops of the other, would have no effect whatever. Give a small dose of morphia to a patient in the agonies of a severe attack of colic, or in a paroxysm of mania, and you might as well try to soothe him with the mesmeric pass. Administer a mild aperient to a man suffering from constipation and biliary obstruction, and ten to one you will rather aggravate than remove his complaint.

Nor should it be forgotten that in handling the more powerful and poisonous drugs, the practitioner often fails in obtaining the wished-for result, because, through fear of giving them in too large doses, he errs on the other side, and prescribes them in such small quantities as to render them practically inert. This is very apt to be the case in prescribing certain narcotics and sedatives, such as opium, henbane, prussic acid, the lobelia inflata, &c.

Dr. Sydney Ringer thinks that the medicine last mentioned would be found far more efficacious in the treatment of asthma than it usually is, were it given in large doses. Hydrocyanic acid often had, in the hands of Drs. Elliotson and Pereira, a magical effect in the treatment of severe attacks of gastrodynia, but these physicians gave that medicine in much larger doses than practitioners are now in the habit of prescribing it.

From the foregoing observations it follows that by prescribing medicines in too small and ineffectual doses, we not only fail to fulfil the intention for which we prescribed them, but we lose confidence, and lead other practitioners to lose confidence, in the virtues of the drug. Indeed, many a remedy has been cast aside as being of little or no value through its having been prescribed in too small quantities to enable the practitioner to give it a fair trial. In prescribing medicine, it should be a rule not to give more than one or two drugs at the same time, but to prescribe them in such doses that in the event of their not having the desired result, we can be certain that the failure did not arise from our not having given enough of them.

Notes on Current Topics.

General Paralysis in Syphilitic Patients.

Our readers have probably been much interested in the series of articles from the pen of Dr. Stretch-Dowse, which have been appearing in our columns during the past few months. M. Fournier, an eminent French authority, thus sums up his views:—

Undoubtedly, general paralysis does occur in syphilitic subjects sometimes, but *sometimes* only, and in quite too exceptional a manner to warrant our regarding it as depending directly upon the evolution of the syphilitic morbid processes. It is reasonable to suppose that a disease which affects the nervous system so profoundly as does syphilis, may be the determining cause in some cases. In syphilis itself the mental disturbances are not quite those of general paralysis; they may, indeed, present all varieties of excitement, violence, depression, or dementia, but they do not follow any special type, as do those of general paralysis. The condition of self-satisfaction of the unfortunate subjects of general paralysis, who imagine themselves kings, prophets, great artists, who revel in fancied wealth, and propose every day fresh schemes, magnificent in the extravagance and boundlessness of their scope, all that makes up the common description of their delirium, is absent, or at least only exceptionally present in syphilis, and when present, the extravagance is tame and humble in comparison. Tremor may be present in syphilis, but is only occasional; that of the tongue especially is very rare, while the tremor of the upper lip, so frequent in general paralysis, is perhaps never present—at least, M. Fournier has never seen it. Above all, the tremor lacks the constant, fibrillary, vermicular character of that of general paralysis. These differences are not merely of degree, but definite, and more easily recognised clinically than described by words. Paralysis and paresis of all kinds are common in syphilis, and correspond to what is ordinarily understood by those terms; whereas in general paralysis it is more a want of co-ordination and defect of precision, than abolition of muscular power. Again, in syphilis there is excessive frequency of partial paralysis affecting a special predilection for certain parts; for example, the muscles of the eyeball, a peculiarity which is not found in general paralysis. Hemiplegia, transient or permanent, is often one of the earliest phenomena of cerebral syphilis, and of great frequency in some period of the disease. Finally, in syphilis, motor phenomena, apoplectic attacks, &c., commence the affection; in general paralysis, intellectual and moral disturbances prelude the symptoms of cerebral disorganisation, while similar distinctions mark the course of the two diseases, syphilis being irregular, variable in its progress, in the succession of phenomena, and its duration; general paralysis, on the other hand, is regular, and of definite duration. The comparison of the general state of the patients in the two diseases gives not less

striking distinctions—in syphilis, cachexia; in general paralysis, maintenance of nutrition, even *embonoint* up to the very last. Finally, syphilis may be regarded as at least possibly curable, gloomy as is the result in most cases, yet differing even in this from the other absolutely incurable malady.

Chorea in Old People.

Prof. Charcot thinks chorea in old people does not differ much from the ordinary chorea of Sydenham. Its rarity is remarkable; at present he has under treatment two cases *Alten and Cour*, and only three have been recorded by Graves, Sée, and Roger. It does not seem modified when transplanted to the aged, at least, essentially, except perhaps in the relative slowness of the movements and its very chronic course. One of his patients had suffered from it eleven years, the other twelve.

As regards prognosis, it is incurable, though it does not seem to endanger life. He had, however, seen one patient die in a typhoid state with a considerable elevation of temperature, whilst another case terminated in maniacal delirium with elevated temperature. Most of the patients affected with chorea have appeared to M. Charcot to be in a state of more or less pronounced dementia. Its etiology differs a little from that of children; it does not in the aged seem allied to rheumatism. No cardiac lesions were found at autopsies. In the aged it appears an emotional disease.

In Cour, chorea supervened, "after circumstances, about which," said the patient, "I cannot speak without shedding tears." In Alten, chorea resulted after the following occurrence: Her husband, of unsound mind, was for many years an inmate of the Bicêtre, and she was in the habit of visiting him weekly. One Sunday, on arriving at the hospital, she found he had been transferred to the Province; she was so disappointed that chorea supervened some days afterwards.

Recently, M. Charcot observed a case of chorea in an aged man. It had developed first in the upper members, subsequently becoming general. During two years the tremor was so violent that sleep was impossible. Bromide of potassium had been tried in large doses with but trifling abatement of the symptoms. Common chorea in old persons should not be confounded with another pathological condition designated under the name of "senile chorea," and which is only senile trembling. M. Charcot has often met with patients attacked with the latter disease, the difference between which and common chorea is pointed out in a lecture published in *Le Progrès Médical*, 1876, p. 815.

The St. John Ambulance Association.

The *Standard* newspaper has recently given a very good account of the object and work of this excellent association. It was founded, and is now in course of organisation, by the Chapter of the Order of St. John of Jerusalem in England, for the instruction of individuals in the method of tending and relieving persons injured by such accidents as are of daily occurrence in civil life in time of peace, and for the formation of a body of hospital helpers trained on the official military system of drill, and available as a reserve to the Army Medical Department, should this country be unfortunately engaged in war. It was, we believe, in 1869 that such a work was first contemplated in England, and a small group of men would undoubtedly have then succeeded in establishing it, had they not been interrupted by the outbreak of the Franco-German war. The Association makes work in time of peace of supreme importance, but one important feature in its programme is the preparation to be made in time of war. Another characteristic of the Association is that the whole initiative belongs to private individuals, whereas in Germany and Russia the same work is fostered and assisted by Government. The organisation, as far as it actually extends, is in the hands of a central Committee in London, composed exclusively of members of the Order of St. John; and the principal duties of this body consist in keeping all the different town and provincial centres *en rapport*, whilst allowing to each as much freedom in framing and carrying out their own regulations as is compatible with necessary system and cohesion. The registers and reserves of money and material are also concentrated and administered at head-quarters.

The principal local centre yet established is at Woolwich, and here, as well as at Chelsea and Sevenoaks, classes for men and women are held weekly. A most successful class for men is just completing its course at the Custom House; whilst at Paddington there is an equally enthusiastic and well-conducted class for ladies. Maidstone, Brighton, Worcester, and other towns or places will soon follow, or have already followed in the same direction; and at Brighton twenty-five ladies have entered their names for instruction. The instruction is given by members of the medical staff in a popular and practical manner, and with that zeal and disinterested devotion which is so conspicuous a characteristic of their professsion. At the termination of each course of lectures, which is dependent on the instructors, there is an examination, attendance at which is quite optional on the part of the pupils. Those who can pass to the satisfaction of the examiners receive a certificate to the effect that they are qualified to afford first assistance to persons injured by accident or otherwise. Not only has the St. John Ambulance Association a considerable guarantee fund ready for the outbreak of any war in which the British military forces may be engaged, and a steam yacht kindly placed at its disposal by the Marquis of Conyngham for the conveyance of its *personnel* and *matériel*, but the roll of the society already includes the names of 127 persons qualified as physicians, surgeons, dressers, storekeepers, dispensers, nurses, and bearers, of whom 72 are willing to take service abroad, as a supplement, if necessary, to the Army Medical Department. The Association already possesses a few ambulance carriages of the best and and newest patterns, and the excellent two-wheeled litter patented by the Order of St. John; and a larger number of useful stretchers and other ambulance necessaries are being rapidly distributed throughout the kingdom. Such are the chief objects of the Ambulance Association, and we need scarcely remark that it will receive from the medical profession, especially from our hospital authorities, all the encouragement and support it deserves. There is every indication that its services will before long be taxed to the very utmost, and it is to be

hoped that the public will help in the good cause by supplying funds without which the work of such an Association cannot be satisfactorily or largely developed.

Unqualified Assistants in England.

At the recent meeting of the General Medical Council, Sir Dominic Corrigan moved—

"That while the Council cannot undertake the duty of prosecuting unqualified practitioners, they nevertheless think it their duty to draw the attention of the Local Government Board of England to a practice, which it would appear exists in England, of practitioners in charge of medical relief districts employing unqualified assistants to act for them in the treatment of medical and midwifery cases, tending to the detriment of the public and other evils; and they would suggest to the Local Government Board of England the consideration of the rule in Ireland, that no medical officer in charge of any dispensary district is permitted to have a substitute to perform his duties unless for a limited time, and unless such substitute is fully qualified to the satisfaction of the Dispensary Board, and with the sanction of the Local Government Board."

The *Lancet* referring to the subject, says, "Sir Dominc is to be praised for raising this question, but, as we understand the matter, the rule is very much the same in England as in Ireland. The medical officer is bound, as far as practicable, to do the duty himself, and, where he cannot to find a substitute. An assistant may act as a substitute but he must have at least one qualification and be registered." Our contemporary is certainly misinformed as to the practice in Ireland. In England we believe that a poor-law medical officer cannot legally delegate his duties to any but a qualified person, but, as a matter of fact, a great part of the medical attendance on paupers is performed by unqualified persons, the medical officer being responsible, and nominally discharging the duty himself.

In Ireland a medical officer has no power to delegate his duty to anyone, or to name a substitute. No assistant or other person, qualified or unqualified, saving the medical officer himself, is allowed to touch a dispensary patient, and when the medical officer becomes sick, the substitute is appointed by the Dispensary Committee, and is neither controlled nor paid by the medical officer.

The Small-pox in Dublin.

According to the Registrar-General's latest returns, the deaths from small-pox for the week ending April 20 were six less in number (9) than those of the previous week (15). Notwithstanding the apparent improvement in the epidemic, the number of cases in hospital (203) shows an increase of 34 upon the number of the previous week.

The quarterly returns for the three months ending March 30 tell a miserable tale of sickness and sanitary incompetence. The death-rate for that term was 31·3 per 1,000 of the population, while that for London was only 25·5, for Glasgow, 26·3, and for Edinburgh 26·8 per 1,000.

Irish Centenarians.

The death of a veritable centenarian is reported by Dr. Crosslee, of Newry. Mrs. M'Camley, the deceased, was born on the 4th of October, 1775. It will thus be seen that the deceased lady had reached the ripe old age of exactly 102 years and 28 weeks. Her last surviving brother died at Newry, in the year 1849, aged 80 years. Her father died at the advanced age of 86 years; and her paternal uncle, and grandfather of the present Dr. May, of Rathfriland, died suddenly, being at the time of his death 100 years of age, and in the possession of excellent health and unimpaired faculties. Mrs. M'Camley herself, although confined to the house for the past two years, was, up till within five days of her death, in fairly good health.

Dr. Crosslee mentions that, during the last six months, he registered the deaths of eighteen persons resident in his district, whose united ages amount to 1,371 years, making an average age of 76 years for each individual.

Prosecutions against Offenders against the Irish Pharmacy Act.

At the last meeting of the Council of the Irish Pharmaceutical Society, Mr. Holmes moved—

"That the time has arrived for the Council of the Pharmaceutical Society to protect the Licentiates of the Society from infringements of their rights, and that a Committee be appointed to consider the best means of so doing."

Sir G. Owens seconded the motion. The motion caused a lengthened discussion, and was strongly opposed by the medical element in the Council. A division was taken with the following result:—For, 8; against, 5.

The Employment of Dialysed Iron.

The profession in America has taken up this preparation with its accustomed zeal, and many valuable results are chronicled in our exchanges.

Professor Da Costa has employed it in a case of chlorosis, in a woman aged twenty-one years. The patient had daily injections of 15 minims of the iron solution, at first diluted, but afterwards of full strength. The points where the injections were made showed no evidence of inflammatory action. Subsequently the dose was raised to 30 minims, and convalescence was rapid. After the hypodermic use was discontinued, 20 drops in water were given thrice daily for a short time. No constipation, indigestion, or other disturbances resulted from this mode of using the remedy, and recovery was considered to have been more rapid than it would have been with the usual way of administering it.

In Canada also its use seems to have met with signal success, where Dr. Hayes treated a case of arsenical poisoning with dialysed iron. Following an emetic and free draughts of warm water, a tablespoonful of the dialysed iron was given and soon ejected; doses of thirty drops were then given every twenty minutes for two hours. Two hours after his arrival, symptoms of collapse set in, and were treated with brandy, hot bottles, and friction. The patient was restored to health in about ten days, and complained during convalescence of weakness, thirst, and a burning sensation in the stomach. Dr. Hayes estimates that fully a teaspoonful of arsenious acid was lying in the stomach from half-a-hour to an hour before he saw her.

The Purification of Water.

On Thursday last, Professor Bischof, best known for his discovery of spongy iron for the purification of waters, and of the most perfect filter extant, read a paper before the Society of Arts, before a large audience, on this interesting subject. The author stated that absolutely pure

water containing exclusively oxygen and hydrogen in the proportion in which they chemically combined to form water, was unknown even in the laboratories of chemists. The foreign matter in water was either gaseous, mineral, or organic. The gases which usually occurred in water, viz., free oxygen, nitrogen, and carbonic anhydrite, were, in moderate quantities, not only harmless, but even desirable. It was observed that shallow well and river water was generally most largely polluted. At ordinary times there was no actual danger in drinking almost throughout the year the water supplied from the Thames to the greater part of London, if it was sufficiently filtered through sand. But now and then, especially in times of flood, the water deteriorated, sometimes very seriously, and therefore there ought to be at least some additional means beyond those at present employed of purifying Thames water during certain periods of the year and during the prevalence of epidemics. Animal charcoal and spongy iron were recommended as efficient chemical purifiers. The use of sponges was condemned as being hotbeds for collecting the lower forms of organic life. Fresh animal charcoal removed not only a large proportion of the organic impurity, but also of the mineral matter; but it required to be frequently changed—in the case of Thames water every three months.

Vaccino-Maniac Martyrs.

Mr. Nye, a watchmaker of Chatham, who has undergone six or seven terms of imprisonment in Maidstone Gaol for refusing to have his children vaccinated, and whose case was brought before the House of Commons a short time ago, was on Monday taken to Maidstone Gaol again to undergo another month's imprisonment for a similar offence, and for refusing to pay the fine imposed. Mr. Nye is secretary to the Anti-vaccination Society. However much we may regret that a fanatic is to be found willing to undergo seven successive terms of imprisonment, for, let us assume, conscience sake, and however astonished we may be that an Englishman can be found so unwilling to listen to, or incapable of appreciating reason and fact, we cannot by any stretch of charity towards the foibles of our neighbours, admit that any person has a right to set his own views against the law of the land.

It is unhappy that the conscientious convictions of any person should clash with those of the community, but if they do so, *tant pis* for the victim of those convictions. One does not inquire whether or not a Fenian is conscientiously an assassin, or whether a thief has peculiar views as to ownership.

Another Homœopathic Recantation.

A correspondent of the *New York Hospital Gazette* asks, "did mortal ever behold a more miserable spectacle than that presented by the Homœopathic Medical Society of this country at its last meeting, March 11, when the question propounded was—Shall we continue under the appellation of Homœopathists, or, in obedience to more modern teachings, and in the lurid light of allopathic (so termed) scientific advancement, *must we* renounce the delusive principle of our fathers, *similia similibus curantur?* We must obey the mandates of truth, was the decision of a vote of 18 to 17; and thus descends to the grave the last relic of this vicious system of practice."

Irish Pharmaceutical Society—Resignation of Sir Dominic Corrigan.

At the last meeting of the Society, a letter from the President was read, signifying his intention to resign his position. Several members strongly urged the President to withdraw the letter, and the Council would willingly excuse his attendance when not convenient for him to be present. Sir Dominic said he thought that the time had arrived for the Society to conduct its affairs without external aid, and spoke in warm terms of the kindness he had always met with from each individual member of the board. He considered his being selected by Government as the first President of the Society was the highest honour he had ever been favoured with. No decisive action was taken in the matter, but it is generally believed that the resignation will not be withdrawn.

A Penny Hospital Fund.

Three years ago, when the Hospital Saturday Fund was mooted in London, we ventured a suggestion, that the majority of working men when in employment, would, if asked, contribute towards the hospitals out of their weekly earnings, and thus constitute at the end of each year a splendid fund for distribution. The medical profession has an inherent dislike to display, and the Hospital Saturday Fund, with its ostentatious street show, has never been popular in consequence. We are delighted, therefore, to hear that there is at last a prospect of our suggestion being carried out. The idea is to collect a voluntary offering of a penny per week from each man, the employer, or some trustworthy authority of the establishment, to be treasurer during the year, or portion of year set apart for this purpose. If this can be carried out, a valuable addition to our hospitals will be the result, the men themselves will not miss the amount subscribed, and they will have gone far to redeem the opprobrium often cast at them for not supporting the institutions specially designed for their benefit.

The Vacant Superintendentship at Bethlem Hospital.

We understand that Dr. Rhys Williams, Medical Superintendent of Bethlem Royal Hospital for Lunatics, has been appointed by Her Majesty's Government a Chancery Commissioner in Lunacy; in consequence of which a valuable post is placed at the disposal of the Governors of that Institution. The salary is £700 per annum, exclusive of pupils' fees, with furnished residence, coals, gas, &c. No names are yet announced as candidates, the vacancy having been known but a few hours. It is, however, highly probable that Dr. Savage, who has every qualification for the post, and has, moreover, undergone a thorough initiation as assistant medical officer for some years past, will be elected, should he offer himself as successor to Dr. Williams, in which case a vacancy in the assistancy will be created by his elevation.

Telegraph Workers' Disease.

At the last meeting of the Biological Society of Paris, Professor Onimus brought under the notice of the members, an affection which he calls "Mal Télégraphique" due, not only to the fatigue of certain muscles, but to the constant tension of the mind involved in telegraphic work. Besides the local symptoms there are general phenomena, as palpitation, vertigo, insomnia, and cerebral disturbance. People of nervous temperament seem to be especially liable to attacks.

The Old Question—Drunk or Dying?

This question is so often cropping up that we should take no notice of a case reported a few days ago in the newspapers, were it not that the case shows that even the confession of the supposed drunkard cannot always be depended upon, and will not always settle the question whether he is drunk or dying. In this instance the deceased was knocked down by a hansom cab in Barbican on Saturday night. A policeman found her in an insensible condition, and as she did not appear to have been under the influence of drink, he took her in a cab to St. Bartholomew's Hospital, where, on recovering consciousness, she acknowledged she was drunk. An emetic and other medicine were administered, but they had no effect upon her. After being at the hospital an hour and twenty minutes the policeman was ordered to take her away. He did so. Some time after she was found dead in a cell of the Moor Lane police station. A surgeon who had examined the deceased stated that there was no proof that she had been drinking, and that the cause of death was apoplexy, accelerated by the injuries from being knocked down by a cab. The jury returned a verdict in accordance with the medical testimony, adding an expression of opinion that the woman should have been kept in the hospital, and not sent to a police cell.

We scarcely think that the hospital surgeon was to be so much blamed in the matter as the observations of the jury would imply. The fact of the woman recovering consciousness and confessing she was drunk, was quite enough to put the most experienced physician off his guard. In all probability, too, she had been drinking, the effects of which had, under the circumstances, contributed to produce the disease from which she is said to have died. In a diagnostic point of view, it is rather a rare and instructive case. The fact of her again falling into a comatose state, after having recovered consciousness (if such were really the fact), and the circumstance of her having been knocked down by a cab, might have aroused some suspicion with regard to the true nature of the symptoms. But we say only "might;" *humanum est errare*, and we are not surprised that, looking at all the circumstances of the case, she was ordered to be taken away.

Dr. Richardson on Alcohol.

Dr. Richardson does not seem to get tired of lecturing on one of his favourite subjects, namely, the action of alcohol on the system, and the benefits of total abstinence. This week he lectured at the London Institution, before the Hunterian Society, but he had little more to say on the subject than what the reader is already familiar with. It has been said (and in our opinion with some basis of truth) that practised abstainers were men of melancholy mood; that they lacked vivacity, and wit, and sparkle, that their firesides were cheerless, and all but inhospitable. If, remarked Dr. Richardson, these sayings were true, they would indicate the presence of an unhealthy condition both of body and mind. In fact, they were both open and ignorant falsehoods, offsprings of prejudice and superstition. He knew from direct observation that these statements were untrue. His proposition on the subject of the practice of total abstinence in health would be, that it carried with it every advantage, even by the side of the systematic enjoyment of alcohol. As to the question of the practice of total abstinence in disease, alcohol belonged to him as a physician in the character of a remedy; he had as just a right to it as he had to opium or chloral, if he knew when to use it properly, when he knew its physiological action and its therapeutical application. When he spoke of alcohol in that sense he spoke of it absolutely as a distinctive thing.

We are glad to see that Dr. Richardson does not go the length of some alcoholphobists, and proscribe it even in the treatment of disease. But once admit that alcohol may be administered as a medicine, you then, for reasons we have stated on a former occasion, offer one argument in favour of the occasional and temperate use of it in apparent health. For considering the various conditions and exigencies of modern life, how few there are who can say that they are always in a state of bodily and mental health? But it will be said that in that case it should be used as a drug, and only prescribed by medical advice. To this we answer, are not medicines universally taken by the public independently of medical advice, and will a little light wine taken in moderation do more harm than taking a lot of antibilious pills or some famous patent medicine?

The University of Edinburgh.

The Edinburgh correspondent of the *Times* remarks that the University of that town has this week concluded the most successful session in its history of 296 years with the usual graduation ceremonial. This fact is chiefly owing to the great impetus that the Universities Act of 1858 gave to graduation in arts. Previously to that period the number of graduates rarely exceeded six or seven. But since non-professional were conjoined with professional examiners, and especially since graduates in arts were made members of the General Council of the University, the number of graduates has been steadily increasing; and a farther impulse to graduation was given in 1868, when the Reform Act gave two members of Parliament to the four Scottish Universities. This year the number is 101, and there are already indications of further increase. In the same interval the number of students in the Arts Faculty has grown from 600 to nearly 1,000, and in the whole University from 1,400 to 2,500. No other Scotch University approaches Edinburgh in the matter of numbers. Glasgow stands next, with about 1,800 students. The graduation ceremonial was held in the Assembly Hall, Castle Hill. The most interesting part of the ceremony was the presentation of the honorary graduates, among whom were Professor Stanley Leathes, of King's College,

for the degree of D.D., and Lord Houghton, Mr. F. T. Palgrave, and Mr. Samuel Smiles for that of LL.D. All these gentlemen were well received, but the ovation of the day was reserved for Mr. Smiles.

The West London Hospital.

THE remarks in the leading article which lately appeared in a daily paper respecting the case of Mrs. Baker, appeared to us, at the time, both premature and unjustly severe, and therefore we are glad to see that the chairman of the house committee of this hospital has written to say that the committee has made full inquiry into the case, and finds that Mrs. Baker was not refused admission by the porter. The two porters positively state, and are prepared to swear to that effect. The chairman further states that the porters are not allowed to exercise their discretion, but have strict orders to admit all applicants desirous of seeing the medical officers.

SOME valuable donations and legacies have been received by several of the medical charities during the past few days. The London Hospital, the Metropolitan Free Hospital, and the Jews' Hospital have each received £1,000, under the will of Miss Goodman. The Manchester Royal Infirmary has received £1,000, under the will of Mrs. Foxton, of Pendlebury. Sir Arthur Guinness has given about £900 for furnishing the new Coombe Lying-in Hospital, Dublin. The Misses Brooke have given £500 to the Hospital for Incurables, £100 to the Jervis Street Hospital, and £100 to St. Mark's Hospital, all of Dublin. Mr. Pascal Law has given 800 guineas to the Stewart Institution for Imbeciles.

THE deaths from small-pox in London, which had been 48, 55, and 58 in the three preceding weeks, further rose last week to 80, a higher number than in any week since the end of April, 1877 ; 54 were recorded in the Metropolitan Asylum Hospitals, one in the Highgate Small-pox Hospital, one in an ambulance, and 24 in private dwelling-houses. There were 9 deaths in Dublin from this disease, against 15 the previous week. No other death is reported in any other town.

THE annual rate of mortality, in the principal foreign cities according to the most recent weekly returns, was, in Calcutta 43, Bombay 41, Madras 57 ; Paris 27 ; Geneva 27 ; Brussels 32; Amsterdam 25, Rotterdam 27, The Hague 24; Copenhagen 23 ; Stockholm 33 ; Christiania 25 ; St. Petersburgh 60 ; Berlin 29, Hamburg 29, Dresden 30, Breslau 37, Munich 41; Vienna 37, Buda-Pesth 50; Rome 40, Naples 46, Turin 56, Venice 39 ; Alexandria 34 ; New York 27.

THE fund started some time since for the purpose of erecting a statue to the illustrious Harvey at Folkestone, his native town, is progressing very fairly, though not quite so rapidly with the general public as we could desire. The latest subscriptions include one hundred guineas each from the Royal Colleges of Physicians and Surgeons of London. The total amount now reaches about £1,400. Further contributions are solicited by the Honorary Treasurers.

THE annual rates of mortality last week in the large towns comprised in the second category were—Norwich 18, Salford 18, Leicester 19, Bristol 20, Hull 20, Portsmouth 20, Brighton 21, Nottingham 22, Wolverhampton 22, Leeds 22, Newcastle 22, Sheffield 23, Bradford 24, Birmingham 24, Sunderland 26, Manchester 30, Liverpool 31, Plymouth 34, and the highest rate 38, in Oldham, per 1,000 of the population.

WE regret to announce the deathof Mr. T. Carr Jackson, F.R.C.S., Surgeon to the Great Northern Hospital, and Viee-President of the Harveian Society of London. Mr. Jackson has been ailing since the death of his wife in October, but his death was somewhat unexpected when it occurred last week. Deceased was but 55 years of age.

WE hear that the School Board of London have, on the application of the National Life-boat Institution, decided to instruct all their scholars, now numbering 111,000 children, in the important directions for the restoration of the apparently drowned.

LAST week the mortality was at the average rate of 26 deaths annually in every 1,000 persons living throughout the kingdom. The annual death-rate was 26 per 1,000 in London, 27 in Edinburgh, 29 in Glasgow, and 30 in Dublin.

FOR the first time in Holland, the degree of Doctor of Medicine has been conferred upon a lady, Miss Aletta Jacobs, who has announced her intention to practice in medicine at Amsterdam.

Correspondence.

THE TITLE OF "DOCTOR."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe that the editor of the *British Medical Journal* speaks of it as a "grievance" that "the great proportion of English medical men are debarred from the use of the title of 'Doctor,'" and he infers that the chance offered by the Duke of Richmond's Bill should be availed of to place that title at the disposal of all licensed practitioners. I beg permission to remind such practitioners that it is already entirely open to them if they are prepared to gain it by the requisite study ; and I certainly do not regard it as any "grievance" that a person who declines the trouble, delay, and expense of winning such a decoration should be denied the right to wear it. I perfectly understand the complaint that licentiates of Durham, St. Andrew's, and the Queen's University are permitted to call themselves M.D., while those of other Colleges—quite as deserving of the title—are not so permitted ; but I altogether deprecate the remedy for the anomaly by levelling down ; and I maintain that, on the contrary, the Duke of Richmond should level up by means of an enactment that no person should be granted a Doctorate in Medicine until he had previously taken a full degree in Arts. You are aware that, up to a recent period, the state of things was that which I suggest ; and it will be admitted that the affix M.D. conveys to the general public the impression that he who uses it is an University man, and that he combines with his medical qualification the liberal education demanded from an Arts' graduate. You may also, probably, be aware that the General Medical Council has affirmed the proposition that the M.D. should not be granted to any but the holder of a full Arts degree.

I therefore submit that the use of the letters M.D. by any University, to indicate a mere licence to practise,

amounts to the obtaining of professional credit for their licentiates from the public upon an unjustified pretence, and that it ought to be, therefore, forbidden. Medical men covet the M.D. and the title of "Doctor." Why? Because they know that it carries with it the prestige of an University education, and that that prestige counts for something in the competition for high-class practice. Is it reasonable that they should demand that prestige without earning it? And if they acquire it on such terms, how long will the Doctorate continue to carry with it the least public estimation? Already the most subordinate positions in the profession are occupied by *soi-disant* M.D.'s; and it is sufficiently evident that, if all licentiates are to be dubbed M.D., that title will, in a few years, possess no more value as a distinction than L.R.C.S. or L.F.P.S. What, then, will the profession have gained? And will not a loss have been sustained by the abrogation of a title which has been so long sought for as an University honour?

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB., M.D. Dub. Univ., F.R.C.S.I.

23 Ely Place, Dublin.

COUNTY INFIRMARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The editorial note to Dr. Laffan's letter in your issue of the 24th inst. expresses exactly my opinion as regards the utility of County Infirmaries. In my last Annual Report of the Tyrone County Hospital, I alluded shortly to the disadvantages Union Hospitals labour under, as compared with County Infirmaries, and I do not consider it necessary to enter into a further discussion on the subject. Suffice it to say that I had no intention whatever of questioning the scientific skill of the workhouse medical officers; on the contrary, no one has a higher opinion of their abilities than I have. Still, I consider it quite justifiable, in the present precarious condition of the County Infirmaries, to do all I can to convince the public of the immense amount of good effected by these valuable institutions, and a strong argument in favour of their existence I believe to be the advantages they undoubtedly possess over the generality of Workhouse Hospitals. Dr. Laffan refers to the flagging supporters of this hospital. A few facts will show how entirely he is mistaken. Within the last three years, 18 new governors have subscribed to the institution; nearly £900 has been spent in the same period on improving the hospital, and supplying new beds and bedding and better furniture, and surgical instruments and appliances; 718 patients were under treatment during the year—an increase of 135, as compared with last year—50 applicants being refused admittance as unsuitable or workhouse cases. The great bulk of the profession—and, I believe, of the public—are warm supporters of the infirmaries; and it shows an amount of professional jealousy on Dr. Laffan's part, which does not speak well for his largeness of mind, to take offence where none was intended, or jump to hasty conclusions without having made himself acquainted with facts.

Yours truly,

EDWARD C. THOMPSON, M.B.,
Surgeon, Tyrone County Infirmary.

Omagh, April 26, 1878.

SUPERSTITIOUS CURES IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In addition to the list of *cures*, given in your last as being popular in the South of Ireland, I may give the following contributions:—

For Scrofulous Ulcers.—The ointment of the scrofularia nodosa, also of great repute in the cure of "burnt holes" pemphigus.

Jaundice.—The patient's own urine.

As a Styptic in Bleeding Wounds.—Pig-dung.

As a Poultice for Abscesses—Cow-dung.

In these parts the infallible remedy for shingles, or herpes zoster is the application of a few drops of blood taken from any member of the family of Cahills.

Ricketts.—The application of the hand of a seventh son.

A family in the adjoining part of the county Kilkenny, named Brennan, has had bone-setters among them for considerably over a century. They are supposed to inherit the power of setting bones as a special gift, and one member who refused to exercise his gift having been killed accidentally was looked on as having suffered punishment from Providence for refusing to exercise his gift; not leaving a son, his daughters, though making no pretence to any surgical powers, are afraid to send away applicants who come to them with sprain, strain, and other injuries, without some exercise of this gift, and, accordingly, tie on bandages, adding some small prayer—I believe, a Pater Noster and Ave Maria.

I knew one man who applied parings of his toe-nail to eyelids for ulcer of the cornea.

Snail broth used to be freely taken for phthisis, but the present generation do not seem to appreciate it.

The scrapings of the bottom of an iron pot in frequent use is taken for colic—I have been told, with wonderful good effect.

I remain, &c.,

Portlaw. J. W. MARTIN.

Literature.

SHORT NOTICES.

(1) "Is our Physiology of the large Intestine Correct." By Charles J. Harris, M.R.C.S. London: Baillière, Tindall, and Cox. 1878.

(2) "Notes on the Carboniferous Cephalopoda." Part I. By William Cash, F.G.S. Leeds: McCorquodale and Co.

(3) "Fourth Annual Report on the Sanitary Condition of the Combined Sanitary Authorities of the Halifax Union." By Thomas Britton, M.D., &c.

(1) THIS pamphlet is more of a suggestive than explanatory nature. The author advances no claims or dogmatic assertions in favour of his views, but writes with the object of directing more capable minds to the subject. Some of Dr. Harris's facts are very striking, especially in reference to the practice adopted by Baker Brown, of conserving the patient's bowels after operations. The influence assigned thereby to the reduction of death-rate is open to very grave doubt. The subject is well worthy of fuller consideration. We may observe that a quotation from the *Daily Telegraph*, prefixed to a scientific paper, seems a little extraordinary, especially as this quotation does not appear to us to have a very intimate connection with the subject matter, whilst at the same time the language is rather obscure.

(2) The various geological societies, scattered throughout the country, foster and develop a taste for science, and we are indebted to such societies for many valuable contributions to palæontology; they are therefore well deserving of encouragement and support.

The Cephalopoda have excited the interest of some of our most distinguished naturalists, and this paper, read before the West Riding Geological Society, contains a most interesting *resumé* of our knowledge of them. The author well says: "that the true method of reasoning on natural objects and phenomena, is from that which is well known to that which is unknown;" hence he favours us with a description of the structure, habits, distribution, and classification of the living representatives of the class, preliminary to the study of fossil examples. These notes are evidently the work of a careful and earnest student of Nature.

We never read of this class without recalling to mind the beautiful lines from Richardson's "Geology" on the "Nautilus and the Ammonite," and his imaginary solution of the Nautilus's distribution. We quote a few verses:—

And hand in hand from Strand to Strand,
They sailed in mirth and glee,
These fairy shells, with their sister cells,
Twin sisters of the sea.

And they came at last to a sea long past,
But as they reached its shore,
The Almighty's breath spoke out in death,
And the Ammonite lived no more.

So the Nautilus now in its shelly prow,
As over the deep she strays,
Still seems to seek in bay and creek,
Its companion of other days.

(3) The remarks on over-crowding in this Report, are well deserving of the careful consideration of all medical officers of health, for we are afraid the evil and state of things described, are not confined to one district.

Dr. Britton says: "It is no unusual circumstance to see a man, his wife, and five or six children in all stages of growth, crowded into a small house of two rooms. The downstairs room serves as a kitchen and living room, and by means of a shut-up bedstead, also that of a sleeping-room. If the children were young, this would perhaps not be of so much importance, but when in many cases they are almost young men and women, this assumes a serious aspect, both from a moral and sanitary point of view." . . .

"In consequence of the number who have to sleep in one room, the beds are placed almost close together, and some are so situated as to be exposed to draughts. In order to prevent these, the chimney is blocked up, and every crevice about the window through which the air can get is carefully closed; therefore, no fresh air can enter the room, and the occupants breathe the same air over and over again."

Death and ill health are the result of the slow poisoning produced by the vitiated air. That preventable diseases arise from man's own neglect of the ordinances of Nature, and of the simplest sanitary laws, is but too well known. The work of the sanitary reformer is impeded by the culpable indifference and apathy of those most intimately concerned, but who seem reckless and regardless of the value of life and health. This picture is not a pleasant one, considering the enormous expense involved in our sanitary legislation, and it seems to prove that penal legislation will have to be resorted to, before the public will awake to the great truths of the laws of health, and the importance of their observance. The remainder of the Report is filled with the usual tables of statistics.

Medical News.

Illness of Dr. MacDowell.—We learn with satisfaction that Dr. B. F. MacDowell, of Mercer's Hospital, who has been suffering from alarming illness, is making very satisfactory progress towards convalescence, and, it is hoped, will be shortly able to resume his professional avocations.

Royal College of Physicians of London.—The following gentlemen were admitted Members on April 25th:—

Bird, William Valentine, M.D. Aberd., L.R.C.P., Sydendam, S.E.
Bogg, Thomas Wemyss, M.B. Lond., St. Leonards.
Boulton, Percy, M.D. Edin., 6 Seymour Street, W.
Gill, Stanley Augustine, Royal Lunatic Asylum, L'pool.
Saundby, Robert, M.D. Edin., Birmingham.
Savage, Geo. Henry, M.D. Lond., L.R.C.P., Bethlem Hospital, S.E.
Thorburn, John, M.D. Edin., Manchester.

Royal College of Surgeons of England.—At a quarterly meeting of the Council, holden April 18th, the following Members were elected to the Fellowship of the College:—

Fayrer, Sir Joseph, K.C.S.I., M.D., F.R.S., Granville Place; diploma of membership dated July, 1847.
Pemberton, Oliver, F.R.C.S. Ed., Temple Row, Birmingham; April, 1847.

On April 16th and 17th, the following were admitted Members of the College by Examination:—

Andrew, J. Edward, L.S.A., Victoria, Australia.
Annand, George, Melbourne, Australia.
Atkinson, John Mitford, L.S.A., Winchester.
Ball, W. Montague, L.S.A., Camden Road.
Bennett, W. C. Storer, L.R.C.P. Lond., George St., W.
Berry, F. Haycraft, Amwell Street.
Burt, Alfred, L.S.A., Ventnor, Isle of Wight.
Buxton, A. St. Clair, L.R.C.P., Shepherd's Bush.
Clabburn, Tom George, Norwich.
Clark, C. A. Dagnall, Twickenham.
Clarke, Richard, L.S.A., Henton, Oxon.
Clarke, T. Furze, L.S.A., Richmond, Surrey.
Colenso, R. John, Phillimore Gardens.
Evans, E. Prichard, Llanfabon, South Wales.
Fardon, E. Ashby, Droitwich.
Flood, F. Pultney, Leeds.
Gabb, C. Baker, L.R.C.P. Ed., Hastings.
Gilbert, P. F., The Vicarage, Cripplegate.
Giles, B. Farady, L.S.A, Canonbury.
Griffith, W. S. Anderson, Sandridge, Herts.
Henderson, Cecil, Clifton, Bristol.
Hetherington, G. Haynes, L.S.A., Uxbridge.
Higgs, Alfred, Leicester.
Lavis, H. J. Johnston, Stalbridge, Dorset.
Lockwood, C. Barrett, L.S.A., Stockton-on-Tees.
Lowson, David, M.D. Aberd., Huddersfield.
Nicholson, J. Edward, Tours.
Pearse, T. F. L.R.C.P. Lond., Finborough Rd.
Pinching, W. Wyatt, L.R.C.P. Ed., Gravesend.
Powell, Arthur Ernest, L.R.C.P. Ed., Norwich.
Prichard, J. Edward, Clifton, Bristol.
Rendall, S. Morton, Torquay, Devon.
Sayer, Thomas, Swaffham, Norfolk.
Skelding, H. John, L.S.A., Bayswater.
Sylvester, G. Holden, Tunbridge.
Takaki, Kanehiro, Tokio, Japan.
Wride, F. George, L.K.Q.C.P.I., Oxted, Cheshire.

University of St. Andrews.—The following gentlemen, having passed the required examination, obtained the degree of Doctor of Medicine, on April 18th:—

Codrington, O., M.R.C.S., L.S.A., Fort Pitt, Chatham
Colby, William Taylor, M.R.C.S.L., L.S.A., Malton, Yorkshire.
Eteson, Alfred, M.R.C.S., Watford, Herts.
Grose, Samuel, F.R.C.S., Staff-Surg. R.N., Melksham, Wilts.
Hall, Frederick, M.R.C.S.E., L.S.A., Leeds, Yorkshire.
Hicks, Henry, M.R.C.S., L.S.A., Hendon, Middlesex.
Macgowan, Alexander Thorburn, M.R.C.S., L.R.C.P., L.S.A., Clifton, Bristol.
Whalley, William, M.R.C.S., L.S.A., L.M., Bradford, Yorkshire.
Wotton, Henry, F.R.C.S., L.S.A., Kensington, London.
Wynter, Hugh Bold, M.R.C.S., L.S.A., Wandsworth Common.

At the same time, the degrees of M.B. and C.M. were obtained by—

Mackay, John Sutherland, M.A., Edinburgh.
Rea, John Henry, L.R.C.P. and S. Ed., L.M., Belfast.

University of London.—The following examiners in the Faculty of Medicine for 1878-1879 were elected at the meeting of the Senate, held on Wednesday last:—Practice of Medicine: W. H. Dickinson, M.D., and Charles Murchison, M.D., LL.D., F.R.S. Surgery: John Cooper Forster, M.B., and W. S. Savory, M.B., F.R.S. Anatomy: Prof. John Curnow, M.D., and Prof. Redfern, M.D. Physiology: Philip Henry Pye-Smith, M.D., and Prof. J. Burdon-Sanderson, M.D., F.R.S. Obstetric Medicine: J. Hall Davis, M.D., and Prof. W. S. Playfair, M.D. Materia Medica and Pharmaceutical Chemistry: Prof. E. B. Baxter, M.D., and Prof. Sydney Ringer, M.D. Forensic Medicine: Prof. Ferrier, M.D., M.A., F.R.S., and Thomas Stevenson, M.D. Hygiene, Medicine in relation to the origin and prevention of Disease, and Vital Statistics: William Farr, M.D., D.C.L., F.R.S., and John Simon, C.B., D.C.L., F.R.S. Sanitary Law and Engineering, Meteorology, and Geology: Prof. T. R. Fraser, M.D., F.R.S., and Capt. Douglas Galton, C.B., F.R.S.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

DR. MILNER FOTHERGILL will deliver the last lecture of the course this day (Wednesday) at 3 p.m., at the West London Hospital. Subject: "The Neurosal and Reflex Disorders of the Heart." Members of the profession and students admitted free.

MR. J. L. MILTON will deliver the first of a series of lectures on Skin Diseases at 4 p.m. this day (Wednesday) at the St. John's Hospital. Subject: "Eczema." Members of the profession and students will be supplied with cards of admission on application.

DR. HIGGINSON, Bangor, is thanked for his letter enclosing clippings of cases of hydrophobia. Our Reports being now finished we are unable to utilise them at present. In the reprint in book-form of these Reports nearly 200 typical cases will be found, the whole forming, we believe, a most exhaustive treatise on the subject.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Specimens: Sections of a Uterus on the first day of Menstruation, showing Desquamation of the Decidua; Section of Dysmenorrhœal Membrane, Dr. Cory; Fractured Fœtal Skull, Dr. Poole; Case of Hand-behind-head Presentation, Dr. Bryden. Papers: Dr. Braxton Hicks, "Case of Cæsarian Section;" Dr. Potter, "Case of Pregnancy complicated with Malignant Growth in Vagina and Rectum;" Dr. R. Cory, "Membranous Dysmenorrhœa."

CHEAP FOREIGN DIPLOMAS.—Our friend "Dr." Sturman will have a valuable windfall if the new Medical Act of the Government admitting foreign degrees becomes law. He has taken time by the forelock, and is already advertising "Foreign University Degrees, in our contemporary, the *Lancet*.

THE HARVEIAN SOCIETY OF LONDON.—Thursday, May 2nd, at 8½ p.m., Dr. Buzzard, "On a Case of Blepharo-spasm." Mr. E. Owen, "On a Case of Epithelioma of Rectum." Dr. John Williams, "On Cases of Fibroid Tumour treated by Hypodermic Injection of Sclarotic Acid."

PROF. SPOTTISWOODE will deliver a lecture at the Royal Institution of Great Britain on Friday next at 9 p.m., "On Polarised Light, a Nocturne in Black and Yellow."

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.—The Annual General Meeting of this Association will be held on Tuesday next at 3 p.m., at the Freemasons' Tavern, Great Queen Street, W.C.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. John Williams, London. Dr. Davidson, Chester. Dr. Simpson, Preston. Dr. Owen, Plymouth. Dr. Dolan, Halifax. Mr. Giles, London. Mr. Swan, Dublin. Mr. G. R. Cundell, Kew. Dr. George Bland, Macclesfield. Mr. Gillingham, Chard. Dr. Stevenson Macadam, Edinburgh. The Secretary of the Obstetrical Society of London. Dr. Walker, St. Andrews. The Secretary of the Royal Society. Mr. Mosse, London. Mr. Napier, London. The Registrar-General. Mr. Evans, Liverpool. Dr. Stott, Disley, Cheshire. Mr. St. Vincent Mercier, London. Mr. Blackett, London. Dr. Mulligan, Meigh. Dr. White, Kilsheelan. Dr. White, Derry. Dr. Hanrahan, Cappaduff. Dr. Power, Borrisoleigh. Dr. Kelly, Ballindine. Dr. Lynch, Ballyneve. Dr. Mayberry, Riversdale. Dr. Fisher, Mountrath. Dr. Davy, Kimmage. Dr. Kingsley, Borrisobane. Dr. Given, Gortin. Dr. Donovan, Kinsale. Dr. McCallum, Eglinton. Dr. McManus, Trim. Dr. Davison, Elton-Bury. Dr. O'Neill, Cliffiney. Dr. Nadin, Tipperary. Dr. Mayne, Ballybrach. Dr. Moorhead, Tullamore. Dr. Duffy, Dublin. Dr. Grier, Longford. Dr. O'Neill, Dublin. Dr. Heas, Clonakilty. Dr. McDonnell, Dublin. Dr. Sterling, Castlecomer. Dr. Minchin, Dublin. Dr. Stokes, Cahir. Dr. Jacob, Maryboro'. Dr. Jones, Cork. Dr. Pullin, Sidmouth. Dr. Higginson, Bangor. Mr. Harrison, London. Mr. Hanslip Sers, Southwall, Notts. Dr. Maclaren, Stirling. Dr. Julius Althaus, London. Dr. Bodington, Kingswinford, Dudley, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Throat and its Diseases. By Lennox Browne, F.R.C.S.E. London: Baillière, Tindall, & Cox.

A Key to Organic Materia Medica. By John Muter, M.A., F.C.S. Second Edition. London: Baillière, Tindall, & Cox.

The Management and Diseases of the Dog. By R. J. Woodroffe Hill, F.R.C.V.S. London: Baillière, Tindall, & Cox.

The Whole-meal Bread Question. By W. Neave Hill.

Rational Medicine. By R. E. Dudgeon, M.D.

A Manual of Necroscopy. By A. H. Newth, M.D. London: Smith, Elder, & Co.

Anatomical Outlines. By Arthur Hensman. London: Longmans & Co.

On Infantile Paralysis. By Julius Althaus, M.D. London: Longmans, Green, & Co.

The Pathology and Treatment of Membranous Dysmenorrhœa. By John Williams.

Godlee's Atlas of Human Anatomy. Part IV.

The Westminster Review. Buffalo Medical Journal. North Carolina Medical Journal. Transactions of the Ohio State Medical Society. Students' Journal. Medical Times. Lancet. Medical Examiner. Nature. Le Progrès Medical. Canada Lancet. Journal of Psychological Medicine, &c., &c.

VACANCIES.

Bristol Royal Infirmary.—House Surgeon. Salary, £100, with board, lodging, &c. Applications, with testimonials, to the Secretary before the 11th inst.

Chelsea.—Dispenser for the Workhouse Infirmary. Salary for the outdoor poor, £70; for the indoor, £50. No other emoluments. Applictions to the Clerk to the Guardians at the Union Offices, before the 7th inst.

Gloucester General Infirmary.—Surgeon and Assistant Surgeon on the Staff. Honorary. Testimonials to the Secretary before the 30th inst.

Limerick Union Workhouse.—Visiting Medical Officer. Salary, £75. Election, the 8th inst.

Monaghan County Infirmary.—Apothecary and Registrar. Salary, £60, with apartments and allowances. Election, the 8th inst.

University College, London.—Professorship of Materia Medica. Applicants must address the Secretary to the Medical Faculty before the 15th inst.

Victoria Hospital for Children, Chelsea.—House Surgeon. Salary, £50, with board and lodging. Applications to the Secretary before the 18th inst.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board, lodging, &c. Applications, endorsed outside "Applications," to the Clerk, Devizes.

APPOINTMENTS.

BAILEY, R. G., M.R.C.S.E., Junior Resident Medical Officer to the Leeds Public Dispensary.

COLLIS, R. W., L.K.Q.C.P.I. & L.M., L.R.C.S I., House Surgeon to the Lancaster Infirmary and Dispensary.

GUNN, C., M.D., L.K.Q.C.P.I., a Temporary Physician to the Cork Street Fever Hospital, Dublin.

HUNT, B., M.D., M.R.C.P.L., a Physician to the Queen's Hospital, Birmingham.

JAQUET, J. L., M.R.C.S.E., House Physician to the Westminster Hospital.

MACKAY, W. B., L.R.C.S.I., &c., Medical Officer to the Glencullen Dispensary, Rathdown Union.

MOORE, J. D., M.D., of Lancaster, Visitor of all Houses licensed for the reception of Lunatics within the West Riding of Yorkshire.

RICHARDSON, W., M.B., C.M., Assistant Medical Officer to the Crichton Royal Institution, Dumfries.

SOUTHAM, F. A., M.B., F.R.C.S.E., Resident Surgical Officer to the Royal Infirmary, Manchester.

STEAVENSON, W. E., M.R.C.S.E., a House Physician to St. Bartholomew's Hospital.

STEELL, G., M.D., Resident Medical Officer to the Royal Infirmary, Manchester.

Births.

DICKSON.—April 27th, at Moradabad, India, the wife of Lindsay F. Dickson, M.D., Surgeon Major, of a daughter.

ELWIN.—April 26, at 6 City Road, London, the wife of C. J. Elwin, M.R.C.S., of a daughter.

PIGGOT.—April 24, at Beckenham, Kent, the wife of Allen Piggot, L.R.C.P., M.R.C.S., of a son.

Marriages.

BROWN—SINCLAIR.—April 24, at the Presbyterian Church, Dublin, Thomas J. Brown, A.B., M.B., T.C.D., &c., Dungannon, to Sarah, youngest daughter of William Sinclair, of Warrenpoint, co. Down.

ELLIOTT—WAKEFIELD.—April 25, at Wellington, Somerset, Christopher Elliott, M.D., of Redland, Bristol, to Rachel, only daughter of J. E. Wakefield, of Wellington.

HARDWICKE—BALDRY.—April 24, at Chelsea, W. Wright Hardwicke, M.R.C.P., of Rotheram, to Alice Mary, daughter of J. D. Baldry, of Carlyle Square, S.W.

WILSON—MORRISON.—April 25, at St. Luke's, Westbourne Park, W., C. W. Wilson, M.B., of Cullercoats, Northumberland, to Eleanor daughter of J. Morrison, of Tynemouth.

Deaths.

CURTLER.—On April 6, at Droitwich, Henry Curtler, M.R.C.S.E., aged 41.

EDMONDS.—On April 5, at Ashby-de-la-Zouch, Spencer Edmonds, M.R.C.S.E., aged 45.

FLETCHER.—On April 3, at Bury New Road, Broughton, Lancashire, Matthew Fletcher, M.R.C.S.E., aged 83.

GIRLING.—On April 4, at Eynsford, Norfolk, Christopher Andrews Girling, M.R.C.S.E., aged 73.

JACKSON.—On April 23, at Harley Street, Cavendish Square, Thomas Carr Jackson, F.R.C.S., aged 55.

LEAKE.—On April 14, at Rathkeale House, Girdler's Road, Brookgreen, Jonas R. Leake, L.R.C.P.Ed., aged 34.

MACAW.—On April 9, at the Institution for the Insane, Coton Hill, near Stafford, Kennedy Macaw, M.D., aged 39.

MACKENZIE.—On April 13, at Kelso, William Maclean Mackenzie, M.D., aged 59.

MARTIN.—On April 10, at Evesham, Anthony Martin, M.R.C.S.E., aged 64.

STOTT.—On April 8, at Disley, Cheshire, Walter Barton Stott, M.R.C.S., aged 78.

IRISH POOR-LAW INTELLIGENCE.

THE ABUSE OF DISPENSARY TICKETS IN IRELAND.

THE Council of the Irish Medical Association have for some months been engaged upon the consideration of this very important subject. Some time ago it was decided by them to take—so far as was possible—the opinion of the Poor-law Medical Officers of Ireland as to the most feasible means of relieving the medical officers and the ratepayers of the burthen laid upon them by those who abuse the relief system, and accordingly a circular letter was addressed to every dispensary doctor in Ireland, in which several suggestions were submitted for his consideration, and his opinion thereon was requested. Having received a large number of replies, the Council proceeded to apply the information thus acquired to the construction of a scheme for, at least, a partial remedy of these abuses. This work was undertaken with the more anxiety because the Council was anxious to lay before the Poor-law Enquiry—or Union Amalgamation—Commission some feasible arrangement for the desired purpose, in the hope that the Commissioners would adopt it, or, at least, submit it to Parliament with their report. The Irish Medical Association has completed its consideration of the subject, and has now submitted the result of its deliberations to the Commissioners in the form of a letter.

The Council point out that when the Medical Charities' Act passed in 1851, the working classes in Ireland were in a very impoverished condition so far as medical relief was concerned, and were dependent upon institutions supported by voluntary contributions. The poor were in the habit of obtaining relief in these institutions by the mere recommendation of subscribers, irrespective of the degree of their poverty. Under these circumstances, on the passing of the Act, it was considered that dispensary medical relief should be easily obtainable, and that the committee of management of the dispensaries should have the power of ordering medical relief equivalent to that possessed by the managers and subscribers under the old voluntary dispensary system.

The state of things which existed at the time of the passing of the Medical Charities' Act, has now passed away, and almost all the subscribers and managers of the old voluntary dispensaries have passed away too. The working classes of Ireland are in a much better position than they were at that time; and the position of the Irish artisan, labourer, or cotter-farmer, may now be considered as good, relatively, as the position of similar persons in England. Taking the present condition of the working classes in Ireland into consideration, the Council are of opinion that medical relief under the Poor-laws should be administered in Ireland upon similar principles to those acted upon in England, namely, that while everyone too poor to pay for medical attendance should be able to obtain efficient attendance easily at the public expense; yet persons able to contribute towards the expense of medical attendance, either through provident dispensaries or sick clubs, or by direct fees to medical practitioners, should not be permitted to obtain gratuitous advice, except in cases of great emergency.

The Council then proceeds to point out the complete inadequacy of the present system to obviate the misuse of dispensary tickets. They have, it is stated, ascertained that tickets are so easily obtained that practically there is little difficulty, in the majority of districts, in anyone procuring a ticket. They also find that there is great difficulty in getting improperly issued tickets cancelled by the Committee, partly on account of the *long intervals* between the meetings of the Committee, and partly through the unwillingness of the members of the Committee to censure their fellow-members by cancelling tickets issued by them. This is, to a certain extent, demonstrated by the small number of cancelled tickets reported to the Local Government Board. The report of the Board shows that the number of tickets cancelled is only about 500 out of a total of nearly three-quarters of a million per annum issued in the whole of Ireland, while the abuse of dispensary relief is notorious in almost every district.

The cancelling of tickets is almost useless, as the patient has had the attendance of the dispensary medical officer, who is responsible for the case, which has generally terminated long before the dispensary committee holds a meeting, and tickets are frequently re-issued for the same individual immediately after the previous one had been cancelled; therefore the Council consider that the following portion of section 9, cap. 68, 14 and 15 Vict., "Provided always that if any person who shall obtain a ticket . . . . shall be declared by a majority of the members then present not to be a fit object for dispensary relief, the ticket shall be cancelled, and *the holder thereof disentitled to further relief*," should be read and acted upon in its literal sense.

Before offering any suggestions with the object of limiting the number of persons entitled to sick relief, the Council naturally looks to the means of supplying the better class of "poor" persons with that medical advice and attendance which they now obtain at the public expense, and—equally naturally—they adopt the means which have been found efficacious in England, and which do actually now secure in that division of the kingdom to such classes all the medical care they can desire.

The Council express their regret to find, on inquiry, that little or but feeble attempts have been made by working people in Ireland to found sick clubs, or provinent dispensaries, as in England; and they attribute this want o

independence on their part to the fact that so long as free medical attendance is obtainable by almost everyone, as at present, there is no inducement to the people to provide for their own wants out of their own pockets. The inquiries of the Council with regard to gratuitous medical relief in England have proved that wherever free relief is too easily obtainable, either no attempt has been made to establish provident dispensaries, or where such an attempt has been made, it has failed.

The Council also have ascertained that a large number of the dispensary medical officers in Ireland are willing to attend comparatively poor persons at a reduced rate.

This last paragraph is, in our opinion, the most important of the letter, and we ask for it the attentive consideration of the Poor-law Medical Officers. When dispensary doctors give reasonable expression to their discontent at the promiscuous granting of red tickets, they are not unfrequently met by the reply of the issuer: "Well! What was I to do? I know that this poor man is able to pay five shillings, or by borrowing might perhaps manage ten shillings, but I know he could not give £1; and, as I believe you would not attend him for less, I was obliged to give him a dispensary ticket or leave him to suffer uncared for." Now we are fully aware that there are but few of the cotter-farmer class, who, being habitually red-ticket patients, could not find £1 for the doctor if they pleased, and we know well that many of those who look upon gratis medical relief as their right, are never short of £1 when it is wanted for a religious oblation, a petty sessions law suit, a wake, or a wedding. Nevertheless, there are, undoubtedly, "poor" persons who would be able and willing to pay a small fee, but not disposed to part with £1 for the opening of a whitlow or some equally unimportant operation. The question is, Is the profession, as a whole, willing to meet the necessities of such persons by accepting a fee proportioned to their circumstances; or would they, on the contrary, deem it a better course to continue their gratis attendance on such persons while adhering to the £1 fee in all other cases?

Our Irish readers are, no doubt, aware that in the English provinces it is usual for the medical men of a district to agree amongst themselves to accept fees according to a scale, proportionate to the house valuation of the patient, and those "poor" persons who have no such valuation, are provided for by clubs and provident dispensaries, which produce to the medical man a fair return for his labour amongst the class, who in Ireland, pay not one penny for medical care. We are not forgetful that the adaptability of such a system must depend greatly upon the circumstances of the individual medical man, who, in some instances, may be able to command his price, and may prefer small business and large profits, while, in other cases, he may be disposed to work hard at small fees in order to put together a respectable aggregate income. We are, nevertheless, alive to the fact that many medical men who now adhere rigidly to the £1 fee, would gladly accept a lower honorarium if they were relieved (by a decided expression of opinion on the part of the profession) from the apprehension that their doing so would lower them in the eyes of their brethren. It is not surprising, considering the traditions under which the profession in Ireland has hitherto worked, that the Council f the Irish Medical Association should have hesitated to offer such a suggestion as the modification offers, but the individual members of the profession in the Irish provinces can relieve the Council of this hesitation by thinking over the applicability of such a proposal to their own state, and expressing their views thereon.

(To be continued.)

TRALEE BOARD OF GUARDIANS.

THE minutes of an extraordinary meeting of the Brosna dispensary committee were read, and resolutions were adopted:—"That the resignation of Dr. Harrold be accepted, subject to his discharging the duties for one month."

Proposed, That the committee recommend the guardians to give Dr. Harrold £60 a year superannuation, but this was negatived by the following resolution, which was passed by a majority of two:—"That considering Dr. Harrold's physical appearance and strength, he has no claim for superannuation."

ABBEYLEIX UNION.

APPOINTMENT OF AN APOTHECARY AND CHLOROFORMIST.

THE business for consideration was whether the appointment of apothecary to this workhouse is required; and if so that Dr. Swan be requested to accept the office in connection with his own appointment as medical officer of this house, and that he be paid for same.

The Clerk said he advertised for an apothecary, but had received no applications.

Mr. Fleming would rather pay extra so as to induce an apothecary to come to live in the town, which would be a great convenience to the people at large.

Mr. Owen said the late apothecary informed him that an apothecary's establishment did not pay in Abbeyleix.

Dr. Swan was then called into the board-room, and asked if he would accept the duty. He declined, but in reply to the Chairman, he said if Dr. Stoney would combine the office with that of chloroformist, which he at present held, it would be a great advantage.

Proposed and seconded, that the salary for the two offices be £50—£40 for apothecary, same as they paid the late doctor, and £10 for chloroformist.

Amendment, that the salary be £40 for both.

A vote was then taken, when there appeared—For giving £40, 14.—For giving £50, 11.

The salary was therefore fixed at £40.

The Chairman, to Dr. Stoney (who had been called in), observed that the board were just after having a vote on the salary they would give, and had decided for £40—£30 for apothecary, and £10 as chloroformist to Dr. Swan.

Dr. Stoney said he supposed he had no option but to take it. Subsequently, after conversing with some guardians in the vicinity of the chair, he withdrew this answer, and said he was entitled to at least as much salary as the late apothecary, and would not take less than £50. Finally he consented to take the £40, after consulting with some of his friends, and the subject dropped.

WATERFORD UNION—KILMEADEN DISPENSARY.

PROPOSED DECREASE OF SALARY.

THE L.G.B. forwarded a copy of a letter they had sent to the committee:—

SIR,—The L.G.B. acknowledge the receipt of your minutes of the 5th instant, and a copy of advertisement directed to be issued for a medical officer to supply the vacancy created by the death of Dr. Baldwin; and with reference thereto, that the salary attached to the office be be reduced to £100 a year, the Board desire to point out that the salary is £120, as fixed by the guardians and approved by the L.G.B. (Art. 24, Dispensary Regulations)

and remains at that amount until altered in usual course of procedure. Queries are transmitted herewith respecting the gentleman who may be appointed to the vacant office, which you will be good enough to return when duly signed and answered, together with his diploma, &c., &c.

By order, B. BANKS.

Mr. Clampett did not believe in the L.G.B. blowing hot and cold, and acting in a very inconsistent manner in these matters of salaries. The guardians fixed the late clerk's salary at £160, by resolution, and when they advertised for a new clerk, they did so at a salary of £50 a year less, without notice, and yet the L.G.B. never set that arrangement aside. He would move that their attention be called to their inconsistency.

Captain Power had often heard Mr. Clampett say he was glad to have the L.G.B. to control them. Kilmeaden was a very miserable place, and there was no use in comparing the doctor with the clerk, who had three times the salary of the medical officer. There was no private practice in it, and £100 a year, under the circumstances, would be a starvation allowance.

Mr. Clampett—I don't care if he gets £250, but I wish that we should stand on principle.

Mr. Elliott—That is an interference of the L.G.B. with a representative body, that is disgraceful.

Mr. Leamy—And they will always interfere.

Mr. Elliott—They will get hundreds of men at £100 a year.

A vote was called for on Mr. Clampett's resolution, which was taken with the following result:—For, 7. Against, 5. Did not vote, 1.

DOCTOR'S FEES.

In reference to the paying of three guineas to Dr. Flynn, for three days' services, it was moved that he be paid at the rate of three guineas per week was passed. This made £1 7s., which was ordered to be paid.

Mr. Wall—They will come in only for one hour, and they must be paid three guineas.

Mr. Curran—We care for justice and nothing else. It appeared from a letter of Mr. Anthony, hon. sec. of the Ringville dispensary, that the arrangement with Dr. Flynn was three guineas per week.

The Clerk read the act, which specified that it was the board of guardians who had the power of giving a rate of remuneration.

Chairman—I would make one remark, that in cases of this sort Dr. Redmond was employed for Dr. Hartland to do his duty, and I don't see why we should give Dr. Flynn more than Dr. Redmond. As we are on this subject, I would say that when a doctor gets leave he should have a medical certificate, to show that he was sick (hear).

This was agreed to, and ordered to be inserted in the minutes.

Clerk—It would create an admirable *corps d'sprit*, if you would make the doctors pay their temporary substitutes.

[This Clerk of Union's knowledge of the law and the regulations is, apparently, not more complete than that of his French. When he undertakes to advise the guardians he might, with advantage, consult the 22nd article of the Dispensary Regulations, from which he will find that the guardians have no more right to refuse payment of a medical substitute than, he (the Clerk) has, to decline payment for his boots. If the dispensary doctor, being sick, has the good sense to do nothing more than the regulations gulations require, the guardians *must* pay, and the advice gratis of the Clerk to them is, therefore, of not the least value.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND.—BELFAST BRANCH.

THE quarterly meeting of this society was held on April 17th, Dr. T. H. Purdon in the chair. Several applications were submitted for the consideration of the meeting, with a view to transmission to the parent committee for placing on the roll for grants, and five cases were approved of as suitable to receive assistance. All of them were cases of widows of deceased physicians or surgeons. It was remarked that no applications for aid had been received from any medical man within the bounds of the branch for many years, all medical gentlemen having connection with this branch of the society being aid-givers and none aid-receivers. The society is purely benevolent in its operations, and it would be difficult to estimate the amount of good it has accomplished during the three dozen years it has been in existence.

MOUNTMELICK UNION.

PROPOSED REDUCTION OF THE SALARIES OF THE SANITARY OFFICERS.

SOME time ago a motion for the reduction of the salaries of the sanitary officers of the union was brought forward. The motion was carried, and its effect was to reduce the salaries of the sanitary sub-officers from £7 10s. to £5; of the sanitary officers from £20 to £15, and of the consulting sanitary officers from £20 to £5. No notice of the reduction having been taken by the L.G.B., the acting clerk wrote to ask if he were to pay them the usual salary for the quarter ending 25th ult. The L.G.B. now wrote to have him do so, as the proposed reduction had not been sanctioned by them.

DR. WILKINSON'S SUPERANNUATION.

The following letter was received from the L.G B.:—

Local Government Board, Dublin,
12th April, 1878.

SIR,—Adverting to previous correspondence relating to the proposed superannuation of Dr. Wilkinson, late medical officer of the Clonaslee dispensary district, the L.G.B. desire to acquaint the board of guardians that they have received a report from their inspector, Dr. Burke, on the subject, from which it appears that the requirements of the law as regards the notice of motion in this case were complied with, and that the proceedings of the board on the 2nd February last in connection with this matter were both regular and valid.

Nevertheless, having regard to the diversity of opinion on the subject which seems to exist as shown by the conflicting proposals made on the 9th and 16th February, and 6th inst., the L.G.B. think that it will be more satisfactory under all the circumstances that the proceedings should take place *de novo*, particular care being now taken that all the requirements of the statute are particularly attended to.—By order, &c., B. BANKS, Sec.

To the Acting Clerk.

Mr. Cobbe said he had not words at his command strong enough to condemn the vacillating policy of the L.G.B. He thought they had a right to call on their county member to put a question in parliament to the president of the L.G.B. as to whether he sanctioned such proceedings, and whether Ireland was to be governed by a body who seemed to aim at nothing but how to increase taxation?

The Chairman said the best way was not to notice the L.G.B.'s letter. The superannuation had been fixed at £52 this day week, and would so remain until altered by a fresh resolution.

Mr. Cullen remarked that the guardians had a right to insist that when anything was done it should be done on principles of equity and justice. The L.G.B. ignored those principles, and gave great room for complaint in all their dealings with this board.

Eventually, Mr. Cobbe put forward a motion confirming the superannuation of £52 a year fixed this day week, and requesting the L.G.B. to sanction it.

The motion was adopted unanimously.

THE INCREASE TO DR. TABUTEAU'S SALARY.

The following letter was read:—

Local Government Board, Dublin,
12th April, 1878.

SIR,—The L.G.B. have had before them the resolution

of the board of guardians of Mountmelick union of the 23rd ult., that the resolution be rescinded by which the salary of Dr. Tabuteau, medical officer of the Cloneygowan dispensary district, was increased by £20 per annum, and the Board desire to state that the increase in the salary of Dr. Tabuteau was carried by a large majority at a meeting specially convened by notice for the purpose of considering the question, and ample time was allowed from the date of the meeting, 2nd February, to the date of the Board's letter sanctioning the increase—the 8th March—to reconsider the subject. Dr. Tabuteau's salary at the increased rate is payable from the 2nd February.

By order, &c., B. BANKS, Sec.

Mr. Cullen—I think there was never a more unjust decision than this. Dr. Tabuteau gets £20 a year for doing what Dr. Fisher had to do for £3, and the ratepayers have to pay both.

The subject then dropped, but at a later stage, a resolution was passed at the instance of Mr. Cobbe, showing that the reduction of the increase of Dr. Tabuteau's salary to £10 was carried on a legal notice of motion.

This subject came before the Board again to-day (April 20) in the form of a letter from the L. G. B., who decline to sanction the reduction (from £20 to £10) of the increase of salary lately voted Dr. Tabuteau.

The letter was marked "read."

SUPERANNUATION.

The L. G. B. wrote to the effect that they were still of opinion that the proceedings in connection with the superannuation allowance to Dr. Wilkinson should commence *de novo*. They urged the guardians to adopt that course.

Proposed—"That the guardians having considered the circumstances of the case so often, were of opinion that the amount carried and confirmed on the 6th and 18th April—viz., £52—is quite sufficient; and we again beg to request the sanction of the said sum by the L.G.B."

Mr. Kemmis suggested that the words "quite sufficient" be omitted from the resolution. He certainly did not think £52 was sufficient. At the time the question was before the Board he proposed a middle course.

The words suggested by Me. Kemmis were omitted from the resolution, and it was then put from the chair and carried.

At a later stage of the proceedings Mr. Phillips entered the Board-room, and handed in a notice of motion that he would on the 25th of May move that a superannuation allowance of £86 1s. 1d. be granted to Dr. Wilkinson.

NORTH DUBLIN UNION.

SMALL-POX.

ONE of the relieving officers reported that an application was made to remove a case of small-pox from Sackville Street to the Mater Misericordiæ Hospital, and when he sent the case to the hospital it was refused admission owing to the want of accommodation. It was then sent to the Hardwicke Hospital, and was also refused admission there, there being no vacant beds. The case was then sent to the Cork Street Hospital, and was admitted there.

The Chairman said this was an illustration of the necessity of the South Dublin Union doing what they had requested them to do—to leave the Cork Street Hospital for cases in the South Union, and the Hardwicke Hospital for the cases arising in the North Union, while the Mater Misericordiæ received cases from both. They had declined to do that and stood on their rights, and here is the result—a small-pox patient hawked about the city. Naturally, people would go to the nearest hospital, and it was a very important thing that they should be taken to the nearest hospital, but that would be impossible if the present system went on (hear, hear).

Mr. Roper moved—

"That the attention of the L.G.B. be directed to the report, and to the suggestion made by this board to the board of the South Union, asking them to have the Hardwicke Hospital for the accommodation of small-pox patients on the north side, and to the reply thereto; and that the L.G.B. be asked to use their influence to induce the South Union board to carry out our suggestion."

Carried unanimously.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April* 20, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 20, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	30	167	180	20	54	9	2	1	1	5	6	8	4	3	77
BELFAST . .	20,687	182,082	33	122	115	21	22	...	...	3	...	2	2	1	2	2	22
CORK . .	13,816	91,965	32	63	57	3	15	...	...	...	..	2	2	...	...	...	28
LIMERICK .	8,509	44,209	29	10	22	1	12	1	...	...	...	...	...	2	...	...	18
LONDONDERRY	21,865	30,884	29	11	17	2	3	...	...	...	...	...	1	...	...	...	7
WATERFORD .	17,209	30,626	42	18	25	4	9	...	...	...	...	2	...	1	...	...	6
GALWAY . .	21,358	19,692	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SLIGO . .	30,835	17,285	12	3	4	...	3	...	...	...	...	...	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 8, 1878.

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ABNORMALITIES OF FŒTAL DEVELOPMENT. (a)

By AUGUSTUS J. PEPPER, M.B., M.S., F.R.C.S.,
Pathologist to St. Mary's Hospital.

The subject I have chosen for my paper this evening is one which, I think, has not received the attention it has deserved at the hands of pathologists. It is one that may not have any great or direct practical bearing on the treatment of disease, but indirectly it throws a good deal of light on the manner in which diseased conditions have their origin, for if we could wish to study any subject completely and thoroughly, we should combine the analytical and synthetic methods of research; since we get a much clearer insight into the complex workings of nature by ascertaining how she composes as well as resolves the elements at her disposal. We should inquire into development and growth, and not simply confine ourselves to waste and decay. For this reason I have thought fit to discuss some points concerning abnormal conditions of fœtal development, partly because they explain certain malformations met with in medical practice, partly on account of the support they give to what has been observed to be the order of the changes that occur in the formation of the several tissues and organs of the body; and lastly, because they lend some assistance to the interpretation of pathological changes.

You will forgive me for calling your attention to one or two facts relative to the study of normal embryonic changes.

1st. That after the primary segmentation of the cells of the ovum, there occurs a differentiation of these cells into three laminæ, which have received the names of Epiblast, Mesoblast, and Hypoblast, and that from these laminæ the several structures of the body are built.

2nd. That in the earlier stages the developmental force appears to be chiefly directed to the production of the cranio-spinal axis, the cerebro-spinal nervous system; and the structures that are connected with them, by similarity of formative changes, and correlation of function.

3rd. That there does not seem to be that amount of interdependence between anatomically related parts, as obtains when the different organs and systems of organs have assumed their full functional activity; *e.g.*, take the case of the nervous and muscular systems; here we know that after the fœtus has assumed a separate existence, altered nutritive conditions of one may lead to analogous changes in the other, such as wasting of the muscles of expression in rheumatic facial paralysis, or the late rigidity that occurs in the limbs as the result of descending degeneration of the cord, secondary to a widespread cerebral lesion.

These conditions should be borne in mind when we are investigating the question of the *rationale* of malformations; for by knowing that there are three distinct embryonic layers, and that by a sure law certain tissues only are developed from those layers, we can infer with a certain amount of accuracy what will be the result, should there be a divergence from the ordinary course of development. And, moreover, as at the commencement of the formation of distinct structures, the nervous system and appendages figure so prominently, so we should expect (as is really the case) that malformations would implicate them to a very great extent. Again, from the third axiom, we should not be likely to find that non-development of one part necessarily involved, either at the same time, or by way of secondary degenerative change, other parts functionally related to it. From observations that I have recently made on the subject, I have been able to confirm the statements that have just been made.

I propose in the first place, to deal with the question of errors in development, involving the cephalic and spinal centres together with the osseous and membranous structures that lodge and protect them. The deformity most frequently observed is that of spina bifida, its analogue, meningocele, being of much rarer occurrence.

(a) Read before the Harveian Society.

Here there is an arrest of development at that stage when the permanent vertebræ, muscle-plates, and spinal ganglia are being formed from the proto-vertebral segments. This arrest tells mainly on the part of the mesoblast, from which the posterior segments of the vertebræ (*i.e.*, the neural arches, spines, and transverse processes of the neural arches) are derived. The result, with slight variations as to the number and character of the coverings of the congenital tumour, is pretty uniform. It is this—that instead of there being a resisting bony casework, supporting the contents of the neural canal, this casework remains in the membranous state, which favours any distending force from within, to cause a bulging or diverticulum from the spinal canal. This force is hydrostatic in nature, and consists of the uniform pressure of the cerebro-spinal fluid contained in what Mr. Hilton terms the external arachnoid. The pressure and resistance being uniform, so is the outline of the resulting tumour. Now, it is well known as a clinical fact that spina bifida is not unfrequently associated with chronic hydrocephalus, and my observations have led me to conclude that there is something more than a mere coincidence of the two abnormal conditions; that, in truth, each one acts upon the other, and helps to increase and perpetuate it. The intermediate factor is a closure of the aperture in the pia mater, which forms the communication between the subarachnoid space at the base of the brain, and the ventricular cavities within; or else an obstruction of the Sylvian aqueduct. Now, as you are aware the patency of this communication is very important to the well-being of the individual, for it is the permanent check upon the tendency to undue internal pressure on the brain-substance during expiration, which, causing increased obstruction to the escape of blood from the head, increases the tension within. The counteracting element of this abnormal pressure, is the possibility of escape of the cerebro-spinal fluid from the ventricles to the base of the brain and spinal canal. In cases of spina bifida and hydrocephalus, where the aperture is closed, we have evidence in the fact that pressure on the cranium at the site of the sutures and fontanelles, does not cause increase of tension in the walls of the spina bifida. In other cases, where the pia-matral aperture is open, gentle continued pressure on either spina bifida or cranium will bring about an increased fulness in the other.

The former condition I lately witnessed at an autopsy I made—the particulars of which may be briefly narrated.

E. B., aged 8 months, was born with a small swelling at the lower part of the back, but with no apparent enlargement of the head. When two months of age, increase in size, both of the spinal tumour and the cranium, was observed, and this continued to get worse till the patient's death. At the *post-mortem* examination, I found the circumference of the head to be 24 inches; pressure on the spina bifida (which was as large as a small orange) emptied it of its fluid contents, which counterpressure on the cranium failed to prevent, and also failed to cause a refilling of the sac. Nor could any fluctuation be detected between the two. More than a quart of clear fluid was removed from the ventricles, which proved on physical and chemical examination to be cerebro-spinal. The brain weighed 24 ounces, that is 1½ oz. below the average. The aqueduct of Sylvius was widely open, but the aperture from the subarachnoid space to the fourth ventricle was closed, so that the communication between the two was abolished; and what I wish to draw your attention to is the inference that the absence of the natural ebb and flow of the cerebro-spinal fluid led to such a rapidly recurring irregularity of vascular pressure, that eventually extensive effusion took place from the lining membrane of the ventricles in the brain, and the external arachnoid in the spinal canal. In the former, the result was wide separation of the sutures, and enlargement of the fontanelles; in the latter, increase in size of the spina bifida.

Meningocele, an analogous condition affecting the cranial walls, may be met with in several positions. I have only seen it in the suboccipital region, but a case is on record where it occurred at the root of the nose, and was mistaken for a nævus, and operated on, an accident fraught with danger, and which alone would be sufficient to justify a careful study of abnormalities in development.

In spina bifida, there occasionally exists a defective innervation and development of the lower limbs, which may involve one or both. It may be that the defect only goes so far as to give rise to a stunted growth, with diminished power in the extremity, or the lesion may be more decided; in fact, we may get an actual deformity, such as talipes calcaneus. About two years ago, I saw Mr. Callender perform Syme's amputation for caries of the tarsus, on an adult patient, the subject of a cured lumbar-spina-bifida, in whom the growth of one lower extremity was decidedly below par. I mention this case because such have been adduced as proof that the defective organisation of the limbs may be due to what is termed a fœtal myelitis, a conclusion it seems to me altogether erroneous.

I would ask you to look at the fœtus before you, and you will see there is decided indication of talipes calcaneus. Before being hardened by preservation in spirit, the dorsum of the foot could easily be brought into contact with the anterior surface of the leg, whilst it could only be extended to a right angle. In the same specimens, there is contraction of one finger, and absence of a part of the anterior abdominal wall. Now, the spinal cord is conspicuous only by its absence, and I think I may affirm without fear of contradiction that these multiple malformations could not have been at any time the result of inflammation of the cord. The real explanation may probably be found in the assumption that they are all due to some general freak of nature, and owed their origin to a common cause. Billroth denies their myelitic descent.

At the beginning of this paper I stated that there did not appear to be such a close functional relation between structures anatomically connected, in the fœtal condition, as afterwards; and this fits in with the theory, that although congenital deformities of the limbs are not dependent on a preceding abnormality of the nerve centres, yet when subsequently the two come to act in concert, there grows up between them such an interdependence that a diseased condition of one will entail a continuation, or even an increase of a diseased condition of the other. In other words, a club-foot or "wasted limb," congenitally associated with defective or altered innervation, may increase in severity. Quite recently, Dr. Gowers had a patient under his care with congenital absence of part of one upper limb, and at the autopsy, a decided difference was observed between the ascending parietal convolution, and parietal lobule, in the two hemispheres of the brain. Here it might be said that the ill-developed nerve centre had led to abnormal development of the upper extremity. I think the reverse to be more probably the correct explanation, *i.e.*, the malformation of the arm was primary, and the diminution in size of the associated nerve centre secondary, this having lost, or rather never having possessed, its functional relationship. This case is further of great interest, inasmuch as it gave pretty conclusive evidence of the cerebral localisation, in connection with a definite defective development; and evidence such as this is all the more valuable as it is less likely to be vitiated by disturbing elements, such as are so commonly obtained where the lesion is acquired, and especially if suddenly brought about. A short time since, I made a *post-mortem* examination, where the patient died from severe injury to the head; previous to death, there was paralysis of the left arm only, as he firmly resisted any attempt at passive movement made on the other extremities. At the autopsy, superficial laceration of the ascending parietal convolution of the right side was the only injury in the brain that could be detected. I mention this, as it furnishes confirmation of what has been said of the localisation of function in the cerebral hemispheres, observed in the case of congenital malformation of the upper limb.

Whilst I am speaking of malformations of the cranio-

spinal axis and centre, I may describe in a few words the deformity that was present in a girl aged 9 years, a patient of Mr. Berkeley Hill. I show you her photograph. In the lower dorsal region there is a firm solid pedunculated swelling, the size of a walnut, having a deep connection with the spine. There is little doubt but that it is a cured spina bifida, for associated with it is a remarkable malformation of the sides of the vertebræ and contiguous ribs, leading to marked lateral curvature of the spine. The lateral parts of two or three vertebræ were abnormally small, and irregular in outline, and instead of the ribs being distinct and well formed they are fused at one part into a continuous mass. The muscles by the side of the spine are ill-developed. The interest in this case was the light thrown by the costal irregularity on the diagnosis of the tumour over the spine, and also to the support it lends to the embryological observation that the rudiments of the ribs are derived from the same fœtal lamina as the vertebræ and spinal muscles and ganglia.

Two specimens of anencephalous fœtuses (one of which I exhibit) suggested the subject of my discourse this evening. It is not necessary that I should dwell on the state of the crania; suffice it to say that the vault of each was almost entirely absent, except what remained in a membranous condition. The supra-orbitals, however, were present, although much smaller than natural, so that the eyeballs, as is usual in such cases, were very prominent.

In case No. I., born at full term, and which breathed a few minutes, the central part of the membranous roof of the skull was the seat of three or four cysts, from the size of a pea to a small nut. The inner wall of these was lined with squamous epithelium (endothelium), as the microscopical specimen A shows. It has been stained with silver nitrate. These closed cysts, I suspect, must have been derived from the arachnoid sac, and the explanation of their origin as follows: separate layers of cells being set aside for the formation of the walls of the arachnoid, if we suppose these to continue in their development beyond the period at which those for the subjacent nerve centre ceased, one of two things must have taken place: 1, either a single protrusion from the cephalic bend; or, 2, an involution of the membrane. The latter was what happened here, and in addition to the inflexion, adhesions must have formed between contiguous folds, so that closed spaces resulted. A process of analogous nature is observed in the normal development of the central canal and posterior median fissure of the spinal cord.

In the same fœtus the brain was absent, with the exception of the medulla oblongata, with the 8th and 9th nerves of Willis attached. There was no trace of an olfactory nerve, and the optic was greatly attenuated, so that it appeared only as a fine fibrous band. The other cranial nerves were well developed. It at first sight appears strange that the first and second nerves should alone fail to be present, but if the order of their development be kept in view, the difficulty may be in some degree explained. From the latest researches of embryologists, it has been concluded not only by inference, but also from observation, that the cranial nerves, with the exception of the optic and olfactory, are derived from a different layer of the blastoderm from that whence the brain is formed, and that it is by a process of fusion that the nerves become subsequently united to the encephalon.

Now should the brain itself be absent, it would not be surprising that the olfactory nerve were absent too, nor that the optic should be other than a filamentous band, seeing that all are developed from the same epiblastic layer. An objection, I can conceive, might be raised in such terms as these:—The primary optic vesicle from which certain fundamental parts of the eye are formed, gives origin also to the optic nerves, and if one should suffer, why not the other? I contend that the apparent anomaly supports the theory that each structure possesses its own developmental activity, and that this autonomy is retained by the distal part of the optic vesicle after the proximal part and the cerebral vesicle, from which the optic is an offshoot, have disappeared; and the fact of the eye being normal in structure, whilst the brain from which it is in part derived is absent, would tend to show that it is not a matter of absolute non-development, but that a degenerative change had succeeded to its primary stages. At the same time, should various parts of the cranium, cerebro-spinal axis, nerves and appendages be found at fault, we should certainly expect to find a certain amount of order in the disorder of nature; and that structures related anatomically and physiologically would be more likely to be associated in any developmental error than where no such relation exists.

In the case I am now discussing, the spinal canal presented the normal characters, but on making a transverse section of the cord, an unmistakable patch of degeneration was seen in the posterior column, running outwards from the grey commissure, but not reaching to the surface. This patch presented a semi-translucent appearance, and contrasted strongly with the dead white colour of the columns in general. Its position was found on careful examination to vary in different parts of the cord. Thus, in the mid-cervical region, it bordered closely on the large central canal, and was irregular in outline; in the upper dorsal, it occupied more definitely the left white posterior column, whilst in the lower dorsal both sides were affected, the disease skirting the posterior median fissure. In the two former positions this could be distinctly seen by the naked eye, and in all was very obvious on microscopical examination. By hardening the specimens in spirit, and making sections, the central part of the degenerated area disappeared to some extent, *i.e.*, there was so little cohesion between the particles of granular *débris* that they crumbled away. The greater part, however, remained, and proved to consist of ill-formed connective tissue, in and around which were blood-vessels of larger size than elsewhere in the cord. Not a trace of nerve fibre was left, not even the resisting axis-cylinders. Now this condition so fully resembled the later stages of degeneration of the cord ascending or descending, that one was naturally led to inquire whether it was not a case of the former, *i.e.*, whether it was not a *secondary* retrograde metamorphosis, depending on a central lesion above. This could not be substantiated, and I came to the conclusion that it was a primary local degeneration, and nothing more. If you look at the microscopical specimen B, you will see that the large ganglion cells of the anterior horn of the grey matter, though granular, are fairly developed, and the axis-cylinders (best seen in the posterior columns, for here the section is thinner than elsewhere) quite distinct. One circumstance somewhat obscures the differentiation, viz., that the tissues generally are infiltrated with nuclei, not as the product of a diseased condition, but of a normal embryonal state. This is seen whether the areolar tissue, nerve, or muscle be examined in any part of the body. I have dealt somewhat at length on this part of my subject because I think it well exemplifies those primary degenerative changes, so frequently witnessed in the pathological history of diseased changes, in the course of which no proof exists that the phenomena of inflammation play any part in the series of morbid conditions. This was insisted on, I believe, years ago, by Dr. Handfield Jones, and the support of this doctrine derived from fœtal pathology is not to be under-rated, seeing that we have the simplest conditions of things to deal with. There is an absence of the outcome of prolonged wear and tear of tissues, physiological or artificial; nothing, in fact, beyond an inherent tendency to decay, or power of development beyond a certain grade, so that in place of the indifferent embryonal elements passing through their various phases, and culminating in the highly differentiated nerve-cells and fibres, they give rise first to mucous, and secondly and lastly to fibrous tissue. They have lost the conditions for a typical termination, and have become abortive.

In the second specimen (that which is before you) there

is a *multum in parvo* of teratology. The cranio-spinal canal is absent. There is no trace of either brain or spinal cord. The roots of the spinal nerves are in many parts wanting, although the spinal ganglia and nerves are fully developed. There is a decided talipes calcaneus of both feet, and a flexor contraction of one finger. The umbilical cord is partly membranous, and the abdominal wall connected with it is undeveloped, allowing the viscera to protrude. I may pass over all except the last, but as this strikes the key-note of the pathology of a formidable surgical disease, viz., extroversion of the bladder, a word or two of explanation as to its bearing may be given. The mesoblast, or middle layer of the blastoderm, splits into what embryologists term the somatopleure, and splanchno-pleure, which, as their names denote, go respectively to form the abdomino-thoracic wall and the alimentary canal. The space between the two layers represents the pleuro-peritoneal cavity. Now, in extroversion of the bladder, the anterior abdominal wall in part, and the anterior wall of the bladder are absent, so that the posterior wall of the latter becomes prominent, being pushed forwards by the underlying viscera, and chiefly the small intestine. On this the orifices of the ureters may be seen. If in the present case, we suppose the arrest of development, instead of being confined to the region of the umbilicus, to have extended further down, so as to have involved the lower part of the allantois, and the re-entering angle between it and the abdominal wall, then the conditions for extroversion of the bladder would be established, for, as you know, the allantois is an outgrowth from the primary splanchnopleural cavity, or, in other words, both the primary alimentary canal and the allantois open into a common cloaca. Add to this the fact that the urinary bladder is developed from the lower part of the allantois, then if there be an arrest of development of the anterior abdominal wall, and the subjacent part of the allantois, you have only to include those changes that take place soon after birth, and the deformity in question is complete. These changes consist in the separation of the parts whose development has only advanced so as to form a thin membranous layer, and which parts are in direct continuity with the umbilical cord. In short, instead of the cord falling off as usual after ligature, it does so in conjunction with the part of the anterior wall of the abdomen below the umbilicus and the anterior part of the bladder. A line of demarcation forms between the living and necrosed parts, cicatrisation takes place ; Nature does her best to make amends for her blunder, but the bladder opens on to the surface of the body.

THE CAUSES AND COURSE OF DISEASES OF THE HEART, WITH SPECIAL REFERENCE TO PREVENTION AND TREATMENT. (*a*)

A Course of Lectures delivered at the WEST LONDON HOSPITAL.

By J. MILNER FOTHERGILL, M.D., M.R.C.P.,
Assistant Physician to the Hospital, and to the City of London Hospital for Diseases of the Chest, Victoria Park.

LECTURE IV.—THE NEUROSAL AND REFLEX AFFECTIONS OF THE HEART.

THE lecturer commenced by saying that several writers on heart disease had stated that whenever a patient, not informed of his condition by some medical man previously, came into a physician's consulting room complaining of his heart, usually the heart was not diseased. His experience corroborated this ; and of all patients suffering from neurosal affections of the heart medical men themselves were the most unsatisfactory patients. They knew enough of the subject to put the worst interpretation on their symptoms, and in a week or two relapsed into their previous condition of thinking themselves the subject of grave disease.

The neurosal affections of the heart are of various kinds, but palpitation, irregularity, and intermittency, were the three chief forms ; syncope scarcely being included. The vascular system is intimately bound up with the emotions as seen in the blush, for instance, which is not confined to the face, but extends over the body generally. Emotion affects the vascular system variously according to the form of emotion. Terror produces contraction of the peripheral arterioles ; joyous excitement, a full dilated pulse, with exalted action of the heart. A certain voluntary control of vascular excitement could be practised by some individuals, a fact noticed by poets and other writers. The heart's action even could be temporarily arrested by some few individuals. Pressure upon, or irritation of the vagus nerve would also produce temporary arrest of the heart.

In some persons the heart seems swung in so fine a balance that little causes will produce excited action of it, especially in women. For the proper comprehension of palpitation it was necessary to have definite ideas as to its causation : there being several forms as well as the neurosal. In the first place there was the form associated with the muscular inefficiency allied to the palpitation of effort, where an increase in the internal pressure on the heart walls excited a more powerful discharge of the cardiac ganglia and an energetic ventricular contraction. Such palpitation was very commonly seen in dilated hearts, where it was produced by slight effort. Here palpitation was an active symptom of debility. At other times it was induced by a sudden contraction of the peripheral arterioles causing a rise of blood pressure within the arteries, and thus by increasing the obstruction the ventricle had to overcome on systole, setting up the excited action known and felt as palpitation. This form was common with gouty persons, mostly women, and especially with them at or about the menopause. In this last form dilatation of the peripheral arterioles by nitrite of amyl was the best method of treatment. He then read a letter from a patient with chronic mitral insufficiency who suffered from palpitation, but never had it when he had a cold. The effects of a cold were to dilate the peripheral vessels, lower the blood pressure in the arteries, and thus under these circumstances the crippled heart never palpitated.

Of the truly neurosal forms of palpitation, there were two divisions—the reflex, and that which was a true neurosis of the cardiac ganglia, just as whooping-cough is a true neurosis of the respiratory centre. Both forms were chiefly seen in women. Thus reflex palpitation was often due to ovarian trouble, or to a displaced uterus ; in the latter case usually ceasing abruptly when the womb was replaced. Palpitation was often set up by waves of nerve-perturbations, which start at some distant point, just as the gusts of neuralgic pain under the heart in women were due to ovarian congestion in the bulk of cases. The heart had been placed by older physiologists as the seat of the emotions, and it was commonly disturbed by excitement in the reproductive organs, even by ordinary indulgence in the nuptial rite, and such was not rarely the explanation of disturbed cardiac action otherwise inexplicable. Such were the reflex disorders, but palpitation might be truly neurosal depending upon some excitement in the cardiac centres. Here the heart beats excitedly on the slightest cause ; indeed, the cause of some attacks of palpitation was undiscoverable. Two such patients, mother and daughter, were to be found in the out-patient department of the hospital. The mother had been practically cured by a long course of quinine and hydrobromic acid ; but the daughter's heart was very intractable to treatment. These hearts never yielded readily to treatment ; where there was also anæmia it was well to give bromide of potassium with the tincture of iron. In chorea and in Graves's disease, the action of the heart is often so violent that it seems as if it would shatter off the chest-walls over it. As to the question whether disease of the heart were on the increase

(*a*) Abstract of Lecture IV. (*concluding*).

or not, an affirmative answer must be given in the case of men. During the American Civil War Dr. Da Costa had seen and described a condition which he denominated "irritable heart" among the soldiers. Here there was an excitable condition, the number of beats—more on rising from the recumbent posture—was above the normal, long marches were not well borne, and usually the sufferers had to be invalided. The treatment of this condition varied with each case; in some, aconite was most serviceable, in others, digitalis. Such a condition was occasionally seen in England.

The next neurosal disturbance was one of rhythm, known as irregularity. Here there was not a distinct pause, but a halt, as if the heart rolled over and then went on again. It resembled, the lecturer said, the change in a horse's feet when cantering. Sometimes the beat immediately following this halt was increased in vigour. When this irregularity was increased by exertion, it usually indicated a dilated heart. It rarely occurred rhythmically, as was the case with intermittency—the next disturbance to be considered. We are indebted to B. W. Richardson for the right interpretation of this phenomenon as a merely nervous phenomenon. He had shown that it was often nothing more than a nervous disturbance due to fright, to depression, or to emotion. It had been noted in a child at birth, and observed in animals. As to its mechanism, it was due to a ventricular halt, the ventricle requiring a second auricular contraction to set up its systole. This he had corroborated by observations on animals. Nevertheless, even Dr. Richardson admitted it was most commonly found in old persons, and the lecturer agreed with Dr. Hayden and others that intermittency was commonly found with atheromatous arteries and a feeble heart. Its significance entirely depended upon the conditions along with which it was found. At times the intermission was due to a feeble ventricular contraction, the pulse wave so set up being unequal to reaching the radial artery. He agreed with Dr. Balfour that the slighter forms of intermittency readily yielded to treatment. Where the pause did not affect the arterial blood-pressure it was of no moment; but if it did, so that the brain faltered from a momentary loss of blood, then it became a malady. Intermittency of the pulse was often found along with palpitation in ladies, and often caused them great alarm by wakening them up suddenly out of sleep, the sensation of the heart stopping being very alarming. Closely allied to intermittency was the very slow action of the heart found in some persons, and even in some families. It was usually nothing more than a mere peculiarity, though persons had been rejected for military service on that account. The lecturer concluded by saying that, having noted an intermittent action of the heart, it was like discovering a murmur—it was much easier to find such signs than to appraise their significance. They might indicate organic change or be but a form of nervous mimicry of real disease.

MILK-FEVER. (a)

By ARTHUR V. MACAN, M.B., F.K.Q.C.P., &c.

Dr. Macan said that milk-fever had been recognised by practitioners of midwifery for centuries, and, nevertheless, its very existence has lately been called in question. He passed in review the various theories which had been held concerning it, from the time of Willis (1655) up to the present day, when it is very generally looked on as due to the constitutional disturbance preceding or accompanying the first secretion of the milk. By recent writers, however, it is very generally thought to be due to the pain and local inflammation caused by over-distension of the breasts, which local inflammation is known by the redness of the skin covering them, the pain on pressure, and the line of inflamed lymphatics which often reach from the breast to the axilla. This is the view held by Prof. Schroeder, who says that, though in ordinary cases the rise in temperature that accompanies the secretion of the milk does not exceed a few fifths of a degree (Fahr.), still, in some cases, the temperature may rise to 104° or 105° from over-distension and pain. He defends the use of the term "milk-fever" for this condition, but admits that it might be more correctly called *non-suppurative parenchymatous mastitis*. Prof. Winckel, of Dresden, objects to the expression "milk-fever" as quite unscientific, and as tending to perpetuate false views as to the pathology of the affection. For he thinks that if the temperature rises above 100·76° some pathological change is always present, whether in the breasts or in the genital organs. Very similar views are also held by M. Chantreuil, and Dr. Wilds Lynn, of Philadelphia.

Dr. Macan had himself made observations on over 400 puerperal women during the time he was assistant-physician to the Rotunda Hospital. In about 27 per cent. of these cases the rise in temperature during the whole time the woman was under observation did not exceed 1° (Fahr.), and in 46·5 per cent. the temperature never rose to fever height (100·4°. Wunderlich). In 32 cases, or a little over 7 per cent., in which the temperature did rise to fever height, the only cause that could be found for such a rise was a painful and distended condition of the breasts. In a few cases, however, the temperature was normal, or even subnormal, although the breasts were very much distended.

The diagnosis of so-called milk fever was, he thought, at first quite impossible. For while on the one hand, if the breasts were full and tense when the woman was first attacked with puerperal fever they might remain so for twenty-four hours or more; on the other, he thought that a slight attack of cellulitis, or ordinary surgical fever, did not in the least diminish the secretion.

The conclusions he arrived at were shortly these:—

1. That there is no rise in temperature necessarily accompanying the first secretion of the milk.

2. That pain and distension of the breasts may cause fever, but this fever differs greatly from that generally described as milk-fever, for it comes on somewhat later, and lasts somewhat longer.

3. That the pulse in these cases is often lower than the temperature would lead us to expect.

4. In cases of fever during the puerperal state the presence of full breasts is not sufficient justification for at once diagnosing the case as one of milk-fever.

He also thought that the affection ordinarily described as ephemera, weid, milliary fever, and the seven forms of hydrosis described by Blundell, were but various expressions of ordinary surgical fever, or of the many forms of septicæmia. This is very much the idea propounded by Dr. McClintock in his note to Smellie's chapter on "milk-fever," in which he says, "For my part, I believe that many of the cases of rigor followed by pyrexia, coming on about the third, fourth, or fifth day of child-bed, and which, from being unattended by any marked uterine pain or tenderness, are commonly described under the euphemistic name of weid, or milk-fever, are really not milk-fever at all, but have a septicæmic origin. Extreme distension of the breast may cause some headache and febrile disturbance; these cases are rare, but in my judgment they are the only proper examples of true milk-fever."

In conclusion, Dr. Macan drew attention to the theory propounded by Dr. Carpenter in his "Physiology"—viz., that milk-fever was partly due to the re-absorption of the sugar of the milk into the circulation. This idea was probably founded on the discovery by Blot, that the urine of pregnant and nursing women contained sugar. This has lately been shown by Hempel (*Archiv für Gynaekologie*, vol. viii., p. 312) to be due to the re-absorption of the sugar from the milk in the breasts, but in none of the cases given by him did this re-absorption cause fever. Dr. Macan was not, therefore, inclined to agree with Dr. Carpenter that milk-fever could be even partly put down to such a cause.

(a) Abstract of paper read at the Obstetrical Society of Dublin. The debate will be found at page 385.

ON ASTHMA.

By J. B. BERKART, M.D.,
Assistant Physician to the City of London Hospital for Diseases of the Chest.

DEFINITION, PATHOGENY, AND ETIOLOGY.

A. *Definition and Pathogeny*

THE intense and intermittent dyspnœa associated with asthma which, mainly on account of its fitful appearance and departure, and its seeming independence of structural lesions, has been hitherto attributed to a derangement of innervation, is in reality due to pathological changes of the lungs. It is a symptom, and as such accompanies the idiopathic forms of chronic bronchitis and emphysema, as well as those that complicate the various cardiac and pulmonary affections. The dyspnœa in connection with the latter evinces, in an almost unmistakable manner, its symptomatic character, so that only erroneous views as to the causes of its intermittency have led to the supposition of its primary nervous origin. As those views have been fully discussed before no further reference will be made to the numerous varieties of the symptomatic asthma described by writers. The case, however, is different with regard to the dyspnœal paroxysms that accompany the idiopathic forms of chronic bronchitis and emphysema. The anatomical changes peculiar to these affections are not only slow and latent in their progress, but even after their complete development they are so imperfectly accessible to diagnosis as to appear quite out of proportion to the intensity of their symptoms. Those asthmatic seizures are therefore always the most conspicuous, after a time even the sole indication of the pathological conditions that take place in the lungs; and hence they possess all the clinical importance of a substantive disease, and require a detailed account of their nature and origin.

That asthma is a mere symptom can readily be proved. The recognition of this important fact has greatly been impeded by the exclusive attention paid to the clinical features of the paroxysms, and by the persistent attempts to deduce from them alone the nature of the dyspnœa. There are, however, but few chronic affections which, at a given period of their existence, present symptoms in themselves so characteristic as to admit a safe inference as to their origin. Even in those cases where the morbid phenomena are directly traceable to organic lesions, it is requisite to refer to the history of the disease in order to recognise its pathology. No valid reason can, therefore, be adduced why this established mode of procedure should be departed from in respect to asthma; on the contrary, its adoption is the more necessary, since objective examination, which generally affords the most important information, proves here of no avail. Nor is it admissible to disregard altogether those circumstances which, although separated by time, yet precede and follow the dyspnœal seizures with a striking regularity. Insignificant as they may be singly, those antecedents and sequelæ throw light on each other by their mutual relation, and exhibit, as it were, the life-history of asthma.

1. *Constitution.*—It is a striking fact that constitutional defects appear to be invariably associated with asthma. The very appearance of the patients is characteristic in that respect. The great majority of them are stunted or ill-grown, while their pale and sallow skin, their atrophic muscles, and their dilated subcutaneous veins betray a state of general malnutrition. Moreover, the square and prominent forehead, the deformities of the spine, and the disproportionately large or abnormally narrow thorax—all these are evident traces of bygone rickets. Others, again, may, at first sight, be taken for healthy and robust subjects; yet many of them owe this favourable opinion to their tendency to obesity at an early period of life—a sign, if not of rickets in a special form, at any rate one of premature senescence. Now, experience has warranted the assumption that the nutrition of the internal organs corresponds to that of the bony and muscular systems, and that in those individuals constituted as just described, the lungs, above all, are deficient in power of resistance to, and of repair after, injuries.

2. *Previous Disease.*—With the exception of the comparatively rare instances in which the dyspnœa is produced by a foreign body in the air-passages, asthma generally gives fair warning of its approach. Those subject to the disease have, previous to the appearance of the typical paroxysms, suffered from an acute or chronic inflammation of the respiratory organ. Of the 223 cases collected by Hyde Salter, the original cause of asthma was not ascertained in 40; in the remaining 183 cases, the original causes are stated as follows:—

Chronic catarrh, colds, and catarrhal pneumonia complicating whooping-cough, measles, and typhoid fever	132
Apparently spontaneous	10
Inherited and constitutional	11
Climate and miasms	8
Hard work, anxiety, and over-exertion	6
Outbreak and disappearance of eczema	5
Small-pox driven in on the lungs	1
Liver complaint	1
Bilious fever	1
Weak stomach	1
Indigestion	1
Supper of meat, onions, and hard beer (*sic*)	1
Sudden soberness	1
Hay-making	1
Suffered in teething	1
Sudden cessation of menses	1
Running violently	1
Total	182

From these statistics, it appears that bronchitis and catarrhal pneumonia have preceded the dyspnœal seizures in 80 per cent. of all cases; and this proportion would be still greater, if it were permitted to exclude those etiological factors, which seem, as such, highly improbable. It is needless to add, that this great frequency is not mere matter of accident, but points to a certain relation between the events. What influence bronchitis and pneumonia have upon the origin of asthma, will be evident from their anatomical details. In 62 per cent. of those case the inflammation occurred in the first decade of life, and was either idiopathic or a complication of whooping-cough and measles. Now, in feeble, narrow-chested children, and in those affected with thoracic deformities more especially,—and these supply the greatest contingent of asthmatics,—bronchitis, though commencing in the larger, has the tendency to spread to, and even beyond, the smaller tubes. Under these circumstances, the bronchial wall is inundated with a gelatinous (synovia-like, Rokitansky) substance, consisting of serum and white blood-corpuscles. The same kind of exudation exists also in the interlobular tissue, and here diffuses itself so as to reach even the pleura. Some of the alveoli are inflamed; some are filled with aspired mucus; others are in a state of atelectasis; and, again, others are the seat of a vicarious emphysema. (*a*) It is true, these anatomical details are derived from fatal cases, and it is quite possible that they may differ in extent and intensity in surviving cases. The difference may be such as to allow a complete resolution, and with it a complete recovery, although, to all appearances, the constitutional disposition of the patients is by no means conducive to that favourable issue. Again, "colds" and bronchitis in the adult are elastic terms for very variable anatomical conditions. If a patient be affected with a slight cough, and if, what rarely happens, he should seek advice for it, the normal resonance of the thorax, and the presence or absence

(*a*) Ziemssen, "Pleuritis u. Pneumonie im Kindesalter." Berlin, 1862, p. 293 et seq.—Buhl, loc. cit., p. 112.

of "catarrhal" rhonchi, by no means prove that the inflammation is limited to the internal mucous layer of the bronchial lining. The subsequent course of innumerable cases of this kind plainly shows that the process commenced in the interlobular and peribronchial tissue, and thence gradually spread to the internal surface of the bronchi; yet, as that process neither diminishes the volume of air in the lungs, nor impedes its entrance and exit to and from them, the full extent of the disease cannot be recognised at its early stages. However this may be, there can be little doubt that if an individual—child or adult, who, up to a certain time enjoyed good health—be attacked with what seems to be a bronchial affection; that from this he apparently recovers, but remains henceforward subject to asthma; all this strongly argues that the respiratory organ has been permanently injured by the preceding inflammation. There yet remains a minority of instances in which asthma is apparently congenital or spontaneous. But the question is, how far, on the one hand, congenital atelectasis, and how far, on the other, those insidious interstitial changes of the pulmonary tissue are responsible for it. There is no means of determining when and how commences the process that ultimately leads to granular atrophy of the kidneys. And, undoubtedly, a closely analogous process takes place in the lungs. Moreover, many patients, suffering from what is called chronic bronchitis, are by no means precise in their statements as to its origin. They date the first commencement of their illness from their recent catarrhal attack, which has only aggravated their condition; ignoring altogether the cough, expectoration, and shortness of breath, to which they have gradually become inured during the slow development of their disease. (*a*)

3. *Sequelæ.*—Emphysema and bronchiectasis, the one preponderating over the other, as the case may be, soon appear in the train of asthma. The fact that a nutritive and a mechanical element concur to their production, deprives the theory that these affections are consequences of asthma, of all foundation. Eppinger (*b*) denies the nutritive disturbance of the pulmonary tissue, and endeavours to show that severe cough is the sole and exclusive cause of emphysema. Without entering, however, into a discussion of his view, it is enough to say, the origin and persistence of a severe cough in *perfectly healthy lungs* would be quite inconceivable. So far as asthma is concerned, there is evidence, already alluded to, that a predisposition inherent in the lungs is mainly instrumental in the causation of alveolar and bronchial dilatations. That predisposition, however, is apt to be overlooked; the changes peculiar to it pursue their course gradually and unperceived, and their existence is known only when their destructive work is completed.

Hence the antecedents and sequelæ of asthma manifest themselves by their nature, as *one continuous though protracted pathological process. Asthma, therefore, is only one link in a chain of quasi-independent affections, which commences with inflammatory changes of the pulmonary tissue, and terminates with emphysema or bronchiectasis.*

Thus, according to this definition, "the essential or idiopathic asthma" of writers corresponds to the dyspnœa accompanying the gradual and latent progress, and their "symptomatic or catarrhal" to the fully developed state of chronic bronchitis and emphysema. The various classifications of the disease that have been proposed are, for obvious reasons, inapplicable to the present case.

In view of the different sense in which asthma is here taken, the question arises whether it be advisable to retain the term with which the idea of a nervous disturbance has at all times been associated? There is, indeed, a certain suspicion that misconceptions as to the nature of those paroxysms may easily arise in this way. Yet asthma well expresses the clinical peculiarities of that form of dyspnœa, and may therefore be advantageously adopted for the purpose of description, without prejudice, however, to its pathology.

(*To be continued.*)

(*a*) Headlam Greenhow, on "Chronic Bronchitis," &c. London, 1869, p. 28.

(*b*) "Das Emphysm der Lungen." Prager Vierteljahrsch. f. Heilkunde, Band iv, 1876.

Clinical Records.

ON SOME CASES OF IMPERFORATED OR DEFICIENT BOWEL.

By Dr. G. DE GORREQUER GRIFFITH,
Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

I HAVE now had seven cases of this kind—four of which were saved by timely operation, and three died, in which it was too late for me to take any remedial action, or even entertain the smallest hope of remedy. The first infant was not brought to me till vitality had ceased in some parts of the body, and the appearances had become most deplorable; the bones, beneath the mummy-looking skin which folded around them loosely and baggily, were partially enclosed, not wholly so, for at those points where any unavoidable pressure existed, such as the sacrum, the elbows, and the back of the head, death of the integument had occurred, and sloughing had separated the dead from the tissues, which I can hardly speak of as living, so low was their vitality; the blackened, moist, gangrenous patches that, here and there, further defaced the body; the ulcerated and sloughing corneæ told, of how far death had been allowed to play with its prey before I was asked to strive to win back to life what might have been saved, but what was now scarcely a thing of life. I can hardly call it anything than a living death, or a decomposing life.

I was unable to get a *post mortem*, as the child was brought from the country to me and taken back the same day—to die.

The next fatal case was also brought, when death and decomposition had begun to seal up the avenues of life, and I declined to give my knife the opprobrium of endeavouring to open what I knew could not be unsealed, and of having only hastened the extinguishing of existence. In this case, life could readily have been preserved, had the attempt been made in time; for, as I found by *post mortem* inquiry the bowel terminated in a large expansion—just as a river runs into or from a lake—which might have easily been reached by pushing a curved trocar and canula through the rudimentary anus that acted as a landmark for the surgeon's guidance.

The third instance (*a*) I shall here cite more particularly:—

On Sunday evening, May 6, 1877, I was asked to see a child which had been born on the Friday previously, as no relief from the bowels had been obtained since birth, and it was considered something was wrong. I must mention that the medical attendant had previously examined, and finding the anus, as he considered, permeable to his little finger, had forced it onwards thinking he had entered the bowel. When I examined, my finger passed into what we must consider the representative of the anus in the perinæum, but I was quite satisfied I had not entered the rectum; and it occurred to me, that the medical attendant had passed his finger into a recto-sacral pouch—behind the bowel altogether—as indeed the dissection afterwards proved—which yielded all the more readily because of the absorption of the fat that had taken place since the birth, interval days, when the child had to feed, as it were, on itself, and in which consequently, tissue waste had rapidly taken place: it also occurred to me that the bowel, or what would represent it, might open into the bladder by an aperture too small to permit the exit of fæces, or else, in front of what seemed to be the rectum:

(*a*) Paper read at the Harveian Society.

taking this view, I determined to explore with a gum elastic catheter and endeavour to get it, if possible, into the true anus and bowel, and should this not be practicable, to then perform Amussat's operation for formation of artificial anus, if the child at all rallied. Death, however, soon occurred, after my visit.

Being permitted to examine the body, I practised Amussat's operation, and divided a cord-like substance which subsequent more minute examination showed me to be what represented the bowel; this lay just in front of, and below the left kidney, but behind and superficial to the distended, and greenish-black looking, intestine. I divided this structure, because I did not know what it was, and could not make out, and took this step partly to mark it, that I might afterwards recognise it, when the relation of the parts would be disturbed. After its division, the artificial anus was easily made.

I then laid open the abdomen with the usual mesial incision: the allantois was full of fluid, as was also the bladder; the uterus seemed large for such infant life, and was tilted completely back against the sacral promontory, being lifted out of the pelvis apparently by the distended bladder; the ovaries and Fallopian tubes were well developed.

The first thing that arrested attention on laying open the abdomen by the mesial incision was the quantity of peritoneal serous effusion; and next, the intestines, enormously inflated and quite green-black in hue; on more minute investigation, these were found to be the small intestines, their inflation and great distension continuing to the part where the peritonæum tacked them to the spine, the muscles intervening, and where one arch either of peritoneum, or of band of adhesion fastened them down very firmly, and evidently had occasioned the arrest in development at that point, and the subsequent blocking and shrivelling; following the cord-like folds which I show, I came on the division I had made, while practising the operation for artificial anus—and following on still further, I found that the bowel,—if we may so designate this worm-like structure—did not communicate with either the bladder or the vagina, but was continued to what represented the anus, which was itself not all perforated, the worm-like structure being occluded for its entire length by a thick cheese-like, or putty substance.

The catheter, as is here represented, has been passed—after the *post mortem* was completed—into the anal extremity of the worm-like, shrivelled bowel.

I need not say that even had I during life succeeded in reaching the true orifice of this shrivelled bowel, no good could have been effected, because, having so many coils of it to force, I could not possibly have dealt with it efficaciously, that is to say—have made an alimentary canal sufficient for life purposes; and the only operation for real good, would have been the lateral anus, but made sufficiently early, certainly before the fatal collapse ensued in which I first found the child. I have given what I deem to be the cause of this atrophic malformation; I would now ask what is this pappy, grumous-looking, material which fills the narrow passage, and blocks the way of ingress and egress?

The cases in which I operated successfully were four:

In two, the anus was occluded at its very outset, there being only an annulus, indicative of where it should be; in the other two, there was a continuation upwards, or depression, to the depth of about the length of the little finger-nail cut short; these depressions or sulci I followed up by a burrowing movement of the little finger, very little of the knife tip being required as a dissector, the handle of it, and the fingers, answering all purposes in one case, while in another, the finger alone sufficed, till I reached the bulging downwards which marked to me where to make the opening; here I held the finger tip, and having the abdomen of the infant pressed on by an assistant, a measure which greatly facilitates the operation: first, because of the direct pressure, and second, because it makes the child cry, and so increases the downward pressure, and expulsive force against the fingers—I guided a small trocar against the resisting membrane, penetrated the latter, withdrew the trocar, the canula remaining, allowing the fæces to flow away to make sure I had rightly perforated, pushed the canula a little farther in, withdrew it altogether and forced the tip of the little finger into the opening, dilating it, till the finger passed in and out, up and down, without any impediment. I then introduced a large sized catheter, leaving it in for a few minutes: after its removal, the diaper was fastened on, and the child given back to the parents.

Daily the opening was maintained by introducing the finger, till at length, every second or third day sufficed, and afterwards longer intervals were allowed. I did not even seek to draw down the bowel, so as to affix it to the anus, but left it *in situ*, where I had pierced and bored it: and from this plan I found good passages have resulted, becoming lined with, if not mucous membrane, a tissue which answers all fæcal and alimentary purposes, nor have I ever had any complaint of narrowing or closure. We must, therefore, conclude the operations to have been eminently successful.

THE NECKER HOSPITAL, PARIS.

Cystitis Treated by Instillation of Nitrate of Silver.

Under the care of Prof. GUYON.

(Reported by M. ALF. JEAN, Interne des Hôpitaux.) (*a*)

IN the service of Prof. Guyon there are often patients suffering from inflammation of the neck of the bladder. This affection, which has generally for its first cause blenorrhagia, shows itself either after intense muscular fatigue, or is the result of excess of *coitus*, or the abuse of alcoholic drinks. Many forms of treatment have been praised and employed by surgeons, into which it is not now necessary to enter.

For ten years Prof. Guyon has employed direct treatment of the inflamed neck by instillation of nitrate of silver. Unexpected results have proved the efficacy of this method, and from many successful cases we select two:—

CASE I.—*Cystitis of the Neck—Hœmaturia—Treatment by Instillation of Nitrate of Silver—Complete Cure in Seven Days.*

F. ———, æt. 38, admitted 9th January, 1878, to Salle Saint-Vincent. About ten years previously had suffered from long-standing blenorrhagia. In consequence of excess in drink and *coitus* about a month previously, the patient experienced difficulty in urinating and very acute pain at the time of micturition, especially towards the emission of the last drops. Blood soon appeared in urine; for a month at each discharge there was hæmaturia. He urinates frequently during the night, and during the day has pressing desire every five or six minutes.

On exploration of the canal, we find that an exploratory bougie, No. 16, passes easily, with a slight resistance in the bulbary region.

Jan. 9th.—Instillation of 20 drops of a solution of nitrate of silver in the neck of bladder.

10th.—Blood still in urine; the patient suffered for about two hours after injection, and made water about every quarter of an hour. During the day injection of 20 drops.

11th.—Amelioration; urine less clouded; injection repeated.

12th.—Urination less frequent, about every hour. Blood disappeared; in its place a muco-purulent discharge.

13th to 17th.—Same treatment; daily injection. Blood still absent, vesical distress. Micturition every two or three hours. The injection is much less painful. The patient is able to rise during the day.

17th to 21st.—May be considered cured. There is still

(*a*) *La France Médicale*, March 16, 1878.

a slight pricking at the end of micturition. Injection continued every day.

22nd.—Patient discharged perfectly cured.

He has been seen since that day, and his recovery has been definite.

CASE II.—*Blenorrhagic Cystitis—Cure in Eight Days.*

B ———, æt. 25, admitted 26th January, Salle St. Vincent. Three months previously he had suffered from blenorrhagia, which lasted a month; for six weeks experienced pricking towards the end of micturition; at the same time he was obliged to rise during the night to urinate; during the day the desire was more frequent.

About eight days previously, after some fatiguing work, hæmaturia appeared, the symptoms increased in severity, and in this condition he was admitted to hospital.

January 27th.—Urethra examined with olivary catheter. It is completely free, slight pain as the instrument entered the neck of the bladder. Urine contained a large quantity of blood. Injection of a solution of nitrate of silver.

28th.—No amelioration. Urine bloody. Injection repeated.

29th.—No amelioration. M. Guyon, *struck* by the persistence of the hæmaturia, injected himself 12 drops of a stronger solution, and found that the two former injections had been made not in the prostatic region of the urethra, but into the bladder, and hence the liquid by mixing with the urine had not exercised any local action.

30th.—Improvement; no blood in the night urine, a little in that passed in the morning. Micturition less frequent.

31st.—A little less blood; the pain after the injection is not so violent, and of shorter duration.

Feb. 1st to 5th.—Improvement. No injection.

6th.—Another injection. Urine continues free from blood.

7th to 8th.—Injections repeated.

9th.—Discharged cured.

Remarks.—The rapid and complete cure of the hæmaturia, and the disappearance of pain by the method of instillation, make these cases remarkable and worthy of interest. To perform the injection, a syringe is used somewhat similar to that of Pravez, to the extremity of which is fitted a catheter with an ordinary bulb perforated through its whole extent. After ascertaining that the canal of the urethra is free, an instrument sufficiently large is chosen, so that it may be easily felt in the scrotal and perineal region, and that it grates against the lateral lobes of the prostate.

The sensations perceived with this instrument will be as clear as if felt with the finger, and we have perfect knowledge of the region of the urethra it traverses. In the membranous region, the bulb will be slightly held by muscular contraction, then it will free itself in the prostatic region as long as it remains in this region. We know it by the slight pressure necessary for the instrument, and as soon as it has cleared the neck of the bladder the fingers will feel a sensation of absolute liberty, indicating the entrance of the catheter into the bladder.

It is especially in traversing the prostate we feel the benefit of a moderately large catheter; without this precaution we cannot feel the entrance of the instrument into the bladder, and the caustic is injected into the urine, as happened in the second case. Some authors advise measurement of the urethra, in order to recognise the exact point, but this system is defective.

In the two cases we have narrated the patient suffered pain one or two hours after the instillation, but the pain is not very severe, and becomes less intense after each injection. The duration of treatment is relatively short and effective, and when it fails we must attribute it to either pure inflammatory cystitis, or to the failure of the injection in reaching the locality inflamed.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE Society met on Saturday, March 9th, 1878, Dr. Darby, President in the chair. Dr. Macan read a paper on

MILK FEVER,

which will be found on page 381.

Dr. DENHAM would like Dr. Macan to give the meeting a more detailed account, if he could, in respect of the primipara in the labours referred to in his paper. In his experience, those labours of first children were, as a rule, much more severe, and attended with more serious symptoms than subsequent labours. It was very often difficult to say what the cause might be. In his opinion, the fever preceded rather than followed the formation of milk. He had seen the breasts very much distended, severe rigors, followed by a very marked increase of temperature, and where there was much of that, with increased quickness of pulse. In his experience, when they found that during the night the patient had had severe rigors, that there was a hot skin, thirst, and so on, and looked at the breasts, and found they were beginning to distend, it looked a very ugly business. But there was a very important distinction between that condition and the condition where they had a rigor, where they had flat breasts, although the rigor might be followed by a hot skin and hot breasts. That was one of the most important features—they should distinguish between fever going on in a case where there were full breasts, and a case where the breasts were flexed. He should have liked Dr. Macan to have informed them of the amount of fever in primipara and subsequent labours, and was sorry he had not touched upon the treatment pursued in his cases.

Dr. HENRY KENNEDY said the author of the paper had given the Society a very elaborate detail, and a very interesting one, of the cases and the views of the most distinguished writers on the subject. The point he had alluded to was the connection between milk fever and swelled leg. He (Dr. Kennedy) thought that that *prima facia* must be at once disavowed, and for the simple reason, as far as he understood, that milk fever occurred within one, two, or three days after the confinement, whereas swelled leg, if he mistook not, occurred two or three weeks afterwards as a general rule, so that he would at once say that there was no necessary connection whatever between milk fever occurring in a woman just after her delivery, and a swelled leg which occurred two or three weeks later. With reference to the discrepancy between the temperature and pulse, that went on in other affections, and if they had the temperature at 104°, and the pulse at 100 or 108—(and that, he thought, was the pulse alluded to by Dr. Macan) he (Dr. Kennedy) believed they were not justified in making anything of a practical import from it, because that went on in other diseases just as it did in milk fever. The difference in temperament between one individual and another was immense, and as regarded females, that was particularly the case. The slightest affection in any female at once ran up the temperature, sometimes to an extraordinary degree, and so it was in the other sex too. That difference of temperament they must never forget; nor must they forget their civilised habits, which must have a great influence on diseases, and the extent to which diseases ran. The formation of milk was sometimes ushered in by symptoms that were most alarming, and he thought when they compared that process going on in females with other processes, which they knew went on in females, and considered the question of temperament, then they had a great deal of explanation of the very elaborate paper with which Dr. Macan had favoured the Society.

Dr. M'SWINEY said that Dr. Macan's researches into the literature of the subject had been made plainly manifest by the elaborate paper which he had communicated to the Society. The fever, as it had been described by the author and by Dr. Denham, occurred with headache, thirst, and hot skin, preceded by a rigor, either after or before parturition, and these were universally recognised occurrences; but there was a difference in this respect—that some parturient women would, after three days or so, present a most completely formed breast of milk without it having been made manifest by any trouble on their own parts, or any complaint of any suffering or any inconvenience whatsoever. What was the explanation of that? Yet it was a positive fact, as many

gentlemen present, who had perhaps more experience than he had in the treatment of obstetric cases, knew.

The PRESIDENT said he had not unfrequently seen breasts overflowing with milk before parturition took place; but he saw a case, within the last few months, of an unmarried girl having had something like milk fever, which ended in abscess of the breast, and gave a great deal of trouble indeed. Her menses were regular, but she had tension of the breasts, and all the symptoms of the fever, and had she been recently confined, he would have said it was a case of milk fever.

Dr. MACAN, in reply, said that Dr. Denham's question as to the frequency of milk fever in primipara, depended upon the theory as to whether the fever was due to a physiological process taking place for the first time. The reason, according to Dr. Denham's theory, that milk fever was more common in primipara, was because the breasts were for the first time taking on the secretion of milk, an unusual process, and accompanied by fever. That, he (Dr. Macan) thought, was the essence of the argument. If then they came to the conclusion that there was no such thing necessarily accompanying this secretion, he thought they had got rid of the idea that it was necessarily more common in primipara than pluripara. No one reading the old books, and reading the many accounts given of milk fever, could doubt that such observers as they were saw the things which they described. It was not a question that the thing did not happen. Anyone who had been a month in a lying-in house knew that. The only point in the discussion was the explanation of the fever. He wished it to be perfectly understood that there was no question as to facts, they were patent to all. In the majority of cases the fever passed away—they found the woman well in three or four days. The only thing was the explanation of the cause of that fever. There were a great many causes, the most obvious being surgical fever, which corresponded, he might say, exactly to what was ordinarily known as milk fever, and that connected milk fever with rupture of the peritonæum. The most important point was that raised by Dr. Denham—as to whether or not the rigor preceded the secretion of the milk. He (Dr. Macan) thought if that was the case that it entirely excluded the idea of milk fever being dependent upon expansion of the breasts. What he wished to consider was—not that the fever was due to the secretion of the milk, but that it was due to the over-distension of the breasts. The difficulty of diagnosis was extremely great in the present day. That difficulty was, in his opinion, caused by pressing off the placenta. He thought that septicæmia and its connection with the pulse was very important. In a case of septic infection he thought they would find that the pulse sometimes went up to 160°—not that he looked upon that as anything at all except the septic infection. He thought the diagnosis of septic infection was dependent upon the pulse alone. He quite recognised that the mental condition had a great influence on the puerperal state. As to the temperature in menstruation, he had not much experience of. Wonderlicht said the temperature did not rise during menstruation. As far as the treatment of the affection was concerned, he (Dr. Macan) thought the best thing they could do was to leave it alone. John Hunter did so. As far as their treatment was concerned it was lately confined to doing nothing at all. In his opinion strapping of the breasts was the most efficacious mode in which the secretion of milk could be prevented. The diagnosis of milk fever was most difficult, and he therefore thought it was more prudent in the large majority of cases not to pronounce an opinion the first time the patient was seen.

The Society shortly afterwards adjourned.

Translations.

ON ANÆSTHESIA DURING LABOUR, AND ON LIGATURE OF THE CORD. (a)

THE employment of anæsthesia in natural labours is again occupying the attention of the medical public. Dr. Bailly, who published in the *Bulletin Thérapeutique* a communication on this controversial subject, is of opinion that, from a practical point of view, anæsthesia employed in natural labour marks a most important step in the progress of obstetrics.

(a) *La France Médicale*, Feb. 1878.

A partisan of the method inaugurated by Simpson (popularised in France by M. Campbell), M. Bailly advocates this therapeutical measure, as he has observed conclusive facts, as he believes, in its favour. Before describing the new apparatus of Legroux, some of the conclusions of Dr. Bailly are worthy of consideration. The contra-indications for anæsthesia, according to Dr. Bailly, in natural labour, are—

1st. The opposition of the patient to this mode of treatment.

2nd. Disease of the cardio-vascular system and the lungs.

3rd. The slight intensity of the pains.

It is indicated during the second period, during the time of expulsion, in patients who bear their pains badly; it should then be administered without waiting for the appearance of signs of exhaustion, as alteration of the features, dryness of the mouth, acceleration of the pulse, &c. Chloroform, he says, should be used at the beginning of the pain, or in the interval of uterine contraction, so as to produce not only calm, but drowsiness. This moderate dose may be continued for three or four hours.

The method of M. Bailly is not identical with that of M. Campbell. Anæsthesia employed by the latter is much more incomplete; he maintains that he is able, by means of very small doses, administered in an intermittent manner, to diminish the intensity of uterine contraction, to retard its return whilst the patient preserves intelligence and consciousness, so that the accouchement is completed in a state termed *lucid analgesia*. In a recent work on direct uterine narcosis M. Campbell has endeavoured to explain the mechanism by which these results, disputed by eminent opponents, are obtained.

In 1867 Dr. Fridet, in his thesis on the employment of chloroform, arrived at this conclusion: the degree of chloroformisation suitable for natural labour is that in which we have a light sleep—a semi-consciousness, as in a dream—and frequently a knowledge as to what is taking place around. The innocuity of Simpson's method is indisputable; it is demonstrated by facts, and depends, without doubt, as M. Bailly says, on the fact that in simple accouchements anæsthesia is not pushed so far as in surgical operations. The patient, far from dreading the operation of chloroformisation, likes it, as she knows it will alleviate her sufferings. We know the effect of chloroform in diminishing pain has been questioned, but we believe it is indisputable. The recent *mémoire* of Campbell on "Chloroform and Obstetrical Anæsthesia," proves that sensibility to pain diminishes before sensibility to temperature or contact. The analgesia obtained in obstetrical anæsthesia in small doses has been very justly compared to the effects produced when chloroform is administered in hepatis or nephritic colic.

One of the objections to the anæsthetic method arises from the difficulty of watching the labour, and at the same time administering the chloroform. M. Legroux, by modifying an apparatus designed by Demarquay, has produced a convenient one for chloroformisation. Its construction is simple, as may be seen from our description.

A small pyramidal mask of fine iron wire is covered with thick flannel. The chloroform is projected on the flannel in a very fine jet by means of a kind of *compte-goutte*, formed by a small graduated flask, into which a tube is fixed. This tube is bent at a right angle at its other extremity. The neck of the bottle containing the chloroform is armed with a caoutchouc ball, which, when compressed, exhausts the air, and effects the expulsion of the liquid through the tube.

This apparatus, as M. Legroux explains, allows the operator to graduate the quantity of chloroform administered to his patient, and as it is fixed on the head by means of lunettes it always remains in position, no matter how the patient may move.

M. Bailly says—"This instrument leaves nothing to be desired, and answers well the object for which it is intended. Without doubt, M. Legroux' apparatus will contribute to the popularisation of chloroformisation in simple labours, and will soon be employed by all partisans of the method.

Since the important work of M. Budin, on "Tardy Ligature of the Umbilical cord," a number of accoucheurs have examined the assertions put forward by the intelligent pupil of M. Tarnier. A recent article, by M. P. Helot, Professor of Obstetrics, Rouen, furnishes us with new details on the subject. In a short study on ligature of the cord M. Helot endeavours to fix the indications and contra-indications of the method already supported by Mauriceau, Denman, Leroy, and further established by the researches of M. Budin, who thus formulates his opinion:—"Ligature of the umbilical cord

should not be practised until one or two minutes after complete cessation of vascular pulsation." M. Budin concludes that we deprive the child of about 92 grammes of blood by immediate ligature. M. Helot publishes the statistics of MM. Brunon and Kohly, which also testify in favour of an increase in weight, and, from his own experiments, establishes the gain in blood, where tardy ligature has been adopted. The good effects of tardy ligature should be characterised by the coloura-tion of the skin, and an augmentation in weight, but the time for delay must be variable according to the cases, for M. Helot remarks that after the expulsion of the child the uterus contracts forcibly on the placenta, expelling the blood which it contains; it thus makes a kind of injection which theoretically in certain cases might become dangerous by exposing the newly-born child to plethoric complications.

T. M. Dolan.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 8, 1878.

FOREIGN DIPLOMAS IN GREAT BRITAIN.

There is, without doubt, an anomaly deserving of remedy in the existing prohibition to an interchange of the privileges of medical practice between foreign countries and ourselves. It is admittedly unreasonable that a fully qualified English physician and surgeon emigrating to (say) Brazil, becomes, on his landing there, a quack, until he has complied with a curriculum, and passed an examination infinitely inferior to those to which he has been already subjected; and it is equally ridiculous that a medical graduate of the best Continental universities on crossing the Channel should be forbidden the authority to treat disease in our own country. To say truth, there is no so great superiority in our own method of education or of qualification as to justify our refusal to admit foreign or colonial degrees to a position of equality. We are perfectly self-conscious that the practice of medicine and surgery is pursued daily in Great Britain and Ireland under the eye of the General Medical Council and its constituent colleges, and with their cognisance, by persons who are either half educated or not educated at all, and while this is so, we cannot with any reason ask Parliament to forbid the access of foreign or colonial graduates to reciprocity with ourselves.

All that Parliament has to consider is how it shall admit competent practitioners and exclude the incompetent, and—in the matter of foreign diplomas—this is an extremely difficult question, and one of which, despite the deliberations of the Medical Council and the thought given to it by the Duke of Richmond, no satisfactory solution has yet been obtained.

As regards the qualifications to practise granted in Great Britain and Ireland the public and the profession have done their best to protect the community against the depreciation of the educational standard. They have given to the Medical Council the right to visit and inspect examinations, to order what curriculum of education shall be accepted as sufficient, and, in case the examination and curriculum of any licensing body is insufficient to ensure the competency of its licentiate, they have authorised the Medical Council to exclude those licentiates from the legal practice of the profession. It is evident that these safeguards against low-class examinations, nominal education, and the sale of diplomas to unskilful and inexperienced persons, are inapplicable to foreign or colonial degrees. Visitation of the examinations of American or continental universities is practically impossible, for, though it might be feasible to inspect the examinations in the first instance, and as a preliminary to their recognition, it would be obviously out of the question to visit them with such frequency as to ensure that their stringency should be maintained. Then, again, it is plainly impracticable to suggest that the Medical Council shall supervise the education of foreign students, or it knows nothing, and can know little, respecting the educational value of the instruction given at continental or colonial schools of medicine. Lastly, even if it were possible to visit licensing bodies outside the kingdom with sufficient frequency and to make requisite a certain standard of education, these powers would be useless in the absence of any control over the licensing bodies in question. The Medical Council might—if adequately informed—refuse to recognise such qualifications in Great Britain, but it could not take upon itself to exclude any qualifying body upon the strength of such information as it might possess.

There is an admitted necessity to permit qualified foreign graduates to practise in Great Britain, not so much for the accommodation of aliens, who seek their medical fortune in our country, but to secure to our own countrymen the privilege of practising in continental watering-places, a privilege which was threatened to be extinguished in France, as a measure of retaliation for our refusal to admit foreign graduates to the medical register; and the Duke of Richmond attempts to meet that necessity by the following clauses of his Bill—

Clauses 5 and 6. "Where a person who is not a British subject (or, in the case of the colonies, is not domiciled in the United Kingdom), or who has practised medicine or surgery, or a branch of medicine or surgery, for more than ten years elsewhere than in the United Kingdom

shows that he obtained some recognised medical diploma, or diplomas as hereinafter defined, granted in a foreign country (or a British possession), and that he is of good character, such person shall, upon payment of the registration fee, be entitled without examination in the United Kingdom, to be registered as a foreign (or colonial) practitioner in the medical register.

7. "The medical diploma or diplomas . . which are to be deemed recognised, . . shall be such . . diplomas as may be recognised for the time being by the General Medical Council, as entitling the holder thereof to practise medicine or surgery in such possession or country, and as representing at the time of the grant thereof a degree of knowledge as tested by examination, equal to or greater than that which, at the same time, was required to obtain in the United Kingdom such qualification as entitles the holder to be registered."

It would seem that the registration of two classes of diploma-holders is here contemplated: firstly, the foreigner or colonist, who is an alien in the strict sense; secondly, the British subject who emigrates. Of these, the foreigner or colonist will be privileged to register his foreign diploma, and enter practice in Great Britain the moment he obtains it. The British subject, on the contrary, cannot apply his foreign diploma to a similar purpose, until he has practised ten years abroad. The intention of this restriction is, no doubt, to prevent British students taking a return ticket to Canada or Switzerland, and upon the strength of the diploma there obtained, setting up in practice in England, and, in this view, the restriction, though apparently unfair, is deserving of approval, not only because it will act as a protective to English colleges, but because it will prevent the inducement which would otherwise exist, to lower the British standard of education to a level of competition with America or Germany. Any enactment which excludes from practise that class of student who flies his own country to seek cheaper and easier diplomas elsewhere, should be welcomed by the profession.

In the 7th clause of the Duke of Richmond's Bill quoted above, the difficulty to which we have alluded presents itself in full force. The foreign or colonial diploma which is to be registrable is to "entitle the holder thereof to practise medicine or surgery in such possession or country."

There is, in the case of German degrees, very much more in this proviso than appears. In Germany the Government has taken all the important examinations out of the hands of the Universities and committed them to the care of separate Governmental boards. Whoever wants to go to the medical profession must first procure his "Abgangs Zeugniss," or University testimonial, and, on the strength of it, he may apply to be admitted to the "Staats Prüfung" or State examination, the university degree being insufficient to admit him to practice. Thus, it will be seen that, in admitting to the medical register such German degrees as "entitle the holder thereof to practise medicine" in his own country, we are receiving only the practitioner who has passed his "Staats Examen." We have the guarantee of the German Government as to his competency, as to his fitness, and that is a title to the public confidence very different from the degree of any University. Such a stamp of competency we may readily accept without question, and, therefore, in the case of German degrees, it becomes unnecessary for the Medical Council to take cognisance of the requirements of individual licensing bodies. This state of affairs is, unfortunately, not the condition elsewhere. In America, for example, the rights of practice differ in almost every one of the States of the Union. In some of them a degree of competency higher than our own is requisite for practice. In very many others, persons are allowed to practise on a nominal amount of knowledge, and the curricula and examinations are as various as possible. In some of the States a man may be "entitled to practise medicine or surgery" on the authority of an examination which is a mixture of allopathy, homœopathy, eclecticism, and numerous other forms of "pathys." It is difficult to understand the method by which the General Medical Council is to select amongst these, and to separate those diplomas "which represent a degree of knowledge, as tested by examination, equal to, or greater than, that which is required, to obtain in the United Kingdom such qualification as entitles the holder to be registered."

We trust that when the question whether a particular foreign degree does or does not "represent a degree of knowledge . . equal to or greater than that which is required to obtain" a British license, comes to be decided, a decision may be arrived at by some better means than that adopted by the General Medical Council for its recognition of certificates in preliminary education. In the published list of examinations accepted as sufficient evidence of general education, we find those of teaching bodies in Melbourne, Tasmania, and other places, respecting the sufficiency of which certificates the Council could have no knowledge at all. They seem to have admitted the *testimonium* of these teaching bodies to the recognised list, simply on the request of those bodies, and such other hearsay evidence as was accessible. Accordingly we find the Irish College of Surgeons refusing to comply with the suggestion made by the Medical Council, that it should abandon its own preliminary examinations, and refusing in the following terms:—

"The authorities of this College, from its foundation, have insisted upon satisfactory proof of sound preliminary knowledge on the part of candidates seeking their license, and with this object in view they long since established a court of special examiners, the members of which are selected solely with reference to their arts qualifications.

"In deference to the Medical Council, this Council has reluctantly accepted the certificates on preliminary education issued by other bodies than their own, the names of which appear to be approved of by the General Medical Council, but has done so with considerable hesitation, inasmuch as this Council cannot learn that the General Medical Council has ever taken efficient means to ascertain the character of such examinations. Whether the deficiencies in preliminary education evidenced by candidates at the several professional examinations are displayed by parties who have passed such boards this Council is not aware, but until assured of the efficient and searching character of such examinations, this Council cannot see their way to adopt the recommenda-

tion of the General Medical Council to the effect that this College should renounce its right to test candidates for its licence as to their preliminary knowledge by its own special board of examiners."

If the General Medical Council follows, in respect of foreign diplomas, the precedent created by itself in the matter of arts certificates, we apprehend the flooding of Great Britain with colonial licenses, obtained no one knows how. There is an attractive and lucrative field of practice in Great Britain, and there will be, therefore, a serious danger, in case of the passing of these clauses of the Duke of Richmond's Bill, that very many colonists and continentals who have become impatient of waiting for practice in their own countries will fetch their diplomas of doubtful character to Great Britain, and try their skill upon the public at our side of the water.

THE CAUSES OF INFANTILE SUMMER DIARRHŒA.

THE month of May reminds us that we are approaching that season of the year when the bills of mortality will be swollen by the ravages of infantile diarrhœa. And yet, notwithstanding this disease plays—every year and in every place—such an important part in the causation of infant mortality, espacially in all our large towns, the real causes of its great prevalence during the summer months have only lately been thoroughly investigated, and are even now but imperfectly known. Among the towns conspicuous for their high rate of mortality from infantile diarrhœa, Leicester holds the most conspicuous place. Indeed, the number of deaths which arise in that own from this cause alone have lately attracted much attention, and have induced the Government authorities, and more recently Dr. William Johnston, the Medical Officer of Health for Leicester, to make a more thorough investigation into the subject than has been hitherto made. Not that the town of Leicester has the reputation of being an unhealthy place in other respects. On the contrary, it holds a very favourable position in the tables of our annual mortality returns, while as respects the cleanliness and width of its streets, the free ventilation of its yards, and the general neatness of its artisan homes, it is, we are informed, unsurpassed by any large manufacturing towns in England. But there is no doubt about the excessive infantile mortality from diarrhœa, and it is interesting to contrast the position which Leicester takes in the general mortality returns during the winter months when diarrhœa does not prevail, with that which it holds during the summer months. Thus while in the annual rates of mortality per 1,000 for one week in August, 1877, in the 20 large English towns ranged in order from the lowest, Leicester is at the bottom of the list, its death-rate being as high as 33, as against Brighton, Sheffield, and several other towns whose death-rate was from 18 to 20. On the other hand, in a similar return for the second week in December, we find it at the head of the list for its general salubrity, its death-rate being only 17 per 1,000.

In the year 1875 the Sanitary Committee determined to make a thorough inquiry into the subject, and Drs. Buck and Franklin were appointed to conduct the investigation. They attributed the cause of the disease to "heat in conjunction with a water-logged soil." The land, they said, of the low-lying parts of the N.E. district of the town, where the concentration of the disease is most marked, consists of clay, of a bed of fine sand, and of artificial or made ground. In the N. and N.W. districts, the houses are built upon gravel, and here the deaths are scattered, as compared with those on the clay, and their specificity is not so marked. "The effect of heat, plus moisture, is well seen in the deaths about Lyttleton Street, where almost all the cases were of a specific nature, and where the soil was very damp," when they visited the neighbourhood. There are, however, as Dr. Johnston has shown in his able and laborious report, many facts which throw doubt upon the truth of the conclusion which Drs. Buck and Franklin drew from their inquiries. In the year 1868 the mortality from the disease amongst a population of only 90,000 was greater than has ever—either before or since—been recorded. In that year very high temperatures prevailed; when the rain first appeared (August 6th) the height of the epidemic had already passed. The rainfall of the 6th, 18th, and 22nd August was large, and on its appearance a marked diminution took place in the mortality, a diminution which was not interrupted by the high degrees of heat experienced during the first days of September. Indeed, during that year not only an almost unprecedented degree of heat was experienced, which lasted for over three months, but the rainfall from May 1st to August 6th only amounted to three-quarters of an inch. This fact is alone sufficient to discredit the theory above given, for here, in a year unparalleled for its high mortality from diarrhœa, a totally opposite condition to that of waterlogging existed, for the soil was everywhere parched, dry, and arid, through the long-continued drought and intense heat experienced.

That solar heat is the chief agent in generating summer diarrhœa in general, is universally admitted, the chief question being whether it acts alone or in conjunction with some other agent peculiar to the locality in which the disease is prevalent. With regard to Leicester, it is evident we must look for some other cause than that of the nature of its soil, and accordingly, Dr. Johnston, after an elaborate inquiry into the subject, comes to the conclusion that the summer diarrhœa of that town "is dependent upon the pollution of the air by the escape of sewage gas from the hastily devised, badly constructed, non-ventilated system of sewers." The grounds on which he arrives at this conclusion are: That diarrhœa has been proved by Drs. Murchison, Cameron, Thorne, Carpenter, and others to have arisen from inhaling air that is infected with sewer emanations, and that the distribution of the disease in Leicester corresponded more or less with the presence of faulty sewers, and with those localities where, owing to the structural defects in the sewers, the sub-soil is most polluted with sewerage matter, and the atmosphere most vitiated by the escape of gases from them. It appears that very few of the sewers laid down in Leicester are, from their flat gradients, self-cleansing. The whole system of sewerage is of insufficient capacity to meet the daily requirements of the town; and as a result of this the main outfall sewer,

and the main sewer connected with it, are running full during the day. Moreover, little or no means of ventilation exist for the sewers in the greater part of the town. Under such conditions, remarks Dr. Johnston, of non-ventilation and insufficiency, the gases are completely pent up in the sewers, where they soon attain high degrees of tension, and under which they escape into the surrounding sub-soil and outer air.

It is highly probable that, in many instances, and in the case of Leicester more especially, the mortality from infantile diarrhœa is increased by the contamination of the air with sewage gases; and this is the more likely when the disease assumes almost a specific type, and if, with the officer of health for Leicester, we regard the summer diarrhœa of that town as a disease of similar origin and closely allied in its nature to typhoid fever. From the facts above mentioned there is every reason to believe that the explanation given by Dr. Johnston is the right one, but not until we have had the crucial test of the drainage of towns having been made more perfect with a corresponding fall in the death-rate from infantile diarrhœa, can we say that the real cause of the unusual prevalence of the disease in Leicester has been proved to be the imperfect state of its drainage. One hundred and sixty-six cases of diarrhœa were registered in the Borough of Leicester during the three months ending September 30th, 1877. Of these as many as 130 were infants under 12 months, 20 were from 12 months to 2 years, and only 3 from 2 to 5 years. Again, with regard to the sanitary condition of the premises where the deaths occurred, 132 or 85·7 per cent. are reported in good condition, having open and well scavenged yards attached; and as to water supply, 117 or 75·9 per cent. of the houses were supplied with water-works water; nor must it be forgotten that little more than half (58·4 per cent.) of those young infants were suckled, 19 per cent. of them were bottle-fed, and 22 per cent. fed upon a mixed diet. Now it seems strange that a diarrhœa of specific nature should in a very large majority of the cases have been confined to infants under 12 months; infants, half of whom could not have been exposed to the disease through drinking impure water, whose parents were living in premises the sanitary condition of which is said to have been pretty good, half of whom were brought up by hand, improperly fed, and no doubt subject to other conditions, which, when combined with the prevalence of very hot weather, might, independently of breathing air contaminated with sewage exhalations, well account for so many of them being carried off by diarrhœa. At all events, even supposing that the cause insisted upon by Dr. Johnston has been in operation with respect to Leicester, it does not follow that either in that town or elsewhere is infantile summer diarrhœa, to be generally speaking, viewed as an effect of defective drainage and of the causes which give rise to typhoid fever in the adult. Diarrhœa is after all only a symptom, or if we call it a disease, we must admit there are several varieties of it—the diarrhœa of simple irritation, from improper food, &c.; inflammatory diarrhœa from catching cold, and the sudden suppression of the functions of the skin, bilious diarrhœa, &c. Indeed, there can be no doubt that intense solar heat is in itself a powerful factor in the production of infantile summer diarrhœa. Heat alone will kill just as cold alone will kill, and we generally find that the rates of mortality are very high when either intense and prolonged heat in the summer, or cold in the winter, is prevalent. Into the *modus operandi* of this solar heat we cannot now enter, but there can be no doubt that, were it allowed to exert its full influence, the rate of mortality from diarrhœa would continue in the best constructed and best drained towns in the universe. Fortunately, however, it is one of those causes against which we are not wholly unprotected; and what with suitable diet, suitable clothing, avoidance of the direct rays of the sun, and the occasional use of the tepid or cold water effusion, we may ward off or mitigate attacks of infantile summer diarrhœa.

Notes on Current Topics.

The Army Medical Department.

We have already noted the reply given by the Irish College of Surgeons and the University of Dublin to the inquiry of the War Secretary as to the causes of the abstention of students from entering the Queen's Service. The following is the answer returned by the Irish College of Physicians:—

Dublin, April 5th, 1878.

Sir,—I have the honour to inform you that this College has given the fullest and most careful consideration to the subject of your communication of the 21st ultimo, in which you ask, on behalf of the Secretary of State for War, the unreserved opinion of the King and Queen's College of Physicians in Ireland, as to the specific causes which render the Army Medical Department unpopular among medical students, and which produce the existing difficulty in obtaining candidates for the service.

I have further to inform you that this College has, at all times, taken the deepest interest in the medical department of Her Majesty's Army, as well on the general grounds of the relation it bears to the medical profession at large, as because so many of their licentiates serve in the department. The College would, at the same time, respectfully remind the Right Honourable the Secretary of State for War, that, on several occasions, they have expressed their views on matters connected with the department, both as regards the grievances which, in the opinion of the College, the medical officers have been subjected to by the issue of Royal Warrants and Army Circulars, revoking and altering the Royal Warrants of 1858 and 1873, and as regards the disastrous consequences which must necessarily ensue from a persistence in such a course.

In particular, the College would call the attention of the Secretary for War to a Memorial which they forwarded on 20th April, 1877, to the Right Honourable Gathorne Hardy, and which was prepared by the College in consequence of the issue of the Royal Warrant of 1876 and the Army Circulars of 1877. A copy of this Memorial the College beg herewith again to submit for the consideration of the Secretary of State for War.

The opportunity which your letter of 21st ultimo has afforded the College of their unreserved opinions being taken into the consideration of the Secretary for War, the College gladly avail themselves of, and in reply to your queries, they would earnestly but respectfully urge the following, as being, in their opinion, severally and collectively, the specific causes which make the Army Medical Service so unpopular among medical students, and which tend most materially to deter candidates from coming forward to compete for the vacancies in the department, viz.:—

1. The recent short service system, by which a medical

officer is liable to compulsory retirement at the end of ten years' service.

2. The abolition of the regimental system.

3. The disadvantage at which the medical officer is placed with respect to *sick* and *ordinary* leave, as compared with other officers.

4. The feeling of distrust produced by the frequent changes in Warrants and Regulations has caused a reluctance on the part of students of the highest class to enter a service in which they were unable to calculate with certainty on their future career and treatment.

I have the honour to be, Sir,
Your obedient servant,
J. Magee Finny, M.D.,
Registrar.

To Ralph Thompson, Esq., C.B., Assistant Under-Secretary of State for War.

A Renal Form of Typhoid Fever.

Dr. Charles Amat, in a thesis, describes a form of typhoid in which the renal symptoms are marked and characteristic. We have already descriptions of typhoid as it appears under a cerebral, cerebro-spinal, and thoracic form.

Dr. Amat draws the following conclusions :—

1st. The typhoid poison attacks the kidneys in the same way as the other organs—the brain and lungs, &c.; hence the necessity of admitting a renal form.

2nd. Recognised by M. Gubler, M. Al. Robin, and Hardy, this form has not yet been the subject of a complete description.

3rd. It possesses a complete symptomatology—slight diarrhœa, considerable debility, extreme adynæmia, earthy colour of skin, abundant epistaxis, rapid delirium, very high temperature, rash not abundant, and a special urological group of symptoms—sanguinolent colouration, odour of boiled bread, contains sediment formed by the red and white globules ; albumen in large quantities.

4th. The ordinary form differs from the renal form by the greater intensity of the abdominal phenomena, by the more abundant diarrhœa, by the delirium, by the less elevated temperature, by a more confluent eruption. The urine is orange coloured ; the sediments are not constant, consisting principally of urates and phosphates. The albumen is temporary.

5th. The kidneys present the signs of interstitial nephritis.

6th. The renal form may be confounded with the ordinary form, or with primary renal disease.

7th. The progress and duration vary. The termination is generally fatal.

8th. The variations in quantity and composition of urine aggravate the prognosis or render it favourable.

9th. The patient should be placed on milk diet, and cold baths are contra-indicated.

Antiseptic Precautions in Midwifery Practice.

In the April number of the *Obstetrical Journal* there is a paper on this subject by Dr. F. W. Newcombe, who thinks that the antiseptic precautions which are now so universally practised in the case of surgical operations should also be carried out in midwifery practice. When, he says, we consider that an operation is now seldom performed without carefully excluding the access of air to the wound, without surgeons, nurses, &c., carefully disinfecting their hands in carbolic solution, is it not just that the lying-in woman should have the same immunity from danger accorded to her, and the risk removed of septic poisoning? Dr. Newcombe would in many cases have the room disinfected, all superfluous furniture, carpets, woollen articles, &c., removed ; blankets, sheets, &c., thoroughly disinfected ; the diapers (which should be new) thoroughly steeped in a solution of carbolic acid and dried ; and a few sponges kept in a jar filled with a solution of carbolic acid. Care should be taken that no sewer gas can permeate the apartment from the proximity of a sink or water-closet. A bottle of carbolic acid should be provided, and the surgeon should lubricate his whole hand every time he examines a patient ; and if forceps or other instruments are used, they should be previously placed in a solution of this acid.

We do not, however, regard, as Dr. Newcombe does, parturition in the same light as a surgical operation, and, at all events, we think that such precautions as those above noticed will be generally found both unnecessary and impracticable. Besides, we doubt whether so much attention to disinfection, and so much fussy preparation would dispose the lying-in woman to that calm, hopeful, and confiding state of mind which it is so desirable for her to enjoy in the hour of her great trial. Under exceptional circumstances, these precautions should be certainly taken. but in ordinary cases we maintain that they would be found more troublesome than useful.

The Dublin Death-rate and the Small-pox.

The mortality of Dublin has risen still higher. For the week ending April 27 it was 34·0 per 1,000 of the population, that of London being 24·2, of Glasgow 25·4, and of Edinburgh 23·2. The health of Dublin thus appears to be 25 per cent. worse than that of the most unhealthy English towns. In the same week the deaths from zymotics had risen by 15 from the previous week, and exceeded the average of 10 years by 19. The deaths from these causes comprise 21 from small-pox, 10 from fever (2 typhus, 6 typhoid, and 2 simple continued fever), 12 from whooping-cough, 3 from scarlet fever, 2 from croup, 1 each from measles, diarrhœa, &c. The deaths from small-pox during the last seven weeks have been respectively 7, 12, 7, 10, 15, 9, and 21. Of the 21 deaths from this disease registered last week, 7 are chargeable to Meath Street district, 7 to Peter Street district, 3 to the other two South City districts, 2 to the North City districts, 1 to Donnybrook district, and 1 was a case admitted to hospital from without the Dublin registration area. Compared with the preceding week there has been a considerable decline in the admission to the six principal city hospitals, of persons suffering from small-pox, the number for the week being 70, against 110 the preceding week ; there were 196 cases under treatment in those institutions on Saturday last—20 patients died, during the week, and 57 were discharged as cured. Hospitals for the reception of small-pox patients have been opened in connection with the North and South Dublin Union Workhouses.

Volunteer Surgeons and the Crisis.

Surgeon-General Munro has issued a circular to the volunteer surgeons of Great Britain asking whether they would be willing to undertake local professional duty under the supervision of the Director-General, Army Medical Department; such duty not to interfere with private practice.

We should imagine that there can be only one response to this question, in an unanimous and patriotic affirmation. In the presence of a great national crisis it should be the duty of every citizen to support the Government, even though politically their policy may be deemed unwise, and as surgeons are a necessity, and the supply does not equal the demand—setting aside army medical grievances for the time—every volunteer surgeon should respond to the call, and thus provide for possible emergencies.

There may not be war, the services of volunteer surgeons may not be required, but the offer of services will be none the less appreciated. The volunteer ambulance movement may be reckoned already a great success, and when extended to the provinces will be still more productive of advantage in case of war, as a supply of trained bearers and assistants will thus be secured. The extension of the volunteer medical department, under the direction of the Director-General of the Army Medical Department, will place our military medical system on a sound and comprehensive basis, and will thus enable us to compare with the medical organisation of any continental power.

A Case of Cerebral Localisation.

The following fact, which came under the observation of M. Dumontpallier, is (says *La Presse Médicale*) interesting from the manner in which the symptoms observed during life were connected with the anatomical lesions found after death. It also demonstrates, as shown by the researches of MM. Charcot and Pitre, that the cortical motor centres for the two upper extremities are situated in the paracentral lobule, and in the two upper thirds of the ascending convolutions, and that the centres for the movement of the lower part of the face are located in the lower half of the ascending convolutions close to the fissure of Sylvius.

An old woman, 77 years of age, was admitted 12th March, 1877, into the hospital under the care of M. Dumontpallier. Her body is immovable, and completely relaxed. She opens and closes her eyes easily. There is no distortion of the features, no deviation of the tongue, and no facial paralysis. On the right side there is complete hemiplegia, and on the same side anæsthesia is equally complete. The left side is in a relaxed state, but at certain times the patient moves her left arm and leg. Sensibility is completely lost, or at least the patient is insible to either pricking or the application of cold. She seems to understand what is said to her, mumbles, puts her tongue out, but cannot speak. In spite of her advanced age, this woman perfectly recovered, when on the 5th of April she succumbed to an attack of pneumonia. The following appearances were found in the brain. On the surface of the left cerebral hemisphere there was a well-defined patch of softening, occupying externally the upper part of the ascending parietal frontal convolution to the extent of about 2½ centimètres, and internally the whole of the paracentral lobule. There was no discoloration, or anything to point to the occurrence of hæmorrhage. The softening was probably the consequence of a thrombosis or embolism; the great central ganglia, as well as other parts of the brain, were perfectly sound.

Indian Opinions on the Army Medical Department.

The *Pioneer*, an able and influential Indian paper writing on this subject, says:—The report now current as to an amalgamation of the home and the Indian medical services has had its effect on the hitherto popular Indian Medical Department; and instead of the usual crowd of applicants, the competition was limited to thirty men for twenty-five appointments; in fact, for the first time there was no competition worthy of the name. The idea of the authorities seems to have been to get men in for the army by the influence of the Indian service amalgamated with it; but the effect has been, instead, to drive men away from the latter; without attracting more candidates for the former. The short-sightedness with which the authorities have treated the medical officers of the army is now bearing fruit; and until the just grievances of those in the service are righted, there is no use expecting young men to come forward." Speaking of the steps that ought to be taken our contemporary observes:—"The ten years' service system is a monstrous error; it is now found that the bonus of £1,000 at the end of it does not even tempt the younger members of the profession. Restore long service, form medical messes at the larger stations, give back forage to surgeons-major entitled to it under the warrant of 1858, improve the uniform (a minor but still important point), and give some natural promotion by inducing the senior surgeons-major to retire, in the same way that the Indian and Royal Artillery field officers have been induced to go—viz., by improved pensions and bonuses—and then no doubt the service would be restored to a healthy condition.

Sanitation and Public Prejudice.

In an able report on the health of the Sidmouth Urban Sanitary Authority, Dr. Thomas H. S. Pullin gives some graphic illustrations of the prejudice and carelessness that sanitary officers have frequently to contend with. The *Sidmouth Journal* says "that if you want to damage a place and mar its reputation, the best thing to do is to appoint a medical officer of health." A sanitary official remarked last summer that "there was too much fuss made about sanitary matters now-a-days, and he did not believe that drains or water had anything to do with sickness." Another even went so far as to say to Dr. Pullin that he "wondered that a judgment didn't fall on the doctors for thinking they could prevent diseases that God sent!" At the last meeting of the Board, Dr. Pullin occasioned much surprise, and was widely censured, for suggesting that a chronic escape of sewer gas into a house where four deaths from scarlet fever, whooping-cough, and erysipelas not long since occurred, had exerted a deleterious influence on those deaths. There are several other facts mentioned in this excellent report of the Medical Officer of Health for Sidmouth, but our limited

space will only admit of our drawing attention to the ignorance, superstition, and prejudice that exist in some quarters on the subject of sanitation.

Treatment of Carbuncle.

CARBUNCLE is one of those diseases with regard to the treatment of which there is great difference of opinion. Thus there is the method of compression ably advocated by the late Mr. O'Ferrall, and more recently by Mr. M. H. Collis. There is the old plan of making a crucial incision, the more recent method of treatment by caustics. One surgeon relies chiefly upon poulticing; another upon punctures, followed by compression. Mr. Montgomery A. Ward, in a report on Practical Surgery (*Dublin Journal of Medical Science*, No. lxix., 1877), remarks that, in his opinion, compression is hardly practicable for large carbuncles situated on the back of the head: that in some cases the crucial incision is apt to be attended by hæmorrhage and a large suppurating sore, and that the use of caustics is often followed by a large cicatrix, a result which it is of great importance to avoid. The plan he has successfully practised is to make an incision from one-and-a-half to two inches long over the centre of the carbuncle when the slough has formed, and from four to six smaller counter openings round the central one. These openings are then plugged with strips of lint steeped in some stimulating application; the whole is covered with a poultice, and the carbuncle dressed every day until the sloughs have separated. The advantages Mr. Ward claims for this method are: That all the integument is preserved; that it has all the advantages, and none of the disadvantages, of the crucial incision; that there is almost entire freedom from hæmorrhage; that the occurrence of a large suppurating sore is avoided; that sufficient space is afforded for the escape and removal of dead cellular tissue; and that very slight cicatricial marking results.

Rectal Alimentation.

PROF. AUSTIN FLINT, the eminent American physician, cites (*American Practitioner*, Jan. 1878) some cases which show the tolerance with which the rectum receives nutritive enemata, and for what a length of time the system may be supported by this means. In one case rectal alimentation was wholly relied upon for fifteen months, and to a great extent for five years afterwards. In three cases it was practised for a shorter period, but with equally successful results. This plan of treatment is indicated in disease of the œsophagus, or of the cardiac or pyloric extremity of the stomach, in gastric ulcer, hæmatemosis, and acute gastritis, in "a peculiar affection of the stomach occasionally met with in young women and characterised by great intolerance of food, in those cases of invincible anorexia occurring in middle or advanced life, which probably depend upon degeneration of the gastro-intestinal tubules, and where, owing to blunted mental perceptions, or to coma, an inadequate amount of food cannot be introduced into the stomach." This treatment might also be resorted to in certain cases of vomiting during pregnancy, in which the patient's strength is much reduced, or even her life imperilled by want of nourishment. Prof. Flint does not think with Leube that milk, eggs, and meat-broths are unsuited to rectal alimentation; for he has found that the rectum digests and assimilates these articles without difficulty, especially if a little pepsin, pancreatin, or hydrochloric acid be mixed with them. The injections, which should vary in amount from three to six ounces, may often be introduced into the colon by means of a flexible tube.

The other Cinchona Bases Compared with Quinia.

DR. W. K. NEWTON (*Medical Record* of New York), from a review of the evidence upon the subject, and from his own experience, comes to the following conclusions:—

Quinidia sulphate, when chemically pure, is almost a duplicate of quinia, and may be given in the same doses; it does not cause any more gastric troubles than quinia; even the commercial salt is as efficacious as quinia. Cinchonidia sulphate is also closely allied to quinia in its effects, and may be given in the same doses; but it is more apt to cause nausea and vomiting, and even purging, than quinia or quinidia. This salt is not recommended in diseases of the genito-urinary system, or after operations on this tract; neither is it to be given when shock exists. Cinchonia sulphate is a valuable anti-periodic, but must be given in larger dose than the other salts. It is quite apt to produce gastric disturbances and cause purging. Thus it may be seen that the three alkaloids may be substituted for quinia, but that quinidia and cinchonidia are better substitutes for that salt.

The question does not interest the city practitioner from an economic point of view, but it is one of importance to charitable institutions and to the country practitioners who furnish patients with medicines, and who buy in large quantities.

Plague of Flies in County Derry.

THE local papers report that the people of several districts in county Derry are at present suffering under a painful visitation of a species of fly hitherto unknown in that county. It made its appearance in numbers so vast that the air is filled and obscured as with a mist. Horses, cattle, and men are indiscriminately attacked, and with the most painful results. The insects fill the ears and swarm round the eyes of horses and cattle. Their sting is most venomous, and produces inflammation; and farmers find the greatest difficulty in working their horses, as the eyes of the animals are sometimes closed from the pain produced by the insects. Cattle cannot remain in the fields, but rush wildly home in terror and agony, and the people themselves are attacked on hands, neck, and face, and can only ward off the stinging assault by means of extemporised fans of some kind.

Royal College of Surgeons in Ireland.

THE annual election of examiners occurs next Tuesday, and the present officers, and, in addition, Messrs. Wheeler and Robinson, are candidates. The former gentleman has resigned his seat on the Council, and as on this body there may be other vacancies, it is expected that several candidates may come forward. Dr. Jacob and Mr. Elliott have already announced their intention to do so. The vice-president, Mr. Smyly, will be advanced to the chair, and will be, it is believed, succeeded by Professor Mapother.

A Dangerous Cosmetic.

To be swindled into giving £200 for a few bottles of dirty water is, it would seem, not the only or the worst risk which vain and feather-headed women of fashion run in their pursuit of admiration. The use of lead lotions for hair washes, and of arsenical pigments for the skin, have been long since known and exposed, yet the use of these "hair restorers" is persisted in with as little consideration as if they were noted for their healthiness.

In the *Analyst* for April Mr. Charles Piesse says that he had submitted to him for analysis a small quantity of a white substance, in the condition of a magma, and he was informed in reference to it that it was used by an American lady as a face cosmetic. The lady, unable to purchase the preparation in London, desired to have some manufactured especially. The result of his examination showed that the substance consisted wholly of *calomel*, the wetness of the magma being due simply to water.

The existence of such a cosmetic in the American market is another instance of the 'cuteness of the Yankee,—regardless of consequences.

Anthropology at the French Exhibition.

One of the most interesting features of the present Exhibition is, certainly, the Museum of Anthropological Sciences, organised by the Anthropological Society of Paris. A part of the gallery surrounding the central dome of the palace on the Trocadero has been placed at the disposal of the society. The Commision, to which the organisation has been entrusted, is composed of eminent men, including Messrs. Quatrefages, Broca, de Mortillet, Topinard, Bertillon, Barbier, Horelacque, &c., and they have formed local committees in Austria, Russia, Sweden, and Spain. There are already enrolled 140 exhibitors, amongst whom are the owners of 16 museums. Of these, one of the most interesting is the Museum of Paperswyl, belonging to Count Plater, it is noted for its ethnographic and archæological riches having reference to Poland before its dismemberment.

Poisoning by Potassium Chloride.

In the American *Journal of Pharmacy* Mr. G. W. Kennedy details the case of a child which had eaten about half an ounce of the salt, in consequence of which violent vomiting set in after some time, producing gastritis, collapse, and death seven hours after the salt had been taken. A peculiar symptom observed was the strong inclination of the child to slumber, it being in a lethargic condition from the time it was first noticed until it expired.

A Novel Milk Adulteration.

To the *Analyst* for April Dr. J. Muter communicates the result of examination by him of a sample of milk to which his special attention had been directed, in consequence of the very low percentage of ash which his preliminary analysis showed.

After numerous researches, he at last found that the foreign matter in the milk was glycerine, which is certainly a most ingenious addition, as a solution of that body in water of 12 per cent. strength has a specific gravity of 1.030; and he found, after several experiments, that 35 per cent. of such glycerine water might be added to milk without being detectable either by gravity or by the ordinary "solids not fat" process. Moreover, such an amount does not give any extraordinary sweetness easily detectable by the taste.

Effect of the War on Insurance Premiums.

The appeal of the insurance companies to the Austrian Govrenment to obtain a satisfactory disinfection of the fields of the late battles in Bulgaria and Roumelia, is an instance of the singular complications of modern society. A number of dead bodies lie unburied in Turkey, and an epidemic is dreaded in Vienna, which may seriously affect the calculations in the actuaries' tables. Apprehension is certainly not unreasonable; the frightful form of typhus which is now raging in South-Eastern Europe and in Armenia may well make the directors of insurance offices uneasy, to say nothing of the insurers themselves, who have probably hitherto given little thought to the matter.

Absorption of Tincture of Iodine by the Skin.

Dr. L. Menager has experimented upon children with a solution of equal parts of tincture of iodine and glycerine, rubbed into the skin, and has arrived at the following conclusions. 1. Iodine in tincture, mixed with glycerine and applied to the external integument, is absorbed. 2. This absorbed iodine is invariably found in the secretions and in the urine. (Dr. M. tests for iodine by adding a little starch to the urine in a test-tube and then dropping a few drops of nitroso-nitric acid into it. This gives a blue or violet colour, according to the quantity of starch present). 3. This application may give rise to certain symptoms, usually a variety of mild temporary albuminuria. 4. Dressings containing tincture of iodine may be employed as a means of introducing this medicine into the system when it cannot be taken by the stomach. 5. It must not be forgotten that when this absorption takes place in patients subject to nervoso-vascular erethism, as in certain cases of phthisis, where these dressings are often practised, they may do more harm than good.

On the Pathogenesis of Sudden Death in Typhoid Fever.

M. Huchard has published in *l'Union Médicale*, 1877, an interesting paper on the above subject, in which we find some important therapeutical deductions.

Reviewing the various theories proposed to account for sudden death, M. Huchard does not consider the theory of reflex action as satisfactory, nor is he content with the exclusive theory of cardiac alterations or cerebral anæmia. He believes sudden death in typhoid fever is due to two causes united—encephalic anæmia and degeneration, or simply ischemia, or a paretic state of the cardiac muscles.

He draws the following conclusions from these theories:

1st. To resist the degeneration or weakness of the heart by the administration of digitalis, which is a cardio-vascular tonic, and by the use of coffee, wine, or alcohol.

2nd. To guard against cerebral anæmia and the tendency to bulbary ischemia by opium and injections of morphia.

Extraordinary Cause of Death.

THE strange and remarkable accidents to which disease exposes the human body are well illustrated by a case recorded in *La Presse Médicale*, in which death arose from the rupture of an aneurism of *right gastro-epiploic artery*. It is, indeed, quite unique in medical literature. The patient, who was a very stout woman, complained of a severe and sudden circumscribed pain in the epigastrium, accompanied also with pain in the abdomen. The severe pain was soon followed by collapse, and she died twenty-four hours afterwards.

Medical Reform in America.

A CORRESPONDENT of the *Med. and Surg. Reporter* writes that the Illinois State Board of Health have done a work very satisfactory, not only to the profession, but to the public. The law is not perfect, but will be a stepping-stone to something more. Over 600 strong, non-qualified, have left the State. Every doctor in the State is reading up. Very few students are entering our offices. Western colleges, as a result of the law, have been filled with students. Surrounding States will pass similar laws, in self-defence.

Sarracenia Purpurea in Gout.

ACCORDING to Foucaut (*Arch. der Med. in Ph. Zeit. f. Rüssl.*) the stem and root of sarracenia purpurea is an effective remedy in chronic form of gout. It is employed in form of an infusion, made from one to two spoonfuls of the powder at a time, mornings and evenings, and once during the day one spoonful made into an infusion as a prophylactic. The violence of the attacks becomes greatly diminished, and the alveolar movements more regular.

A New Mydriatic.

M. GALEZOWSKY has experimentalised with an Australian plant possessing a mydriatic action far superior to that of atropine, and which he brought under the notice of of the Biological Society of Paris at its sitting of March 30th.

This substance may be employed on patients in whom there is a difficulty about using belladonna. It appears to have a different action to that of atropine, as it produces stasis of the veins.

Typhus in Roumania.

THE *Revue Médicale de Roumaine*, says that a great number of Russian doctors and sisters of charity have succumbed to the epidemic of typhus now raging in many parts of Roumania. At Fratesti and at Jassy alone—two opposite points—between 40 and 50 medical men, and nearly double that number of sisters of charity have died from it.

The Health of Dublin.

ON a motion by Mr. Meldon, M.P., and in return to an order of the House of Commons, copies were issued last week of the memorial lately presented by the Committee of the Dublin Sanitary Association to his Grace the Lord Lieutenant of Ireland, and any reply given thereto, and of the resolution passed by the Public Health Committee relating to the said memorial. The Public Health Committee, in their resolution on the first report of the Sanitary Committee, state that they think that if a commission of inquiry should be appointed, it should inquire not only into the causes of the high death-rate in Dublin, but also into the best means of abating them.

Dangers from Salicylic Acid.

SEVERAL instances have occurred in which this agent produced disagreeable consequences. Dr. Watelet communicates a paper to a late number of the *Bull. de Therap.* on this subject, entitled "Accidents following the Administration of Salicylic Acid." The details are given of two cases of rheumatism treated by salicylate of soda, one of which was followed by gangrene of the lower extremities, and both by cystitis, obstinate constipation, and coldness of the extremities.

Social Science Congress.

THIS year's annual Congress of the National Association for the Promotion of Social Science is likely to be held at Cheltenham in the autumn, provided there is locally subscribed a sum sufficient to cover the expenses attendant on the proper reception and meetings of the body in the above town. More than a third of the money has already been raised.

Professional Privileges.

THE Medical Societies of Philadelphia are endeavouring to obtain the passage of a law providing that "no person duly authorised to practise physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

THE absence of cold easterly winds last week resulted in a considerable diminution in the high death-rates of the previous fortnight. In the four principal cities the rates of mortality were 23 in Edinburgh, 24 in London, 25 in Glasgow, and 34 in Dublin. The other large towns, having a population of over 100,000, were :—Portsmouth 17, Leicester 18, Nottingham 18, Brighton 20, Newcastle-upon-Tyne 20, Norwich 20, Salford 21, Bristol 21, Hull 22, Sheffield 22, Bradford 23, Leeds 24, Wolverhampton 25, Sunderland 26, Birmingham 26, Manchester 28, Liverpool 29, Oldham 31, and again the highest rate 33 in Plymouth per 1,000 of the population.

DR. GORDON, who for the last thirty-seven years has been associated with Queen's College, Belfast, the latter portion of the time as professor of surgery, has been presented with a life-size portrait of himself, which is to remain in the examination hall, as a lasting testimonial of the esteem in which he is held by his pupils, colleagues, and friends. A half-length copy is also to be painted, and presented to Mrs. Gordon when finished.

A STILL higher death-rate prevailed in St. Petersburgh last week than in any previous week recorded, reaching

the terrible figure of 65 per 1,000 of the population, as against 24 in London. Of the whole deaths nearly one-fourth were from typhus fever. Many other European cities also gave an excessive death-rate, viz., Turin 51, Naples 47, Buda-Pesth 41, Vienna 37, Rome 36 per 1,000.

THE deaths from small-pox in London, which had increased from 48 to 80 in the four previous weeks, declined again to 63 last week; 40 were recorded in the Metropolitan Asylum Hospitals, 3 in the Highgate Small-pox Hospital, one in Westminster Hospital, one in Bethnal Green Workhouse, one in a barge off Millbank, and 17 in private dwelling-houses.

THE Annual Oration at the Medical Society of London was delivered on Monday evening, by Dr. Alfred Carpenter, of Croydon. The Orator chose for his theme, "Alcoholic Drinks as Diet, Medicines, and Poisons." Dr. Carpenter's well known eloquence and the popularity of his subject drew together a large and attentive audience.

HARVARD University has been left a sum of 10,000 dols. on condition that the medical school is thrown open to women. The Faculty of Medicine has accepted the proposal, and it is probable the Supreme Board will do the same.

IT is announced that an examination of candidates for commissions in the Medical Service of the Royal Navy, and for immediate service afloat, will be held at University of London on Monday, 27th May, 1878, and following days.

THE Merchant Taylors Company have made a fourth grant of thirty guineas in aid of the National Hospital for Consumption and Diseases of the Chest, Ventnor.

Correspondence.

A PENNY HOSPITAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I trust to your fairness to permit me to state that the suggestion of a "Penny Hospital Fund" to which the MEDICAL PRESS AND CIRCULAR lays claim, is by no means a novelty. One of the plans adopted by the Board of the Hospital Saturday Fund at the commencement of that movement, was the issuing to "trustworthy authorities," in all the large firms, factories, and industrial establishments of the metropolis, of collecting sheets for weekly contributions. This system is still maintained; it is, in fact, the essential feature of the Hospital Saturday scheme, and by a more efficient organisation now introduced will, we believe, be the means of doubling our income during the current year.

Yours, &c.,

J. HUGHES,
Chairman of the Council of the Hospital Saturday Fund.

*** We lay no claim whatever to the suggestion of "A Penny Hospital Fund." From the outset we were against the ostentatious and expensive method of collecting in the streets. It being a working man's fund, we suggested that it would be more in keeping with the object, more agreeable to the hospital authorities and the profession generally, and much less expensive a method, if weekly collections were made all the year round of men in employment by some properly constituted authority in each firm. Each year we have reiterated our views, and we are glad therefore, to hear "that by a more efficient organisation now introduced" this idea will be enlarged and carried out successfully. The next improvement we hope to hear is, that street-touting has been abolished. If the working men have been solicited indoors, they can hardly be expected to give again outside, and the money dropped into the boxes by others can hardly be a sufficient excuse, in the eyes of medical men, for exposing two or three hundred ladies for so many hours to the chances of the weather in the streets of London.—ED. M. P. & C.

"IS OUR PHYSIOLOGY OF THE LARGE INTESTINE CORRECT?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In noticing my pamphlet, "Is our Physiology of the Large Intestine Correct?" in your last issue, I observe that you object to the quotation from the *Daily Telegraph*, and I quite admit that at first sight it appears somewhat irrelevant; but hardly so, I think, with regard to the importance of the combination of the *gases*, which, possibly, are at the bottom of the "secret," and account for not only the beautiful natural law there alluded to, but, when this matter is more thought about and impartially investigated by some of the active minds now at work, will further account for many other interesting phenomena, such as the perfume from flowers, &c., &c.

You also rightly *question*, as doubtless that is the only way to arrive at truth, whether the constipation after the operations mentioned is the real cause of the death-rate being lower than formerly? I am glad that you do so, and I will only say that it is at least singular that, whereas the bowels, as a rule, were formerly not allowed to be confined after these operations, and now, as a rule, they are almost invariably *not* interfered with, the inference, at least, was not unnatural, and I venture to think, in the absence of proof, that it is not far from the truth.

Your obedient servant,

11 Kilburn Priory, N.W., C. J. HARRIS.
May 3, 1878.

Literature.

SHORT NOTICES.

(1) "Aids to Forensic Medicine." By William Douglas Hemming, M.R.C.S., &c. London: Baillière, Tindall, and Cox. 1878.

(2) "Fat and Blood, and how to make them." By S. Weir Mitchel, M.D., &c. London: Lippincott and Co. 1878.

(3) "The Whole-Meal Bread Question." By W. Neave Hill. 32mo, 108 pp. 1878.

(1) Medical jurisprudence has been a rather neglected branch of study, its importance being only found out when the student has become qualified, and he is brought face to face with some medico-legal difficulty. There is an awakening interest, we find from the production of such handbooks as the above. The author says: "If this little work tend in any way to induce students to pay more attention to medico-legal science, its object will be amply attained." We think it will do this and more; it will be found a useful aid to memory. In a small compass, many questions, involving civil rights and social duties, are ably condensed, whilst the portion devoted to toxicology, though brief, contains the principal facts, on the nature, detection, and antidotes of poisons.

(2) This is the second edition of an American work by a physician, well and favourably known in the States. We must confess to a certain amount of scepticism on special treatment, which succeeds principally in the hands of the introducer.

The author claims a method of renewing the vitality of feeble people by a continuation of entire rest, excessive feeding, *massage*, and electricity. The term massage is applied to the rubbing or kneading of the body, on a somewhat similar principle to that adopted by the shampooers

in the Turkish bath; it evidently requires a considerable degree of skilful manipulation for its efficient performance. By those who are fond of novelty, the work will repay perusal.

(3) ANY discussion which legitimately bears upon the food question must have an interest to our readers. Unfortunately, perhaps, those who study the subject most closely are those who have a pecuniary interest in promoting a particular theory or preparation. Nor is the bread supply an exception to this rule, as the pamphlet before us testifies. The author, who is a member of the well-known firm of Hill and Sons, bakers to the Queen, has, nevertheless, produced a very readable little book, interlarding his own views with those of most of the leading authorities on the subject. Nor do we consider his opinions less entitled to respect because of a natural bias, inasmuch as they are in accordance with sound physiology and common sense. We have more than once expressed our preference for whole meal to the ordinary white flour, which has necessarily much of its nutritive quality removed in the bran. There are, however, many difficulties to be surmounted before whole-meal bread can come into general use, especially among invalids, and those whose teeth are the reverse of good, the principal one being the extreme hardness of the outer crust, which, even in a new loaf, we have known to turn the edge of the bread knife. Could not this be overcome by the use of hot-water ovens instead of those heated by fire, whereby the glutinous portion of the fibre becomes hardened?

LITERARY NOTES AND GOSSIP.

DR. MCKENDRICK'S "Outlines of Physiology in its Relations to Man" has just appeared as a thick crown 8vo volume of about 750 pages. The illustrations are numerous, and many of them original.

THE last part (X.) of the late Claude Bernard's celebrated work, "A Text-book of Operative Surgery," the translation and editing of which has been undertaken by Mr. Norton, Surgeon to St. Mary's Hospital, is promised in a few days. The work will doubtless achieve as high a reputation in this country as it has on the Continent.

A SECOND edition of Dr. Muter's "Key to Organic Materia Medica" has appeared during the past few days. The work is considerably enlarged, and is altogether a new book.

A NEW and enlarged edition of "Henfrey's Botany," edited by Dr. Maxwell Masters, is expected during the present month. This work is probably the most popular on the subject, especially amongst students at the University of London, where Dr. Masters occupies the Examinership in Botany.

MR. LENNOX BROWNE'S work, "The Throat and its Diseases," of which great expectations have been formed on account of the artistic capabilities of the author, has just been issued; and, upon a casual glance, it certainly does not disappoint us. A novelty has been introduced in the mounting of the coloured plates, which enables the reader to have the illustration side by side with the text at any page, so as to avoid the annoyance of constantly referring to different parts of the book for the study of the plate. The work is certainly the handsomest that has been turned out for some time past.

THE new Quarterly, "Brain," has just appeared, and chaperoned by such names as Crichton Browne, Ferrier, Hughlings-Jackson, and Bucknill, it ought to succeed if there is room for it. But of this we are somewhat dubious, when we consider that there are not 500 members of the profession in the United Kingdom who make cerebral diseases their special study; and that to represent this small section, already two journals—a quarterly and a half-yearly—are in existence, with no great pretensions to a success, notwithstanding that they are both well done, we doubt the chances of the new venture, albeit we should rejoice in its success.

A NEW monthly magazine of "Art" has this month been started by Messrs. Cassell, Petter, and Galpin. The first number is very well done, and from this fact, and the low price at which it is issued, should command success. It will form an interesting and popular journal for the waiting-rooms of medical men.

THE first number of another new quarterly magazine has appeared this month entitled "Burlington House," edited by Mr. Groom Napier, of the Geological Society. It is intended to represent the learned Societies comprising the University of London, the Royal Academy, the Chemical, Geological, and kindred institutions. One of the writers devotes his pen to the laudation of "Pyrethrum Roseum, a Cure for Catarrh," which he describes as the Persian insect powder of the shops. The writer maintains that, although its fine dust on entering the breathing-organs of insects occasions death by asphyxia, in the higher animals and man it acts only as a stimulant of mucous membranes, and is a certain check to colds in the early stage.

"A Manual of Practical Chemistry," by Mr. Muir, Prælector in Chemistry, Caius College, Cambridge, and the second part of Dr. Semple's "Aids to Chemistry" are both announced as in the press. Part I. of this latter work has sold so rapidly that the first edition of a thousand copies has run out in less than twelve months.

WE understand that a testimonial to Mr. George Fleming, the eminent Army Veterinary Surgeon, author of a "Text-book of Veterinary Obstetrics," "Rabies and Hydrophobia," "Animal Plagues," "Veterinary Science and Police," &c., is being raised in recognition of his great literary labours. Sir Frederic Fitzwygram is chairman of the committee, and the idea is a most deservedly popular one, not only in his own branch of the profession, but amongst many members of the medical and other scientific professions where Mr. Fleming's great attainments are known.

Medical News.

Society for Relief of Widows and Orphans of Medical Men.—The annual general meeting of this Society was held on Wednesday, April 24th, at five p.m., by the kind permission of the Royal Medical and Chirurgical Society, in their rooms, 53 Berners Street. The chair was taken by Mr. J. Gregory Forbes, V.P. A letter was read from the President, Sir George Burrows, expressing his regret that absence from town would prevent him presiding at the meeting. From the statement of the affairs of the Society read by the Secretary, it appeared that during 1877 a sum of £2,949 had been voted to the widows and orphans, £63 10s. in excess of the grants of 1876. The expenses of the year were £187 0s. 11d., £27 15s. less than those of the previous year. The receipts, with the exception of legacies and entrance fees, all showed an increase. The interest from funded property had been £2,576 1s. 1d., subscriptions £519 15s., entrance fees 10 guineas, donations £111 4s. Only one legacy had been received during the year—viz., £250 from the executors of James Graham, Esq. The funded property had been increased by the purchase of £593 19s. 10d. Metropoiltan Consolidated Stock. The Society had lost 22 members by death during 1877, and four members had resigned. Among the deaths were mentioned those of Sir Wm. Fergusson, V.P., George Cooper, Esq., V.P., and Dr. Carr, a director. Only nine new members were elected. At the end of the year the Society consisted of 385 members. During the year fresh applications had been received from six widows and two orphans: four widows had died or become ineligible, and three orphans had ceased to receive grants. On December 31st there were 60 widows and 10 orphans receiving assistance from the Society, and four orphans on the Copeland fund. The following gentlemen were elected directors in the place of the six senior who retired by rotation—viz., Dr. Barnes, Dr. Taylor, A. Willett, Esq., G. Easte, Esq., Dr. Andrews, and J. Langton, Esq. A vote of thanks to the editors of the medical journals for their kindness in forwarding in every possible way the objects of the Society was carried unanimously. A vote of thanks to the chairman closed the proceedings.

The German Hospital.—The thirty-third anniversary dinner in connection with the German Hospital at Dalston was held at Willis's Rooms on Thursday evening, Count

Beust, the Austro-Hungarian ambassador, in the chair, the company numbering about 200. In proposing "Prosperity to the German Hospital," the chairman said he would not attempt to make an elequent speech about charity or humanity, lest he should be supposed to speak in diplomatic language, which is generally received with more attention than faith. With regard to the German Hospital, he had always entertained towards it the warmest sympathy, believing it to be a most useful and well-conducted institution, deserving of the warmest support. He had been gratified by a personal visit to it recently, when his good opinion of it was greatly strengthened. Her Majesty the Queen and the Emperor of Austria had each sent a donation of £100. The donations and subscriptions for the evening amounted to £3,700, including an annual subscription of £200 from the Emperor of Germany.

NOTICES TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

DR. PITMAN, Washington, is thanked for his communication and for the information therein contained.

CANDIDATES FOR THE NAVY MEDICAL DEPARTMENT are reminded that the next examination will be held at the University of London on the 27th inst. The necessary forms must be applied for before the 21st to the Director-General of the Department.

A CONGRESS on National Water Supply will be held at the Society of Arts on Tuesday and Wednesday, May 21st and 22nd. The Third Annual Congress on the Health and Sewage of Towns will be held on Wednesday and Thursday, May 22nd and 23rd.

THE Annual *Conversazione* of the Pharmaceutical Society of Great Britain will be held at the South Kensington Museum on Wednesday next, May 15. Cards of admission are obtainable only of the Secretary.

AN EXPERT.—The most common adulterant of sulphate of morphine is sulphate of soda. Apply the usual tests, and you will find that this is so.

A CANDIDATE.—The work has not been translated, but we understand that arrangements are pending for an English edition.

MR. J. B. will find the subject commented upon in our present number. He is thanked for the information.

MR. W. B. PHELAN, Rock Ferry.—There are still vacancies for army surgeons at the Cape. The emoluments offered are: Free passage out and home, with £1 per day, rations, and forage allowance. A twelve months' engagement is guaranteed, or candidates can elect instead to go for the duration of the war, however long or short it may be, and in that case they will receive two months' pay by way of gratuity. Applications must be made in the first instance to Mr. Mackellar, St. Thomas's Hospital, London, S.E.

MR. W. W. and Mr. J. M. are thanked for the information conveyed in their notes. They will observe that it has been utilised in the present number.

THE Dublin Obstetrical Society will meet on Saturday next at eight o'clock at the College of Physicians, when the following communications are set down for reading:—Dr. Kidd, "On Diagnosis of Dropsy of the Amnion;" Dr. Atthill, "On the Clinical Report of the Rotunda Hospital for 1877;" Dr. More Madden, "On some Diseases of the Placenta;" Dr. Martin, "On Super-fœtation."

MR. B. S.—Communication received on Tuesday morning as we were going to press. Will appear in our next.

DR. DOBELL will please receive our best thanks.

AN URGENT CASE.

Drive, drive, drive,
Or else you will surely be late;
Drive, drive, drive,
Drive at your fastest rate.
Thus said a messenger beery,
To a doctor tired and weary;
Drive, or you will surely be late.

Drive, drive, drive,
Your horse aged and worn;
Drive, drive, drive,
Your old chain broken and torn.
Thus said the messenger beery,
To the doctor true still cheery;
But he found he was'nt too late.

Drive, drive, drive,
Don't wait for your horse to be fed;
Drive, drive, drive,
Or you will find the old woman dead.
But the old woman had got the toothache,
And deuce a medicine she'd take.

Drive, drive, drive
Homeward, tired and weary,
Drive, drive, drive.
If I had that messenger beery,
How I'd like to pull out his teeth.

J. W. M.

VACANCIES.

Bethlem Royal Lunatic Asylum.—Resident Medical Superintendent. Salary, £700, exclusive of pupils' fees, &c. Printed forms to be obtained of Mr. Jeaffreson, Bridewell Hospital, London, S.E. Election, 16th inst. (See Advt.)

Birmingham.—Medical Officer for No. 3 District of the Parish. Salary, £175, with fees extra. Endorsed applications to be sent to the Clerk to the Guardians before the 14th inst.

Bristol Royal Infirmary.—House Surgeon. Salary, £100, with board, lodging, &c. Applications, with testimonials, to the Secretary before the 11th inst.

Gloucester General Infirmary.—Surgeon and Assistant Surgeon on the Staff. Honorary. Testimonials to the Secretary before the 30th inst.

Hants County Hospital, Southampton.—House Surgeon and Secretary. Salary, £100, with board. Applications, under cover, to the Secretary before the 27th inst.

Manchester Royal Infirmary.—General Superintendent and Secretary. Salary, £350, with board and residence. Applications, with testimonials, to the Secretary before the 18th inst.

Manchester, St. Mary's Hospital and the Manchester Lying-in Hospital.—Medical Officer to visit patients at their homes. Salary, £80, with board and residence. Apply to the Secretary before the 17th inst.

Roscommon County Infirmary.—Apothecary and Registrar. Salary, £60, with apartments and allowances. Election, 17th inst.

St. Pancras, Middlesex.—Medical Officer of Health and Examiner of Gas. Salary, £300. Gentlemen appointed must reside within the parish. Application forms to be had from the Clerk, Vestry Office, Pancras Road, N. Election, 15th inst. (See Advt.)

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary commencing at £110, with board, &c. Endorsed applications before the 15th inst to the Clerk to the Visitors, the Asylum, Devizes.

APPOINTMENTS.

ATKINSON, R., M.R.C.S, Senior House Surgeon to the Royal Free Hospital.

BROCK, A. C., L.R.C.P.L., M.R.C.S.E., Assistant House Surgeon to the General Hospital, Bristol.

BULLOCK, J. E., M.R.C.S., House Surgeon to St. Peter's Hospital, London, W.

COOMBS, S. W., L.R.C.S, L.R.C.P.Ed, Resident Surgical Assistant to the Glasgow Royal Infirmary.

DAVIES, Mr. E., Resident Medical Assistant to the Glasgow Royal Infirmary.

FERGUSSON, R. A., L.R.C.S., L.R.C.P.Ed., Resident Surgical Assistant to the Glasgow Royal Infirmary.

HAY, H., M.B., C.M., Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

HAYWARD, T. E., M.R.C.S.Eng. & L.S.A.Lond., Resident Medical Officer to the East London Hospital for Children.

HERBERT, Mr. J., Resident Surgical Assistant to the Glasgow Royal Infirmary.

IRWIN, J. A., M.D., M.R.C.S.E., a Medical Officer to the Southern Hospital, Manchester.

Births.

CARMICHAEL.—April 30, at Wyrley Grove, Staffordshire, the wife of William Carmichael, M.D., of a son.

FLETCHER.—May 1, at Ballinasloe, co. Galway, the wife of R.V. Fletcher, M.D., of a son, stillborn.

HARVEY.—April 28, at Queenstown, co. Cork, the wife of Surgeon C. A. Harvey, Her Majesty's Indian Medical Service, of a son.

M'CLOSKEY.—April 29, at Derry, the wife of Joseph R. M'Closkey, M.D., of a son.

NICHOLSON.—April 30, at Hanover, the wife of Gilbert de P. Nicholson, M.D., of a son.

Marriages.

BRAYN—NEGUS.—May 2, at St. Mary's, Kingston, Portsmouth, Richard Brayn, L.R.C.P., M.R.C.S., to Laura Jane, daughter of Fisher Negus, Fleet Surgeon, R.N.

POWER—COOKE.—April 30, at Ahada, co. Cork, Joseph Power, M.D., Borrisoleigh, co. Tipperary, to Frances Josephine, eldest daughter of the late Peter J. Cooke, Ahada, co. Cork.

Deaths.

CLARKE.—On April 20, at Upperlands, Maghera, Jackson N. Clarke, M.D., aged 63.

COLLINGWOOD.—On April 20, at Ganden Road, Clapham, William Percy Collingwood, M.R.C.S.E., aged 57.

CUNNINGHAM.—On April 24, at Hailsham, Sussex, James Mackay Cunningham, M.D., aged 75.

CROFT.—On April 30, at Old Charlton, Kent, Catherine Mary, widow of Charles I. Croft, F.R.C.S., aged 59.

FURNIVALL.—On April 29, at Boulogne-sur-Mer, John James Furnivall, M.D., M.R.C.P., aged 85.

MACPHERSON.—On April 7, at Moor Street, Birmingham, Robert Samuel Macpherson, L.K.Q.C.P.I., aged 39.

NICHOLSON.—On April 25, at Ryder Street, St. James's, London, Robert Nicholson, M.D., Surgeon Major Bombay Army, formerly of Banford, co. Down.

PRETTY.—On April 23, at Quebec Lodge, Lower Norwood, Wm. Pretty, M.R.C.S.E., aged 86.

ROBSON.—On April 17, at Lonsdale Terrace, Edinburgh, Wm. Robson, M.D., aged 43.

WILMOT.—On April 30, at Tunbridge, John Branston Wilmot, M.D., F.R.C.P., aged 72.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 15, 1878.

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ALCOHOLIC DRINKS: AS MEDICINES, AND AS POISONS. (a)

By ALFRED CARPENTER, M.D. Lond., M.B., J.P.,

President of the Croydon Microscopical Society, Lecturer on State Medicine, St. Thomas's Hospital, &c.

The first question which we have to solve is, whether any force can be produced out of alcohol *qua* alcohol, either as animal heat, muscular power, or nervous energy. Is it capable of being at all utilised in the animal economy? Dr. Henry Bennett says ("Nutrition in Health and Disease," p. 64) that alcohol feeds organic combustion, and creates heat, and even Dr. Richardson ("Temperance Lesson Book," p. 182) says that "in its first action it causes the warmth of the body to rise." But there is then a divergence of opinion: on the one hand, eminent men agree with Dr. Bennett, and assert that alcohol is rapidly decomposed, and heat disengaged. Dr. Parkes, from his practical observations, was satisfied that it did evolve heat, though it lowered the temperature for a short time after being taken; whilst others, equally eminent, affirm that there is no utilisation in the ordinary sense, and some say that the whole of the alcohol is passed through the body and is expelled without any of it being changed into force-producing matter. I cannot endorse this opinion, because it is contrary to almost universal therapeutical experience. Every medical man in extensive practice must have seen cases which, now and then, have fallen to my lot to witness, in which life has been prolonged for many months without any other nourishment than that which was contained in the spirituous liquors or wines which the patient would alone consume; cases in which it was impossible for life to have been sustained upon the few grains of organic substances which were contained in the colouring matter or extractive of the liquor, or in the sugar which is sometimes given with the stimulant. It has been shown that dilute solutions containing alcohol of about the strength in which it is likely to be found in the body, viz., 1 in 1,000, if passed several times through six inches of a silicated carbon filter, metamorphosed the alcohol into complex products non-volatile at the boiling point of water; the alcohol being changed by this plan of proceeding into glycol, which is considered one of the saccharine group. If this be a possible contingency, it may be transformed into force in the human economy under certain unknown circumstances, and as such it may be useful without danger as a luxury. It may be argued by the austere ascetic that all luxuries are evil, and that they should not be used at all. I need not stay to consider this line of argument. To abolish all luxuries would be to bring enormous misfortunes upon the whole race of mankind for which there could be no excuse; and I must assume that a luxury which is not immediately injurious may be fairly used by all who can afford it.

It is forcibly argued by some whose opinion is worthy of deep attention, that alcohol is hurtful under all circumstances. They state that it is immediately injurious to those in health, and that there are other stimulants equally, if not more, useful which could be employed in disease. They contend that its ordinary sale should be prohibited on that account, in the same way that arsenic or strychnine is prevented from being a common article of merchandise. Let us now look into this view of the question, premising again that the individual experiences of those who have been accustomed to the use of stimulants are not in any way to be depended upon for an accurate estimate of their effects, and that their evidence is worthless for scientific purposes.

If alcohol is exhibited in potent doses to one unaccustomed to its use, there is no doubt of its injurious and even fatal results; but such would also be the effect of the exhibition of phosphorus, sodium, or potassium, and yet they exist as necessary elements in many foods, and are absolutely required to enable the body to be built up properly. Because, therefore, a large dose of alcohol, phosphorus, or calcium is injurious, it does not follow necessarily that a small one is mischievous likewise. Indeed, if lime and common salt are withheld the constitu-

(a) Abstract of the Annual Oration delivered before the Medical Society of London, May 6th, 1878.

tion is sure to suffer ; we have rickets established in the one case, and in the other the body is tormented by parasitic life. We must not assume that because a large dose is injurious a small one is so also. Lime and salt are necessaries of life, and yet they are injurious in large doses, and it is not an argument against their use in small ones. Alcohol, like lime and salt, may be beneficial if used at the proper time, and it ought not, therefore, to be absolutely prohibited as a common article of commerce unless it can be shown that some injurious sequence is sure to follow sooner or later upon its use in small doses.

We must look a little closer into its action upon animal life before we can solve this point. The first deduction to be made from its continued use is, that the body after a short interval becomes very tolerant of its effects, and apparently, the more, in moderation, a man takes into his system, the more he can carry without apparent injury. Those accustomed to the daily use of alcohol can take a much larger quantity with impunity than the teetotaller can do. One man may take a bottle of wine and half a pint of brandy every day of his life, making 365 bottles of wine and nearly 100 bottles of brandy every year, whilst another man only takes a bottle on a given day once a week, or three or four glasses of brandy and water on Saturday night. The one may be of the race of "fine old English gentleman," who never transgresses the rules of propriety, and goes honoured sooner or later, generally sooner, to his grave with blessings on his head, whilst the other becomes an habitual drunkard, a transgressor of the law, and an outcast of society, although he does not consume one-sixth part of the liquor which is taken apparently with impunity by the other. This result shows that conditions vary very much in different constitutions, according to the regularity with which the dose is taken, and alcohol, or some of its constituent elements, collects much more rapidly in some habits of body than in others. It differs, within certain limits, from most re-agents, and helps to protect those using it regularly from its own evil effects. In this it appears to be allied with tobacco, and also with certain miasmatic influences which require some constitutions to be acclimatised before they can bear that which is manifestly injurious in its first effect, however they may be able to stand against its bad influence after a time.

It is stated by microscopical observers that alcohol acts immediately upon the blood-corpuscles as well as on the fibrine which is contained in the liquor sanguinis. It is said that one part of alcohol mixed with 500 of blood interferes with the power of the corpuscle to absorb oxygen ; it abstracts water from the blood-discs and makes them adhere together in masses in the blood-vessels ; it also causes the plastic or fibrinous part of the blood to coagulate, which then collects in the capillaries, and the current may be thereby stopped.

From frequent observations I incline to believe that this is true, and that this result explains some of those unfortunate cases which now and then occur to the obstetric practitioner. The free exhibition of alcoholic stimulants to the weak and debilitated, especially when there has been hæmorrhage or long-continued suffering, and perhaps too great dependence on stimulants, has led to the sudden development of embolism. A clot of fibrine has been deposited rapidly in the heart or large blood-vessels, and the patient is dead in a very short time. I have also seen many cases of paralysis and epileptiform convulsion which had been caused by embolism, and which, in my opinion, had been promoted by alcoholic saturation. Such cases have done well, and have ultimately recovered, if alcohol has been superseded ; but if it has been persevered in, in most instances which I recollect there was a continuation of the disease. An excessive quantity of alcohol does impede the purification of the blood, and the elimination of carbonic acid by obstructing endosmose and exosmose in the lung capillaries ; the purple tint which pervades the skin of the regular toper is sufficient proof that this is true. Observation shows that the exhalation of carbonic acid is decreased in quantity after the imbibition of alcohol.

Whilst these are undisputed facts as regards large doses of alcohol, it has not been shown that a similar result follows from the smaller quantities which are found in the weaker drinks, such as natural wines and weak beers.

Alcohol is not cumulative under ordinary circumstances, or the man who takes his bottle of wine daily would suffer more and sooner than he who only takes a bottle one day in the week ; but it is cumulative under some conditions, at present unknown, and in which it is probable that the ordinary elimination or oxidation is interfered with, so that the toper, who could formerly take his bottle with ease, gets quite drunk by taking three glasses of his favourite liquor. One very eloquent writer and former orator to this Society says, that "we may trust a great deal to instinct, and that tastes are, generally speaking, expressions of the wants of the system." I consider this a most dangerous argument to use, for no man, taking stimulants, can be himself aware of all the harm that they may be doing to his constitution, or know the time when they may become cumulative. All those who indulge in any kind of vicious practises would be glad to be able to rest upon such a dictum, and to affirm and excuse themselves by affirming that their vicious tastes "were but the expression of the wants of the system."

It appears to be supported by a sufficient weight of evidence that, when once the system has been exposed to the full influence of alcohol in such a way that a portion of the blood has been so acted upon that its discs have become corrugated and some of the fibrine coagulated by its action, a cumulative effect may begin, and, with that cumulative effect, there will be developed a taste for more which prevents the instinctive desires of the individual being any guide as to the real wants of the system so long as any altered material exists in the blood ; the lightest kind of wines generally contain 10 per cent. of alcohol, so that they must be diluted with five times their amount of water to reduce them to a harmless condition. The reduction is seldom effected in this country, although the general consumption at the dinner-table, of saline waters which has lately come into fashion, is tending greatly in the direction indicated. Porter, stouts, and ales, all contain at least double the amount of alcohol beyond that which would make them safe for absorption at all times, unless freely mixed with other things. To take them, therefore, on an empty stomach tends more rapidly to bring about the point of saturation than when food is taken with the drink.

Alcohol transudes most rapidly through membrane, the rapidity of transudation varying very much according to the stage of dilution, and in its transudation it acts upon the membrane, or is itself acted upon. It is quickly conveyed to all parts of the body, and we have no means of judging where it is likely to manifest its first effects, neither have we any means of knowing when the limit is reached beyond which it will not be safe to allow blood disturbance to proceed. The alteration in the shape of a few blood corpuscles, the interference with their diffusive power, the interference with the transudation power of membrane, or the coagulation of a few grains of fibrine, are of comparatively little consequence, especially if the place is one of secondary importance; but when the number of altered corpuscles passes beyond a certain percentage of the whole volume of blood, evil must result. This percentage is much more rapidly reached in some habits of body than in others ; it will depend very much upon the power of those organs to do their duty, whose function it is to remove the altered fibrine and imperfect oxygen carriers from the circuit. If they are defective deterioration will be much more rapid. Thus, of two men, each taking the same quantity of liquor in the course of a month, one taking it only with food and the other on an empty stomach, the latter becomes rapidly saturated, the former escapes without serious damage.

If coagulated fibrine is not removed as soon as coagulation takes place, if it gravitates to some one organ and impedes circulation there, we have the commencement of those organic changes which are constantly found in the bodies of the intemperate classes, by means of which their habits are unerringly revealed to the pathologist. The fibrine may be removed at first without setting up mischief, but the altered blood corpuscles and interference with physical power of membrane increases the evils which arise from want of oxidising power, and fatty degeneration sooner or later follows.

Here is the great difficulty which meets the view of all those who have considered the action of alcohol in an unbiassed manner, and which has led so many among us to become total abstainers. They refuse to take alcohol as a luxury, and they determine that they will not in any way encourage its habitual use among the people. The evil is so great and the resulting good so small, that they prefer to do without the good and so avoid the evil; and as society is at present constituted they are probably right. Still, the lighter wines, if entirely unfortified, and the weaker beers may be taken with impunity; they may even assist digestion and be of advantage with, or immediately after, food. If taken with other food, when great exertions are being made, and when there is a call upon the stomach for fuel to supply waste of tissues, there is sufficient evidence to show that they enable the machine to obey that call with better effect than would be the case if stimulants were altogether withheld; but if the effort is continued from day to day, beyond the ordinary capacity of the machine, and that effort it sustained by more fuel in the shape of stimulant, the human machine, like all others, must wear out sooner than it would otherwise do.

It follows, therefore, that the habitual use of strong drink even in a diluted form, for the purpose of enabling the receiver to do more work, is necessarily hurtful, unless that dilution is much less than it usually is; whilst, if the exertion is not called for, the effect must still be hurtful by setting up organic changes in the tissues of the body itself, and laying the first foundations of disease.

Whenever, therefore, the consumption of alcoholic drinks exceeds the quantity which gives rise to the probability that more than one part of alcohol to 500 of water may exist in any part of the circulation, harm, in some form or other, must result. That harm need not necessarily be permanent, and its cause may be removed altogether from the system, or it may be partially removed, a particle of matter being left *in situ*, which will act as a foreign body when alcohol is again taken, aggregating to itself fresh coagulated matter or freshly agglutinated corpuscles, by which the symptoms of alcoholic excess are rapidly induced, when those particles are situated in any of the primary nerve centres.

We may fairly assume that there are occasions in which stimulants may be useful, and even necessary; but as habitual drinks they must be hurtful unless more diluted than we are accustomed to take them, and it appears to be our duty as physicians to forcibly state this fact to those consulting us, and to advise their non-use in daily life.

Having come to this conclusion as regards their use as common articles of food, we may now inquire when they are likely to be beneficial as medicines. To enable us to answer this question satisfactorily, we must study their effects a little more closely than we have yet done.

(To be continued.)

A SHOCKING case of inhumanity occurred in Sheffield last Friday. Eliza Smith, wife of Thomas Smith, militiaman, called up for service, was obliged to leave her lodgings through destitution. When in London Road she was suddenly seized with labour pains, and pleaded to be allowed to enter people's passages. They all refused, and several barred their doors against her; and a crowd collected and witnessed her give birth in the street to a still-born child. The woman was afterwards attended by a midwife who was passing.

ON ASTHMA.

By J. B. BERKART, M.D.,
Assistant Physician to the City of London Hospital for Diseases of the Chest.

(*Continued from page* 383.)

DEFINITION, PATHOGENY, AND ETIOLOGY.

B. *Etiology.*

I.—PREDISPOSING CAUSES.

LIKE most other morbid phenomena, asthma also depends upon the concurrence of predisposing and exciting causes. Of these etiological elements, the former are decidedly the more important. They alone are capable of explaining why, of two individuals who exposed themselves to the same injurious influence, the one escapes unhurt, whereas the other is seized with dyspnœa. The present inquiry has shown that the tendency to asthma is produced by definite organic lesions of the respiratory organs. Only the imperfect means of diagnosis and the rarely fatal issue of the disease, at the time when its clinical features are most characteristic, are the cause that the existence of those lesions has been so constantly overlooked. Still, the known pathology of the antecedents and sequelæ permit the safe inference that the stage intermediate between them also corresponds to certain textural changes.

1. *Anatomical Lesions.*—The anatomical details vary in extent and intensity. A copious exudation of serum and white blood-corpuscles is already stated to be the starting-point of the affection. Constitutional and local causes determine the subsequent fate of that exudation. Of the former, little is definitely known; only this much may be supposed, that the blood must be deprived of some of its essential properties on account of the great loss of its constituents, which, after their complete development, are destined to perform the most important functions, but whose regeneration is retarded owing to the existing febrile process. As regards the local causes, there is reason to believe that the crowding of the leucocytes in the bronchial and interstitial tissue not only impedes their development, but leads to compression and obliteration of the adjoining capillaries. An extensive thrombosis of the capillaries, (*a*) whether from stasis, compression, (*b*) or endarteritis, (*c*) thus diminishes the supply of arterial blood to the affected parts. The white blood corpucles are softened and reabsorbed. This process of liquefaction implicates, at the same time, the tissues in which it takes places. The bronchial muscles, paralysed by the preceding inflammation, now undergo fatty degeneration; (*d*) while the elastic fibres become hyaline and brittle, each fragment being composed of round or oval granules. (*e*) Atrophy of the contractile and elastic elements of the lung is, then, the result of those degenerative changes. As the pleural tension, however, remains the same, while the resistance of the atrophic lungs to the excentric traction is diminished, the bronchioles and alveoli are consequently dilated. This atrophous dilatation (*f*) is either cylindrical or saccular, and is most marked in the bronchioles of the fourth subdivision, extending hence to the alveoli, so that the dilatation of the one occasionally preponderates over the other. Such lungs, inflated and dried, present the aspect of a large-holed sponge, the cavities varying in size from that of a hemp-seed to that of a pullet's egg.

Not unfrequently the white blood corpuscles are, for

(*a*) Isaaksohn, loc. cit.
(*b*) Friedlander, "Untersuchungen uber Lungenentzundung," &c. Berlin, 1873, p. 22.
(*c*) Koster, "Endarteriitis u. Arteriitis." Verhandl. d. Naturhistor. Vereins zu Bonn. Sitzungsb. December 20th, 1875, page 320.
(*d*) Buhl, op. cit., p. 22.
(*e*) Cornil, "Altération des Fibres Elastiques du Poumon," &c. *L'Union Médicale*, No. 81. 1874.
(*f*) Buhl, op. cit., p. 21.

various reasons, endowed with sufficient vitality, so as to develop themselves into permanent tissue. An active hyperplasia and hypertrophy are then observable in the parenchymatous stroma of the lungs. This genuine peribronchitis and interstitial pneumonia also lead to obliteration of capillaries and air-vesicles by the firm connective tissue, the fibres of which radiate in all directions; while the contractile and secreting structures of the bronchi are either destroyed (*a*) or greatly impaired in their functions and nutrition. Here, again, the tonus and elasticity of the lungs are so greatly diminished, that the pleural tension readily effects the "hypertrophous bronchiectasis" (*b*) and the vicarious emphysema.

Unless the volume of the blood decreases in proportion to the reduction of the respiratory surface, it is evident that the pervious vessels of the lungs must be in a state of vicarious distension. But the destruction of the pulmonary capillaries generally takes place at the time when development is most active, and when, with the growth of the osseous system more particularly, the volume of the blood also increases. Hence, the greater amount of work which the right side of the heart is now called upon to perform, in order to force a relatively larger quantity of blood through the contracted lungs, produces hypertrophy of the organ,—a consequence to which Dr. Peacock (*c*) was the first to call attention. Under the influence of this increased pressure, the pulmonary vessels, unprovided as they are with a vascular tonus, (*d*) readily dilate; and, in order to compensate for the loss of the capillaries, extensive anastomoses form between the pulmonary artery, on the one hand, and the bronchial and pulmonary veins on the other, by means of vascular arches, remarkable on account of their great length, their equable diameter, and their want of branches. (*e*) The surface of the bronchial mucous membrane then appears studded with granular or villous elevations; on microscopic examination, these are found to be vascular papillæ, pyramidal or club-shaped, consisting of a tortuous vessel, elevated over the surface and surrounded with connective tissue. (*f*)

The inundation of the pulmonary parenchyma with nutritive fluid causes enlargement of the bronchial glands, which, as a rule, participate in all affections of either the surface or substance of the lungs. In many instances, that enlargement dates from the whooping-cough and measles, and diminishes or increases with the diminution or increase of the quantity of, as well as the obstacles to, the lymphatic current. Other changes in the bronchial glands, beyond the mere hypertrophy, are mainly determined by the constitutional proclivities of the patients.

So long as the energy of the heart remains unimpaired, the organism is in no perceptible manner affected by the reduction of the respiratory surface, but when the cardiac muscle degenerates, as it necessarily does, in consequence of the overstrain, a general dilatation of the venous system manifests itself. Varicose veins of the lower extremities, hæmorrhoids, varicocele, and dilatation of the ovarian and uterine plexus, (*g*) are almost constant occurrences in asthma. Less frequent, but by no means rare, is the enlargement of the thyroid gland, (*h*) which apparently comports itself towards the lungs as the spleen does towards the liver in cases of hepatic cirrhosis. Occasionally, under the influence of the increased venous pressure, (*a*) a kind of erectile tissue forms upon the turbinated bones, (*b*) and naso-pharyngeal polypi develope themselves, which Voltolini (*c*) erroneously regards as causes of asthma.

According to the observations of Verneuil (*d*) and the experiments of Ranvier, (*e*) the varicose dilatation of a vein always commences at its radicles. As the healthy nutrition and function of an organ depend, to a great extent, upon the integrity of its capillaries, it is readily conceivable that profound changes of the surrounding tissues are liable to occur and actually take place in consequence of that dilatation; for the increased pressure in, and the thinning of, the venous radicles, favour the escape of serum and white blood-corpuscles. (*f*) The various "catarrhal" affections of the external and internal linings of the body,—the skin and mucous membranes,—are thus the consequence of, and in their turn increase the tendency to, asthma.

2. *Diathetic Disorders.*—The connection between skin-diseases and gout on the one hand, and asthma on the other, has been somewhat exaggerated and also perverted. The theory of Duclos and Trousseau, according to which a "herpetic principle" in the blood attacks in a fitful manner, at one time the skin, at another the bronchial mucous membrane, is devoid of all positive proof. All the reported cases, upon which that theory relies, are certainly not conclusive in its favour. A house-painter suffers in 1859 from eczema, which completely subsides; but in 1861 he has a dyspnœal seizure. Moutard Martin observed a case in which an eczematous eruption was followed, at an interval of *six years*, by "asthma." (*g*) What influence the cutaneous affection could have had in these cases upon the appearance of the dyspnœal seizures, is beyond comprehension. If, nevertheless, skin-diseases and asthma are frequently associated, the reason of that occurrence must be sought in the nutritive changes, which, by the dilated venous radicles are produced in the external integument. "Eczema" of the lower extremities generally accompanies the varicose dilatation of their veins; (*h*) but this vesicular eruption is only an indication of the facility with which serum and white blood-corpuscles escape through the altered vascular walls. Under these circumstances, the causes productive of cutaneous affections find a very favourable soil for the display of their effect in the asthmatic. And, as extensive congestion of the skin would necessarily produce a collateral anæmia of the lungs, in the same manner as, but much more effectually than, a sinapism,—judging from the extent of the surface implicated,—the alternation between asthma and a dermatosis can be readily accounted for.

A similar interpretation may, perhaps, be placed upon the association of gout and asthma. Both seem to be the co-ordinate results of the same constitutional cause; for an absolute or relative plethora, such as it undoubtedly exists in both diseases, is sufficient to explain the origin of the organic lesions of the lungs, as well as that of the articular affections. As regards the supposed retrocession of gout to the lungs, there is, as yet, no fully ascertained case in which its characteristic deposit has been found in that organ. But if lithic acid were to accumulate in the lungs, there is little doubt that it would here produce the same effect as it does in the joints.

3. *Inheritance.*—A hereditary element seems to be influential in the production of the asthmatic tendency.

(*a*) R. H. Fitz. Virchow's "Archiv," 1870, Bd. li, page 126 et seq.
(*b*) Buhl, op. cit., p. 56 et seq.
(*c*) *Monthly Journal of Medical Science.* Edinburgh, 1854, vol. xix. p. 403 et seq.
(*d*) E. Badoud, "Ueber d. Einfluss d. Hirns aufd. Druck in d. Lungenarterie." "Verhandl. d. Wurzb. physik-mediz-Gesellschaft, vol. viii. Heft 1 and 2. 1874.
(*e*) Rindfleisch, "Lehrbuch d. patholog. Gewebelehre." Leipzig, 1871, pp. 347, 348.
(*f*) Carswell, Reynaud, and Virchow, quoted by Biermier, Krankheiten d. Bronchien, p. 661. Villemin, loc. cit.
(*g*) Ferber, "Niesekrampf." "Archiv d. Heilkunde," vol. x.
(*h*) Lebert, "Handbuch d. prakt. Medicin." 4 Aufl. 1871, Bd. ii. p. 26.

(*a*) Albert Thierfelder, "Pathologische Histologie." Lief i. 1872, plate i.
(*b*) Kohlrausch, "Ueber d. Schwellgewebe an den Muscheln d. Nasenschleimhaut. Muller's "Archiv," 1853, p. 149.
(*c*) "Die Anwendung d. Galvano-Kaustick," &c. 4 Aufl. Wien, 1872, p. 246.
(*d*) Lebert, in Virchow's "Handb." Bd. V, Abth. II, Lief ii, p. 547.
(*e*) "Archives de Physiologie." Série II, tome i, 1874, p. 456 et seq.
(*f*) Billroth, "Die allg. chirurg. Pathologie u. Therapie." 4 Aufl. Berlin, 1869, p. 584.
(*g*) Germain. See loc. cit., p. 664.
(*h*) Billroth, loc. cit.

About forty per cent. of the patients state that some members of their families had been subject to the disease. Yet, in eleven out of seventeen cases, that hereditary predisposition is traceable to grandfathers and grandmothers. (*a*) Considering, however, the vague application of the term asthma, and the fact that atrophic emphysema, with its intermittent dyspnœa, is almost a physiological attribute of old age, no great reliance can be placed upon those statements. This much, however, is certain, that feeble parents produce a feeble offspring, and that just as physiognomy and mental disposition are transmitted, so a peculiar weakness of texture and a deficient power of resistance to, and of repair after, injury, may be communicated from one to another generation. Where the paroxysms appear soon after birth, it does not follow that, as Hyde Salter suggests, (*b*) the disease is congenital. A premature respiration of the fœtus on its passage through the maternal canal may, by the aspiration of fluid, lead to atelectasis or bronchitis.

4. *Age.*—The first ten years of life are most obnoxious to asthma, and the reason is, that infantile bronchitis and catarrhal pneumonia, complicating measles and whooping-cough, are most frequent at that time. But, though the foundation of the disease may be laid at so early a period, its manifestation depends upon the extent and intensity of the primary affection. In comparatively rare instances, the predisposition slowly develops, and declares itself only in youth and early manhood. At a more advanced period of life, the involution of the lungs, premature or in connection with that of the body in general, constitutes a very marked liability to the dyspnœal paroxysms. In old age, however, asthma soon loses its peculiar characteristics, inasmuch as the intermittent is converted into a permanent dyspnœa, while the anatomical lesions, upon which this depends, are readily discernible.

5. *Sex.*—Asthma is decidedly more prevalent among men than women. How far the wear and tear of the body, proceeding from habits and occupation, are accountable for its greater prevalence in the male sex, is not quite known. The supposition that those suffer most who most expose themselves to the inclemencies of the weather, as, for instance, "costermongers, cabmen, and Covent Garden porters," (*c*) is not borne out by facts. On the contrary, those who lead a sedentary and indoor life supply the greatest contingent of asthmatics. The occupation, however, can have no bearing upon the question in the first ten years of life, where that preponderance of the male sex is already noticeable. It appears that the greater frequency of asthma in the latter is mainly due to the greater mortality of the female from whooping-cough. (*d*)

6. *Occupation.*—According to Hyde Salter's statistics, (*e*) about seven-ninths of the male asthmatics are gentlemen, and more than three-fourths of the female asthmatics are ladies. Thus the upper-middle and upper classes would seem to contribute more than three times as many cases of asthma as the lower. Salter suggests that the greater frequency of the disease among the better classes may be attributable to the promptitude with which they bring their suffering under medical cognisance. Much, however, is due to the medical and sanitary advantages which the children of the rich possess. They are thus enabled to pull through the catarrhal pneumonia that lays the foundation of their disease, and to survive as asthmatics; whereas the children of the poor, when suffering from that affection, are cut off at once. (*e*) Statistics of those who seek advice at hospitals are not at hand. This much, however, is certain, that chronic bronchitis, with dyspnœal paroxysms, which among the well-to-do is generally called spasmodic asthma, is by no means of rare occurrence among the poor. Still, it appears as if the children of the rich were more liable to catarrhal pneumonia than those of the poor; for, while the latter pass, ill-clad and exposed to the inclemencies of the weather, through their whooping-cough, in the streets, with no other inconvenience than the temporary interruption of their play by a fit of coughing, the former are confined to rooms, and are anxiously guarded against the access of air—the much-dreaded draught. The observations of Bartels (*a*) tend to show that in badly ventilated rooms inflammation of the bronchi rapidly spreads to the pulmonary tissue. And Geigel (*b*) also states that, while the most neglected children suffer mainly from derangement of digestion, those better cared for are chiefly subject to pulmonary affections.

(*To be continued.*)

(*a*) Hyde Salter, op. cit., p. 116.
(*b*) Op. cit., p. 112.
(*c*) Hyde Salter, op. cit., p. 403.
(*d*) Edw. Smith, "Med.-Chirurg. Transact.," vol. xxxvii. 1854.
(*e*) Op. cit., p. 402.

(*a*) "Catarrh. Pneumonie." Virchow's "Archiv," vol. xxi.
(*b*) "Deutsche Vierteljahrschrift f. öffentliche Gesundheitspflage," vol. iii. p. 520.

SOME REMARKS ON THE PREVALENCE OF SMALL-POX IN DUBLIN. (*c*)

By THOMAS WRIGLEY GRIMSHAW, M.A., M.D.,
Fellow and Censor of the King and Queen's College of Physicians, Physician to and Lecturer on Medicine in Steevens' Hospital, Consulting Physician to Cork Street Fever Hospital.

PREVIOUS to the autumn of 1876, Dublin was almost free from small-pox, since the close of the epidemic of 1871-73. In 1876 the disease made its appearance in the towns of the north of England which are in daily communication with Dublin, and thence, as I shall show presently, it was introduced into Dublin, where it found a ready soil for its propagation in consequence of the unsatisfactory state of vaccination.

Before I proceed further, I wish to refer to the relations between the prevalence of small-pox and the progress of the practice of vaccination in Ireland and in Dublin. Statistics compiled from the reports of the Census Commissioners show in a most conclusive manner the great benefits which vaccination has conferred on the community.

During the decade 1831-41 there was not any public provision for vaccination in Ireland, and, accordingly, small-pox had its full sway, as even those who desired to be vaccinated found it difficult to be so, unless they belonged to the wealthier classes of society. During this decade *one-twentieth* of all the deaths in Ireland reported to the Census Commissioners were caused by small-pox, and the average rate of mortality from small-pox was 7·095 in every 10,000 living. During the decade 1841-51 the first Vaccination Act—namely, the 3rd and 4th Vic., cap. 29—came into force in Ireland, and public vaccinators were provided by the Poor-law Guardians; and thus vaccination was *offered*, but not made compulsory on the people. The result of affording these facilities was, that vaccination became more general and the average death-rate from small-pox fell from 7·095 to 5·842 per 10,000 living.

During the decade 1851-61 further facilities for vaccination were afforded by the passing of the Medical Charities Act, 14 and 15 Vic., cap. 68, by clause 19 of which every dispensary medical officer was "required to vaccinate all persons who came to him for that purpose." Thus all excuse for neglect of vaccination was removed by the State—the result being that this provision was largely availed of, and the average death-rate from small-pox fell from a ratio of 5·842 to 2·195 per 10,000 living.

During the last decade, 1861-71, for which we have records, a most important change took place in the vaccination laws. On January 1st, 1864, during the prevalence of small-pox, the Compulsory Vaccination Act, 26 and 27 Vic. cap. 52, came into force, so that during seven years of this decade all persons born were bound to be

(*c*) Being an abstract of a paper read at a meeting of the Medical Society of the King and Queen's College of Physicians.

vaccinated. The result of the enforcement of this Act is remarkable; for, during the decade, the mortality from small-pox fell to an average of 0·759 per 10,000 living—the total number of deaths returned to the Census Commissioners being but 4,113, of which 1,274 occurred before the Act came into force.

From the year 1864 we have more accurate means for judging of the relations between small-pox and vaccination. In that year the Act for the Registration of Births and Deaths in Ireland, 26 Vic., cap. 11, and the Compulsory Vaccination Act, 26 and 27 Vic., cap. 52, both came into force on the 1st of January.

The vaccination returns of the Irish Local Government Board, although not complete, are accurate, and include a very large proportion of the cases of vaccination in Ireland—namely, all those performed by the dispensary medical officers; those performed by private practitioners, or by the old Cow-pock Institution in Dublin, are not included.

An examination of these returns gives the following results :—

In 1864 a serious epidemic of small-pox (causing 854 deaths) prevailed, which had commenced in the previous year. The enforcement of the new Act, the panic caused by the epidemic, and the circular of the Poor-law (now Local Government) Board had stimulated vaccination to such an extent that 191,810 persons were vaccinated by the dispensary medical officers during the year ending September, 1864, the number of vaccinations exceeding considerably the number of births registered, showing that a considerabie number of persons had been either re-vaccinated or had postponed their vaccination until forced to it by the dread of small-pox. The result of this activity in vaccination was a diminished prevalence of small-pox, the deaths from this disease falling to 461 in 1865, and further falling the next year, when the epidemic ceased. The panic having now subsided, and the primary effect of the enforcement of the new Act having passed, vaccination became neglected, and steadily fell to 125,672 in 1869, and but few persons who had been neglected or ignored vaccination submitted to the operation, only 7,760 being recorded, against 71,982 in 1864-65.

On March 7, 1865, the Poor-law Commissioners issued a circular to all boards of guardians calling attention to the fact that many persons did not comply with the Compulsory Vaccinationn Act of the previous year, and impressing upon the guardians the necessity of stoutly enforcing the provisions of the Act. This seems to have the desired effect, for the number of infantile vaccinations increased considerably, and continued to increase during the three following years. During this period, as might have been expected, the number of vaccinations of persons not within the operation of the Act declined to a marked extent, so that the total number of vaccinations fell considerably.

In 1866 the Poor-law Board did not consider it necessary to issue any circular about vaccination, rightly believing that their previous circulars were producing the desired effect.

On February 6th, 1868, the Poor-law Board issued another circular calling the attention of boards of guardians to the diminution of small-pox in Ireland, and calling for returns of any cases which may have occurred throughout the country. In reply to this circular, the Commissioners received information relative to the existence of cases of small-pox in five unions. Two of these were traceable to England, and the other three had been produced by inoculation. The Board issued a further circular on the 7th of March, 1868, calling the attention of the guardians to these cases, and remarking—"Much as the guardians may be disposed to congratulate themselves upon this apparent approach to the extinction of small-pox in Ireland, the Commissioners feel bound to warn them that the continuance of immunity from this epidemic must depend upon continued activity in carrying out the provisions of the Compulsory Vaccination Act, and that even greater exertions than any yet made ought to be made to secure that end, inasmuch as there are many districts in which vaccination is not so thoroughly carried out as it should be, and some in which it has been very culpably neglected." This was most important advice and reasoning to those having the local administration of the vaccination laws. The advice seems, however, to have had but little effect, as infantile vaccinations diminished by 701, and vaccinations of neglected or previously vaccinated cases by 5,053 in the succeeding year. On September 20th, 1869, the Poor-law Commissioners again issued a circular announcing the cessation of small-pox in Ireland, and again warning the local vaccination authorities in the following words :—"Whether or not small-pox remains dormant in the country, and may be expected again to break out under less favourable circumstances, it is quite clear that every part of Ireland is at all times exposed to the introduction of the disease, either accidentally or by design, and, therefore, that the only security lies in a steady maintenance everywhere of the protective means afforded by vaccination." On Dec. 21st, 1869, the Poor-law Board issued a circular calling attention to the death of a Swedish sailor in the Hardwicke Hospital from small-pox, and to the occurrence of a case at Maynooth, arising either from this case or from a girl from the Royal Barracks, who was in the same hospital at this time, and also to a case in Belfast introduced from Liverpool. The circular concludes with another warning about the danger of neglected vaccination. This warning, together with the alarm created by the actual presence of small-pox, had a better effect than the previous circulars, and infantile vaccinations increased, but re-vaccinations continued to decline. Just about this time, on November 18th, 1869, Dr. Burke, Superintendent of Statistics at the General Register Office, now Registrar-General for Ireland, was examined before the Royal Sanitary Commission. In reply to the question, "Are you satisfied that that singular diminution in the amount of small-pox is owing to compulsory vaccination?" Dr. Burke said, "The diminution is very remarkable, but no epidemic of small-pox has occurred since the introduction of the Compulsory Act." Again, answering the question, "I presume that you do not go so far as to say that, owing to compulsory vaccination, small-pox has been stamped out in Ireland, or that it will be stamped out?" Dr. Burke said, "I should be very sorry to make use of such an expression. I think you should have the test of an epidemic in the country before you would use such strong terms." The test came very soon, and found how far small-pox was from being stamped out in Ireland. If others had been as far-seeing as Dr. Burke, and if accurate and complete vaccination returns had been frequently published and compared with the births, as they should have been, the susceptibility of the population of Ireland to small-pox could have been more easily and safely gauged than by the introduction of small-pox contagion. As I have pointed out, the circular of the Poor-law Commissioners, issued on the 21st of December, 1869, produced some results which were noted in the published returns for the year ended September, 1870; but the activity came too late, for small-pox had already sown its seed in Ireland, and a most destructive epidemic followed, which lasted for five years. The Poor-law Commissioners continued to issue warnings to the local authorities during the year 1870, and on December 15th announced a serious outbreak of the disease in Belfast. On February 7th, and again on March 2nd, 1871, the Commissioners called the attention of the local authorities to the importance of re-vaccination; and on July 13th, 1871, announced the appearance of the disease in 53 unions of Ireland. This, together with the increased prevalence of small-pox, had the desired effect, and at last, in 1872, vaccination and re-vaccination become sufficiently effectual to check the epidemic. In fact, the re-vaccinations by the dispensary medical officers in Ireland rose to the unprecedented number of 282,484, the births numbering but 149,292. Small-pox at once declined in all except

the remoter parts of the country, where it continued its progress for some time longer. In the Dublin district public vaccinations reached the immense number of 19,069, the births being only 8,499, in 1872. The complete vaccination and re-vaccination of the whole community seems to have immediately stamped out the epidemic. It is evident that it was the increase of re-vaccinations and the vaccination of neglected cases that stopped the career of the epidemic. As soon as vaccination fell very low—namely, in 1869—small-pox began to make its appearance, and grew into the terrible epidemic of 1872. In 1876 vaccination had fallen lower than it had in 1869, and immediately the present epidemic made its appearance.

In 1872 the Poor-law Board was converted into the Local Government Board, and all the sanitary powers in the country placed under its control. From this time forward it does not appear that the newly-constituted Board issued any circulars to the boards of guardians relative to the imperfections in the administration of the vaccination laws, although the annual reports of the Board refer to the neglect of infantile vaccinations. In the report for 1876-77 important circulars relative to lymph-supply are contained, and a long correspondence with the English authorities relative to the possible introduction of small-pox into Ireland through the agency of deported paupers. The omission to warn the local authorities in Ireland of the prevalence of small-pox in the towns in the north of England in daily communication with Irish ports, and of the appearance of small-pox in Dublin, seems to be a most unaccountable oversight on the part of the Board.

I cannot but think that had a circular been issued noticing a recurrence of the same circumstances that initiated the epidemic of 1871-73, and calling attention to the diminution of vaccination which had occurred in the year 1875-76, that the present epidemic might in some measure have been retarded and mitigated.

(To be continued.)

Clinical Records.

CASES IN PRACTICE.

By JAS. MARTIN, F.R.C.S., Portlaw.

In the Medical Press, August 1st, 1877, I reported two cases of rheumatic fever cured rapidly by salicylate of soda. I have since then treated four other cases, with exactly similar results. It would be useless to give their details individually; I will, therefore, state the points which struck me as worthy of notice. Each case had swollen painful wrists, elbows, and ankles; in one only the knees were swollen. The temperature ranged on my first visits from 102° to 104°. They were all sharp acute cases, with severe pain; all under six days from the time of first seizure. The medicine was given in half-drachm doses every four hours; all were literally cured on the third day after beginning its use. One, however, returning to his work on the sixth day in very bad weather, got a relapse, for which the salicylate did no good; but he quickly recovered under the use of the perchloride of iron with blistering fluid applied over the painful joints. This was the only patient whose heart became affected, but it was not seriously so.

In every case the medicine produced a profuse diaphoresis, during which I observed that the skin retained its tone, felt firm, though moist in a peculiar manner, as I also noticed in a case of different disease, which follows this. I have tried the salicylate in less acute cases several times, but did not obtain the slightest benefit. This fact was also noted and stated to me by a most respectable intelligent practitioner in the midland counties, as being the result of his experience before I had told him of mine. Thinking that the good effect of the salicylate might proceed from its great power of reducing temperature, I was led to try it in the following case of pneumonia:—

A. B, æt. 19, admitted to hospital Oct. 17, 1877, labouring under acute pneumonia of the right side. Dulness on percussion, extending over two-thirds of the right lung. Dry crepitating râle through the upper third. Pulse 120. Sputa bloody. Temperature 104-6°. He had got a wetting six days previously, followed by a chill and pain in right side. On admission got a diaphoretic mixture, and had a large poultice applied to the affected side.

Oct. 20.—Had a bad night; pulse, 120; temperature, 105°; no change in symptoms. I ordered half-drachm salicylate of soda every four hours, milk, tea, and broth.

Oct. 21.—Profuse diaphoresis set in during the night, the skin retaining the peculiar feel I noticed as occurring in some of the cases of rheumatism in which the drug had been prescribed; but there was no change in the pulmonic symptoms. Temperature, 102°. Continue medicine and poultice.

Oct. 23.—The patient has taken the salicylate steadily since last report; the skin firm, warm, and moist; temperature, 101°; the pulmonic symptoms have, if anything, become more intense, crepitation having set in in the lower part of left lung; sputa still deeply tinged; hard cough; pulse, 120, small and soft; urine abundant, high-coloured and clean; intermit salicylate of soda; continue poultice and nourishment.

Oct. 24.—Patient not so well; crepitation extends in left lung; the lower part of right lung solid; sputa still deeply tinged

I may wind up this case by saying that it was a prolonged and dangerous case, but ultimately made a good recovery. I could not, however, recognise any benefit as accruing from the use of this special drug, beyond the reduction of temperature, which never reached the same point again, though it rose to 103° before crisis set in.

Case of Congested Lung, relieved by Mercury.

This is no new story, but the use of mercury has gone so much out of fashion in later days in the treatment of lung disease, that I think the report of a case treated on the old-fashioned lines may be an encouragement to younger practitioners to have recourse to its use; while I would exhort them in doing so to remember that they are using a two-edged sword, and to be close and attentive in observing its action.

Oct. 12.—I was called to see a young woman of full habit, æt. 28, who was in a very prostrate condition after an attack of typhoid fever. She had hard hacking cough; a copious glary expectoration; pulse, 120, small and weak; profuse night sweats; the right lung perfectly solid from the base to the clavicle, and the lower part of left lung in same condition. I treated her for a fortnight with iodide of potass., in infusion of cinchona; iodine ointment externally; general support; Dover's powders at night, to relieve cough and check perspiration; but she made very slight amendment, if any. I then prescribed 1 gr. blue pill, 1 gr. quinine, ½ gr. of hippo, every four hours, and pushed it steadily on until the gums were well touched, which was about the seventh day. From the moment the white line formed on the gums on the fifth day, the extent of dulness under percussion began to decrease; the night sweats ceased, and the expectoration diminished. I kept on the pills at longer intervals for four days more, watching the mouth carefully, and then had recourse again to the iodide of potass. and infusion of cinchona. She gained strength rapidly; and after another month I could safely say she was in excellent health, though a little weak; and the dulness of the lung had completely disappeared.

An Interesting Case of Midwifery Practice.

On the 20th December I was called to see Mrs. W., in labour of her fourth child, at the third week after seven months of pregnancy. Labour was very violent, bringing the os uteri at each pain far down into the pelvis, though not dilated more than the size of half-a-crown. The edge was hard and rigid; the membranes protruded, but no presentation could be felt. I gave 40 grs. of chloral, and injected 1-3rd gr. acet. morphia subcutaneously into th

arm. The uterus relaxed a good deal after this, and dilated to about the diameter of two inches, but felt sharp and tense at the edges. Labour was not in the slightest degree interrupted. I now ruptured the membrane, and found that a shoulder presented; I at once prepared to turn, and had got my hand in the vagina, when I found the os so tense that I felt I would have great difficulty in getting my hand further. Mr. Barnes' instructions occurred to me, and as it was the left hand I had introduced I passed my right between the thighs, and placing my hand over the abdomen I found to my delight that I was able to seize the head, and while with my left I tilted the shoulder upward, thrust it into the pelvis. I then withdrew my hand, applied the short forceps, and terminated the labour in most satisfactory manner, the patient making good recovery. The child lived twenty-four hours.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE Sixth Meeting of the Session was held on Saturday, April 13th, 1878, the President, Dr. DARBY, in the chair.

TUMOUR OF LABIA.

Dr. MACAN said that for the recent specimen he was about to exhibit he was indebted to his colleague, Mr. H. G. Croly, and he thought it was of sufficient interest to justify his showing it. It was a tumour of the labia, and certainly—as far as he had been able to look up the subject—and he had not had much time to do so—he had found nothing corresponding to it. The patient from whom it was removed was a married woman, 30 years of age, who had been admitted into the hospital under the care of Mr. Croly. Five years ago she first noticed the appearance of the tumour, and since that time it had been gradually increasing in size. The tumour contained fluid, and hung from the upper part of the left labia. It was four inches long, and had a pedicle of about the same length. It was removed by means of an incision made between two ligatures, and there was no hæmorrhage. The peculiarity of the tumour was that it hung from the upper part of the left labia. The exact nature of it he was rather at a loss to know. It did not appear to be a fluid tumour, because it contained solid matter at the bottom of it. It was almost like a hydrocele.

The PRESIDENT said the tumour was a very interesting one, and was not, as far as his experience went, common. He had seen two cases of the kind, one at Steeven's Hospital, under the care of the late Dr. Hardy, in which the pedicle was ten or twelve inches long. It hung down nearly as far as the knee. That tumour was not quite so large as the present specimen, but it was partly fluid. When it was felt it gave the sensation of being a bag of worms. It was removed by the écraseur by Dr. Hardy. About six years ago Dr. Symes, of Kingstown, asked him to see a similar case in which the tumour had a pedicle the same as in Dr. Macan's specimen. That also was removed by the écraseur, and the case did very well. Had he (the President) been called upon to operate in the case now before the Society, he thought he would have used an écraseur too.

PUERPERAL CONVULSIONS.

Dr. PUREFOY then laid before the Society the details of two cases of puerperal convulsions, in which the hypodermic injection of the hydrate of chloral was successfully used. He said the value of the medicine in such cases was now universally admitted; but in this country, as far as he knew, it had hitherto been given only by the mouth or rectum. His first patient was aged 18 years, and had been subject to fits from the early age of five. At first they occurred at long intervals, but as she grew older they greatly increased in frequency and severity. In January, 1877, she had seven consecutively, and in the month of April following, she had eleven in one day. About that time, though still unmarried, she became pregnant, and fretted very much in consequence. For two days before her confinement he was informed she had not taken any solid food whatever. At the time he saw her a small putrid fœtus had been expelled without any loss of blood. She was then suffering from the fits, which occurred at only a few minutes' interval between each. He at once sent for some chloral, but in the meantime commenced with the chloroform treatment. Subsequently he injected five grains of chloral in the thigh. At that time the pulse was 144, and the temperature 100°. The subsequent seizures were of only brief duration, lasting for 30 to 60 seconds, instead of, as before, three or four minutes. He administered further five-grain doses at intervals until he had given in all 25 grains. The second case—similarly treated—occurred in the Rotunda Hospital, and the convulsions took place after delivery. In both cases the treatment was begun by giving chloroform. His reason for that was, in the first place particularly, the convulsions were very frequent and severe, and using chloral in that way he was to a certain extent experimenting, because it was the first time he had used it; but the effect of the medicine was very marked indeed in both cases.

Dr. MACAN said the Society was much indebted to Dr. Purefoy for bringing the cases forward, for unquestionably the treatment was new. On looking over some American papers, however, he saw that Dr. Richardson, formerly a pupil in the Rotunda Hospital, had also used the hydrate of chloral. The objection found to it was that it caused abscesses to form at the seat of injection, but Dr. Purefoy seemed to have avoided that by using a weak solution, and injecting further down the cellular tissue. He was sorry, in the cases detailed by Dr. Purefoy, that there was any use of chloroform, which somewhat confused the results that might otherwise be attributed to chloral. He thought in the first case that the effects would be doubtful because the girl was the subject of fits from her childhood, and there was no albumen in the urine, two of which circumstances made him doubt very strongly—though he did not pretend to explain the case—that that was an ordinary case of puerperal convulsions, for it appeared to be mixed up with epilepsy. The other case was not a fair one to judge by, because the convulsions did not arise until after the woman had been delivered, and the patient might have got well without any treatment. At the same time he considered the method of treatment most useful, especially in those cases where they wanted a quick effect to be produced; and if he had a case of puerperal convulsions to-morrow, he would give the chloral a trial.

Dr. MORE MADDEN said the paper that had just been read was one of great importance, and he thought Dr. Macan's observations were also very interesting. He would not for one moment accuse either Dr. Macan or Dr. Purefoy of reading a paper of his, but at the same time he might state that ten years ago he read a paper to the Dublin Medical Society, and was the first person who wrote a paper on the subject of the administration of hydrate of chloral at the time Liebreich first brought it out, and in it he (Dr. More Madden) dwelt at great length on the administration of hydrate of chloral in puerperal convulsions, in which he gave it a very fair trial, and in which he found it ineffectual. He thought it right to state that, because Dr. Macan had said that if he had a case to-morrow he would give it a trial. If the case were one of mere hysterical convulsions, it would get well of itself, whether chloral was administered or not; but if in a case of true puerperal convulsions he wasted his time trying hydrate of chloral while the patient was dying he (Dr. More Madden) thought the death of the patient would really be in great measure attributable to the waste of time in using a treatment which experience had proved to be ineffectual. He thought if the experience of those who had given the remedy a fair trial—tried it largely, on an extended scale in bold doses, and found it to be ineffectual—if that experience, gained no matter by whom, was to be utterly ignored and passed by, and other gentlemen came forward and started it again as a new thing, a great deal of injury would be done to unfortunate women who were lying wasting while these experiments were being tried over again. They had a tolerably certain way of curing puerperal convulsions, and were they to disregard that and to try experiments in the most serious disaster that could arise to a pregnant woman—to spend their time trying experiments with hydrate of chloral and other absurd remedies of that class, simply because they had not made themselves acquainted with the literature of the subject?

Dr. MACAN said he must have badly expressed what he wished to convey. He was perfectly well acquainted with the literature of the subject, and he was perfectly well aware that chloral was one of the most received treatments of puerperal convulsions at the present time.

Dr. M'CLINTOCK had no experience of the value or utility of chloral as a remedy in the treatment of puerperal convulsions. He dared say it had its proper place, and there might

be cases in which it would be serviceable. But he must say in all candour that he did not see that Dr. Purefoy's cases would justify any inference as to the value of chloral in the treatment of eclampsia. It was doubtful whether the first case, which remained for some days in a critical state, was one of puerperal convulsions at all, because the convulsions occurred at a period of pregnancy when true eclampsia very seldom appeared. He did not think they should attribute that patient's escape to the influence or efficacy of chloral. With regard to the other case, he did not think they could venture to say that chloral had any very decided influence one way or the other. The convulsions occurred after delivery, after the patient was brought to hospital, and she there underwent other modes of treatment. At the same time Dr. Purefoy's paper was new and interesting, as it showed that the chloral might be administered hypodermically without any unpleasant effects, either constitutional or local, and that was of some value. And if he (Dr. M'Clintock) had a bad case of convulsions that resisted other treatment, and the symptoms were severe, he would certainly feel justified in trying a large dose of chloral subcutaneously. He must, however, say with Dr. More Madden that there were other modes of treatment which he certainly should put in practice before he tried the chloral.

Dr. DENHAM said they must never lose sight of the variety of causes that might induce puerperal convulsions, and the variety of results arising from those causes. When a young plethoric woman came into hospital with a rapid pulse, flushed face, constipated bowels, and a variety of other symptoms, it was quite clear that the treatment should not begin with chloral. There were broad principles laid down for the treatment of convulsions which must first come into operation, and he did not hesitate to say that he was not ashamed to own that in a case such as he had spoken of, he would not hesitate to take out his lancet and take a good dose of blood from the arm. He would also relieve the bowels. Those two points having been gained, he would pave the way for an anæsthetic, such as had been spoken of, or by the administration of chloroform. He thought the effect would be much the same, except that there would be this advantage, that the chloral would act more rapidly. When he was at the Rotunda Hospital he remembered carrying out a series of experiments—before chloral was known—with chloroform, and in some cases it diminished the number and severity of the fits, but in others he had seen the convulsions go on under the influence of chloroform. They must never lose sight of the fact that two swallows did not make a summer, and so in like manner ten cases of convulsions treated in any particular way would not warrant a change for the old standard modes of treatment; and without having the slightest doubt that the treatment was judicious in Dr. Purefoy's hands, he (Dr. Denham) agreed with Dr. M'Clintock in thinking that neither of the cases were what they would formerly call regular cases of eclampsia. With reference to one remark of Dr. Macan's, that convulsions after delivery were less serious than those occurring before delivery, he wished to say that his (Dr. Denham's) experience was rather different to that. He would look with much more apprehension upon a woman attacked with convulsions after delivery than he would on a woman who was similarly attacked before delivery.

Surgeon-Major JOHNSTON mentioned a peculiar and interesting kind of convulsion that he once witnessed a few days before the woman's confinement. On going out of the lying-in ward of his own hospital, he met the husband of one of the patients, and told him that his wife was in severe convulsions. He immediately commenced to rub his hands with much satisfaction, and said, "Oh, doctor, don't do anything to her, and she'll have a baby in three days." He (Dr. Johnston) gave the woman no treatment, and true enough exactly at the end of three days she gave birth to a child. That had occurred in that woman's case on several previous and successive occasions.

Dr. PUREFOY, in reply, said that he thought he was right in saying that the absence of albumen in the urine did not prove that the case was not one of puerperal eclampsia. His second case was not a severe one, but he had seen convulsions last for two days after delivery. At the same time he thought convulsions occurring after were not so serious as those occurring before delivery. He must plead guilty to not having read Dr. More Madden's paper on the use of chloral, and was not aware whether he had spoken of using it subcutaneously. But notwithstanding Dr. More Madden's extensive experience, he (Dr. Purefoy) thought the value of chloral had been proved by other observers quite sufficient to justify practitioners in continuing its use. He (Dr. Purefoy) spoke from tolerably good experience, having spent three years at the Coombe Hospital, and subsequently three years at the Rotunda Hospital, where he had had opportunities of testing, and of seeing tested, the different modes of treatment. He brought these cases forward because they showed that chloral might be used without the production of abscesses, and he was greatly impressed with the benefit of the medicine in the first case.

The Society then adjourned.

Translations.

SOME RESEARCHES ON MORBID LOCAL TEMPERATURE. (a)

By MICHEL PETER, M.D.,
Professor to the Faculté de Médecine, Paris; Physician to the Saint Antoine Hospital, &c.

IN giving the result of a long series of investigations I have made on morbid local temperature, I shall in this first communication speak of the temperature of the *thoracic walls in cases of pleurisy*, and its variations from certain determined conditions, as well as its relation with the mean normal temperature, and with the parietal temperature on the healthy side. To establish these facts, I placed the same thermometer in the same intercostal space—the sixth, for instance—on the diseased and on the healthy side, then in the axilla on the healthy side, using the ordinary medical thermometer, so that practitioners might be able to compare and continue such experiments.

The investigation of local morbid temperature is not a scientific curiosity: it has a clinical and useful application, as, for instance, it may clear up and even fix the diagnosis in doubtful cases of incipient pulmonary tuberculosis. It may yet serve to elucidate certain abdominal affections, oftentimes so obscure.

Some of my results were as follows:—

1. On the pleuritic side the parietal temperature is always higher than the mean temperature, which is 35° 8 C. (96°·4 Fahr.)

The morbid increase or local hyperthermia is 1°, 1°·5, 2°·5 and even over this figure; the local temperature reaching 38° (100°·4 F.), 39° (102°·1 F.), and even 40° (104° F.)

2. The elevation of temperature increases with the effusion, that is to say, the greatest elevation of local temperature corresponds to the period of active secretion of the inflamed pleura; this hyperthermia varying from 2°·5 to 3°.

3. The elevation of the parietal temperature increases when the secretion is arrested. In general the parietal temperature of the pleuritic side exceeds that of the healthy side by 5°·10 to 1°·5.

4. Pleurisy not only affects the parietal temperature of the affected side, but also of the healthy side, though the affected side has always a higher temperature.

5. The parietal temperature lowers little by little when the effusion is absorbed spontaneously, always remaining higher than the opposite side, preserving for some time this exalted condition. This temporary persistence of the local hyperthermia is not to be neglected, as it explains the possibility of a return of the affection, indicating the persistence of the anatomical conditions affecting the formation of the effusion.

6. In cases of pleurisy without effusion (diaphragmatic, for instance), the local hyperthermia is less than in cases with effusion, and the return to a normal condition is made more rapidly.

Thus, in a recent case of diaphragmatic pleurisy—treated and cured by the application of wet cupping and a vesicatory—the highest parietal temperature was 37° (90°·3 F.), (in place of 35°·8, the normal state), and a return to the 35°·8 was obtained in eight days.

On the other hand, in a case of pleurisy with considerable effusion, complicated by pneumonia which developed in the course of the disease, the parietal temperature reached 40°·8 (105°·4 F.), the axillary temperature being only 40°·2; and the return to the normal parietal temperature took place in twelve days.

(a) *La France Médicale*, May 4th, 1878.

7. One of the most interesting facts, perhaps, is, that the absolute elevation of local temperature on the affected side is more considerable than the absolute elevation of the axillary temperature, although the thermal axillary figure may be higher than the thermal parietal figure. The local precedes the axillary hyperthermia. For instance, in one case the parietal hyperthermia was 2°·8, the axillary being only 1°·6; in the evening the parietal reached 5°, the axillary only 3°·2.

The excess of local over general hyperthermia was thus 1°·2 in the morning, 1°·8 in the evening.

These facts relate to pleurisies which have not been operated on, and we have next to consider the same condition when punctured.

8. On evacuating the effused liquid, emptying the cavity of the pleura, an unexpected phenomenon is produced—*the parietal temperature rises on the punctured side.*

One of three results may then happen —

a. The effusion may not return.

b. It may recur.

c. It may return, changing its nature.

a. If the effusion does not return, the parietal temperature (which before puncture was more elevated than normal, and than the healthy side) may still rise; but this increase only lasts some hours (24, 36, or 48). Then the parietal temperature decreases, returns to the figure before puncture, then decreases still more, and finally returns to the normal condition.

*b*1. The effusion may increase and then be absorbed.

In the period of new secretion, the local temperature rises, very notably after puncture, remains hyperthermal for some days, then decreases under the influence of medicine, returns to the figure before puncture, and finally to the normal state. It is remarkable that the local hyperthermia precedes and exceeds, morning and evening, the axillary hyperthermia, and the local lowering of the temperature proceeds the lowering of the axillary temperature.

*b*2. The effusion may recur, and repuncturing may be required. Then we have local, next general hyperthermia; stationary state of the local temperature, with reproduction of the effusion; repuncture with reproduction of the same thermic and secretory phenomena.

c. It yet remains to determine the parietal temperature, in cases where effusion takes place, under a purulent form, and I propose to undertake it as soon as I have an opportunity, which has not yet presented itself.

These facts would be of little value if we did not examine their mechanism, signification, and their possible practical utility.

One intrepretation naturally presents itself to the mind; viz., that the elevation of local temperature after thoracentesis results from the return of the functions of hæmatosis to the lungs.

Another interpretation is, that the elevation is due to traumatism from puncture of the inflamed pleura.

It is easy to refute this double interpretation by reason, and far better by experiment. By reason, for hæmatosis is never as immediately so complete on the punctured side as on the healthy side, so that the temperature ought to be lower on the diseased side. By experiment, by eliminating from the problem, hæmatosis and phlogosis, as I have done in examining the temperature after puncture of the abdomen, in cases of ascites, where there is neither hæmatosis or phlogosis to interfere. Now the local temperature always rises in cases of ascites, the elevation of temperature is almost immediate, and almost immediately at its *maximum*. But —

1. The difference goes on decreasing from day to day in ascites.

2. The abdominal parietal temperature returns in a few days to its natural state before puncture.

3. The temperature does not undergo any diurnal or nocturnal change.

4. It follows the hypercrisis, increasing or diminishing with it.

5. And this fact is important; however elevated the abdominal temperature is after puncture, the axillary temperature is invariable, that is to say, it is never influenced by the local change of temperature. We have in effect in one case, a physical fact, the extravasation of liquid; in the other, phenomena of secretion and selection—a chemico-dynamic fact.

The conclusions then are :—

1. That local hyperthermia, the result of puncture in pleurisy, as well as in ascites, is the consequence of hyperæmia *a vacuo.*

2. That in cases of pleurisy, this hyperæmia, essentially mechanical, necessarily adds to the previous hyperæmia and phlegmasia, against which puncture has been absolutely without curative action.

3. That we thus have two hyperæmic conditions, in place of one.

4. That there necessarily results an augmentation of tension in the vessels of the still inflamed pleura.

5. That thus on the one hand, the liquid exuded afresh may be richer in leucocytes and hæmatites.

6. That there is a dynamic action, and that the possible purulent transformation of the effusion, occurs in certain cases where puncture has been adopted during the very febrile period of pleurisy.

7. That this accumulation of hyperæmia, this return of the blood into the pleural cavity, marked by the local hyperthermia, explain the syncope, the pulmonary congestion, the consecutive albuminous expectoration, the pain and the oppression running sometimes to suffocation, observed in many of the cases, to the elucidation of which I have contributed by my researches on local hyperthermia.

T. M. Dolan.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 15, 1878.

BLOOD-LETTING IN PUERPERAL CONVULSIONS.

About twelve months ago we drew attention to the fact of there being some signs that this old-fashioned and almost obsolete remedy would again come into use, although of course not to the extent to which it was formerly employed, for it is only under special circumstances or in certain exceptional cases that we should venture to recommend the practice of general blood-letting. Among those practitioners who still think that with regard to this practice we have gone from one extreme to the other may be mentioned Dr. J. G. Swayne, Consulting Physician-Accoucheur to the Bristol General Hospital, whose experience of blood-letting in the treatment of puerperal con-

vulsions certainly justifies the confidence which, in certain cases, he places in this remedy. He has from time to time brought forward his cases at the meetings of the Bath and Bristol Branch of the British Medical Association, and in the current number of the *Obstetrical Journal* is recorded one case in which the withdrawal of ℥xxx. of blood in a full stream from a large orifice was followed by immediate and permanent relief of all the symptoms. The convulsions had gone on for twelve hours before bleeding was resorted to. They had increased in frequency, until at last as many as three took place in an hour, notwithstanding that a full trial had been given to anæsthetics, in the form of hydrate of chloral and bromide of potassium, three half-drachms of the former and three drachms of the latter having been given. The bleeding appeared at once to produce a decided constitutional effect. The swollen livid face became pale, the breathing less stertorous, and the pulse soft and feeble, instead of full and throbbing. From that time the fits, which were recurring three times in an hour previously, only returned four times during the next ten hours, and were much mitigated in severity. Signs of labour also came on, and delivery was soon completed with the forceps. Dr. Swayne's experience of puerperal convulsions comprises thirty cases. In twenty-two of these bleeding was resorted to, the quantity of blood varying from ten to thirty ounces. In sixteen it was decidedly beneficial, and appeared to be the most efficacious remedy employed. In nearly every case it was speedily followed by a great diminution in the amount of albumen contained in the urine; and to this cause Dr. Swayne believes that blood-letting owes its great power as a remedy.

If the experience of Dr. Swayne were the only evidence in favour of our occasionally resorting to the lancet in the treatment of this terrible complaint, we should not perhaps have drawn particular attention to it. But it should be borne in mind that this was long the orthodox plan of treatment, and that even at the present day the occasional use of the lancet is recommended by high authorities both in this and other diseases. All the great accoucheurs who practised in the beginning of this century were unanimous as to the utility of bleeding in puerperal convulsions. As late as 1855, we are told in one of the most popular text-books of obstetric medicine, to take away blood from the arm or temporal artery, largely, and in a full stream, provided the convulsions are of a sthenic form, with the head hot, face flushed, and the pulse full, firm, and frequent. We are even told to repeat the blood-letting if the paroxysms continue. Prof. Depaul even ventures in 1877 to say that copious bleeding from the arm is the only method of treating the disease which meets with success, and refers to an experience of two hundred and fifty cases in support of his opinion. Moreover, in respect of other diseases not more likely to be benefited by venesection than puerperal convulsions, there are some eminent authorities who are by no means so ready to wholly discard the use of the lancet as is now the case with the profession in general. In the volume of Ziemssen's "Cyclopædia of the Practice of Medicine" devoted to the consideration of Diseases of the Brain and its Membranes, we find that Nothnagel is by no means averse to the employment of blood-letting in certain forms of cerebral hyperæmia, or even apoplexy. Speaking of hyperæmia, he says that "the evidence afforded by the diminution in the severity of the symptoms, which follows, for example, an accidental nose-bleeding, seems to point too clearly to the propriety of this treatment; under certain conditions we could not get on without it." General indications, he remarks, for the use of the lancet are furnished by the presence of marked *turgor faciei*, strong cardiac impulse, and abnormal fulness and tension of the arteries. The same writer in speaking of the practice of blood-letting formerly universally adopted, and now almost as universally abandoned, in the treatment of hæmorrhagic apoplexy, very judiciously observes "that the true path which is followed by the majority of good practitioners lies evidently between the two extremes." The value of venesection in cases of cerebral hæmorrhage lies, in the opinion of Nothnagel, "in the fact that it brings about a diminution of the intra-cranial pressure (*i.e.*, indirectly, of course, by diminishing the arterial tension), and in this way its influence may be at times of capital importance. Where, in consequence of the intra-cranial pressure, and of the cerebral hyperæmia that accompanies the attack, paralysis of the respiratory or of the vagus centre is threatened, the rapid reduction of the quantity of the circulating blood may, by diminishing this pressure, have the effect of actually prolonging life, and this indication can only be fulfilled by venesection." We have made the above quotations not only because Ziemssen's "Cyclopædia" is justly considered to be the most recent and most authoritative exposition of modern medicine, but because the above observations are far from being inapplicable to some forms of puerperal convulsions. It will be generally admitted that in many cases of this affection we have present those conditions which, in the opinion of Nothnagel, justify the use of the lancet—intra-cranial pressure, great arterial tension, congestion of the cerebral vessels, impeded return of the blood through the cerebral sinuses, overloading of the blood with carbonic acid gas, &c. These conditions are particularly prominent in the worst cases of the epileptic form of puerperal convulsions, as well as in those cases which are more of an apoplectic than of an epileptic nature; and although it very rarely happens that the disturbance in the cerebral circulation gives rise to actual extravasation of blood, the effect of that disturbance upon the brain and medulla oblongata is such as to predispose the system to a repetition of the convulsive paroxysms, and to the persistence of that comatose condition the removal of which is one of the chief indications in the treatment. Owing to the age at which these convulsions generally occur, the coats of the cerebral vessels will bear a great deal of tension, and effusion into any part of the brain rarely takes place, yet sometimes this accident does occur, and at the meeting of the Dublin Obstetrical Society, Dr. Denham mentioned a case in which cerebral hæmorrhage was found after death, and in which he thought life might have been saved if the patient had been bled early in the convulsions.

In the foregoing observations we have merely mentioned one way in which bleeding may prove useful in the treatment of puerperal convulsions, but as respects this disease more especially, there is another light in which we may view the *modus operandi* of blood-letting, and which shows that

this remedy may be found useful in other convulsions than those which occur in connection with childbirth. As we have just seen, Dr. Swayne attributes the efficacy of bleeding in puerperal convulsions to the effect it had of diminishing the amount of albumen contained in the urine ; and the truth of this opinion is strongly corroborated by the result which has followed the treatment of a number of cases of uræmic convulsions and scarlatinal dropsy by copious venesection. Some of those cases will be found detailed by Dr. Robert Kirk, in the May or June number of the *Glasgow Medical Journal*, 1877, and others by Dr. Bramwell, of Perth, in the *Edinburgh Medical Journal* for July, 1875. In Dr. Kirk's cases the convulsions were severe, other means had been tried in vain, the convulsions ceased immediately after the bleeding, and the urinary secretion was restored, with or without the use of diuretics. For example, a girl aged nine, was comatose after scarlatina, with puffed, pallid face, teeth clenched, a little foaming at the mouth, pulse 140, pupils moderately contracted and insensible, and rapid oscillation of the eyeballs. The case appeared a very unfavourable one, but about twelve ounces of blood were drawn from the arm, and in four or five hours afterwards the pulse had fallen from 160 to 80, she fell into a natural sleep, and ultimately recovered. In every case in which Dr. Kirk tried blood-letting in scarlatinal dropsy, the treatment proved eminently successful ; while in thirty-two cases of the same disease in which Dr. Bramwell had recourse to general abstraction of blood, there was only one death, and that a case which was seen too late for treatment to be of any service. Amongst his cases were some of both pulmonary œdema and convulsions, and he also found that free diuresis set in forty-eight hours or less after blood-letting.

These facts, and we might have mentioned others of a still more striking nature, taken in connection with those that have been adduced by Dr. Swayne and other practitioners, must convince the most sceptical mind that, in properly selected cases, blood-letting is far from being such a perilous or useless remedy as many are now-a-days led to suppose, and that puerperal convulsions is not the only affection in which the judicious employment of that remedy may, under certain circumstances, be followed by the most beneficial results. At all events, the experience of those physicians to whose opinions we have just drawn attention, and the well-balanced judgment of so recent and eminent a writer as Nothnagel, are sufficient to inspire the young practitioner with some confidence in this remedy whenever he meets with cases in which a fair trial of it appears to be particularly indicated.

RECENT CASES OF POISONING AND THEIR DETECTION.

Two cases of poisoning have recently occurred, one in Scotland, the other in Paris, which are quite sufficient to show any one contemplating such a crime, that be his scheme ever so skilfully contrived he is almost certain to fall sooner or later within the clutches of the law. If science has rendered it *possible* for a murderer to poison his victim in such a manner as to escape detection, science has also pointed out the means by which, in 99 cases out of 100, the crime will certainly be discovered. The poisoner Chantrelle, who has just been condemned to death for the murder of his wife, had boasted that he could poison her in such a manner that all the faculty would not be able to find it out ; but it so happened that the way in which he set about his horrible business, and the way in which he tried to conceal it, would have been a bungling procedure for the most ordinary and ignorant criminal, much more so in the case of a man who is said to have been educated for the medical profession, and who was supposed to know a good deal about the chemistry and operation of drugs.

Our contemporary, the *Observer*, in commenting upon this case, compares it to the notorious Palmer and Pritchard poisonings, and says that Chantrelle, like Pritchard, was a physician, with a considerable knowledge of toxicology. This we are in a position to contradict. Certainly if Chantrelle ever practised medicine he did so illegally, not being a registered practitioner.

The facts of the Edinburgh poisoning case must be so familiar to our readers that it will be unnecessary to recapitulate them. The medical evidence clearly pointed to death by narcotic poisoning. There were present the chief symptoms observed in cases of poisoning by opium ; and the fact that these symptoms varied a little from those usually observed in these cases did not in the least weaken the evidence against the prisoner, for, as Prof. MacLagan was obliged to admit, there was no such thing as invariableness in the action of any poison, nor could anything be made of the fact that no trace of opium could be found in the body of the deceased. Not only is it very difficult to detect in the body the presence of organic poisons, but in this case the prisoner had evidently contrived to give his victim a minimum poisonous dose, so that it was not likely that any remains of it would be detected in the contents of the stomach. The attempt to account for the death by gas-poisoning was a very miserable and hopeless one ; for not only are the special signs of opium-poisoning very different from those produced by the inhalation of gas, but the latter is a poison which, if allowed to escape in quantities sufficient to destroy life, is perceptible to the senses of the other inmates of a house.

The other case, which occurred in France, may not be so familiar to the reader.

Here the prisoner, was certainly familiar with the operation of poisons, for he was a chemist living in the Rue Maubeuge. His wife, whose married life had been a very unhappy one, became ill, and appeared to be wasting away : medical aid was of no avail, and she died rather suddenly last September. A *post-mortem* examination led to Danval's arrest on the charge of slow poisoning by arsenic, but two leading analysts subsequently gave an opinion that the arsenic found in the viscera was insufficient to cause death, and might have resulted from natural causes. On the other hand, it is urged that the deceased's symptoms—viz., burning pain in the stomach, parched and stiffened tongue, and almost paralysed legs—can only be accounted for by small doses of poison such as would leave few traces, and that no organic disease could be detected. The accused, who waited on her in her illness with great apparent sympathy, first endeavoured to get her disease ascribed to typhoid fever, and afterwards suggested suicide—a suggestion held to be negatived by her amiable

and religious character. The trial lasted several days, and the prisoner was found guilty of murder. In this case the criminal had some chance of being acquitted on the grounds of the quantity of arsenic found in the body being very small, but as there was no other way of accounting for the presence of even a small quantity of that poison in the viscera, as the symptoms were just those which are generally observed in chronic poisoning by arsenic, while they could not be accounted for by any morbid appearances arising from natural causes, the evidence against the prisoner was, on the whole, very conclusive. With regard to the skill and secrecy with which these murders were committed, they will scarcely bear comparison. Chantrelle's crime was a very clumsy and ordinary case of poisoning by opium; whereas that of Danval, cruel and villainous though it was, was conducted with all the art of a professional expert. There are, moreover, not many cases of chronic poisoning of arsenic on record, and, therefore, the one which has lately excited so much attention in Paris is, in a medico-legal point of view, both an interesting and instructive one.

Notes on Current Topics.

The Registrar-General's Quarterly Return.

THERE are a few facts in the last quarterly return of the Registrar-General to which we would draw the attention of the reader. In the first place, one effect of the commercial depression that has lately prevailed is a decline in the marriage rate. This rate for the entire year 1877 did not exceed 15·8 per 1,000, and was lower than the rate in any year since 1847, when the rate was equally low. Owing to the mild winter we have this year experienced, the annual rate of mortality during the first three months of the year has been unusually low. It was 22·8 per 1,000, or 1·2 per 1,000 below the average rate in the corresponding period of the ten years 1868-77. In South Wales great distress has prevailed in consequence of strikes and general depression in the coal and iron trades; and there the death-rate was equal to 25·3 per 1,000, against 22·9 and 2·8 in the corresponding quarters of 1876 and 1877. In Lancashire the returns do not seem to satisfy the Registrar-General, for he remarks that 8,569 persons died in that county who would have survived if its sanitary condition had been equal to that which prevails in Westmoreland. The waste of life in Lancashire affords conclusive evidence of unsatisfactory sanitary condition. In twenty of the largest English towns, including London, the death-rate was rather high—25·2 per 1,000—owing to the greater fatality of the seven principal zymotic diseases, more especially of measles and whooping-cough. In fact, whooping-cough was the most fatal zymotic disease last quarter, and caused 5,216 deaths, against 3,971 and 2,533 in the corresponding periods of 1876 and 1877. It is satisfactory to notice that the steady and well-marked decline in the deaths referred to fever in recent years is fully maintained. The death-rate from fever last quarter was less than half what it was in the corresponding period of 1870. The deaths from fever in England and Wales last quarter, at the rate which prevailed in the first quarter of 1870, would have been 4,596, instead of the 2,174 actually recorded. In addition to this saving of 2,422 deaths from fever, it may be calculated that more than 12,000 persons were spared attacks of fever during these three months, through the improving sanitary condition of the country.

We have in this report some curious information respecting the *certification of causes of death*. The number of deaths registered last quarter was 139,825. The causes of 125,841, or 90 per cent., of these deaths were certified by registered medical practitioners. In 7,199 cases, equal to 5·1 per cent. of those registered, no certificate of the cause of death was produced. It is evident, however, that the number of uncertified deaths is yearly decreasing. The largest proportion of uncertified deaths consists of cases in which the deceased persons have been attended in their last illnesses by unqualified practitioners, practising either on their own account or as assistants to registered practitioners; although in some thinly populated parts of England and Wales considerable numbers of persons die without any kind of medical attendance in their last illnesses. The following are examples of the replies made by registrars to inquiries as to the reason why so large a proportion of the causes of deaths in their sub-districts last quarter was uncertified. A registrar of Durham says, "The medical officer of the collieries resides several miles from the place, and keeps a non-registered assistant who attends all those cases, who gives information as to the cause of death." A Chesterfield registrar says, "It is in consequence of Mr. ——, a druggist, attending so many young children in sickness, and others as well, he being much thought of among the working classes."

Mr. Bright on Vaccination.

THE RIGHT HON. JOHN BRIGHT, who has considerable influence with the masses, having on more than one occasion spoken somewhat equivocally of vaccination, has been somewhat severely handled in the press by supporters of law and order, who naturally condemned the policy of an ex-cabinet minister, which encouraged the public to break the law. Accordingly, Mr. Bright wishes to put himself right with the public, and in the *Pall Mall Gazette* of Thursday last we find the following:—

"I observe in your paper of to-day a paragraph misrepresenting and condemning what I have written on the subject of vaccination. I have expressed no opinion against the practice of vaccination, but have always said that the facts, so far as I have been acquainted with them, appear to be in favour of it. I do not know that I have expressed an opinion adverse to compulsory vaccination, although I may have great doubt as to its wisdom in cases where parents are opposed to it. What I have condemned is the repeated punishment by fine or imprisonment of parents who are convinced that vaccination is often injurious and sometimes fatal, and who have had experience of its mischief, and who therefore refuse to have their children vaccinated. I think it is a monstrous invasion of the right of parents thus repeatedly to punish them; and, further, that it excites much greater opposition to the practice of vaccination than would otherwise exist. If the law is right and wise, why does it not take the child from the arms of its mother and force the vaccination upon it? Doubtless because the outrage upon the parent would be so great that Parliament shrinks from doing it. It insists upon the parent doing what he, in some cases, believes to be mischievous, and sometimes fatal, and what,

therefore, in conscience, he cannot and will not consent to do. If only one moderate fine were imposed, the parent would not become a martyr, and vaccination, in my opinion, would be less strongly objected to than it is now."

Chrysophanic Acid Ointment in Psoriasis.

PROFESSOR NEUMANN, the eminent dermatologist of Vienna (*Weiner Mediz Presse*, No. 14-16, 1878) having made extensive trials with this ointment at the General Hospital, Vienna, in the treatment of psoriasis, as first recommended by Mr. Balmanno Squire in this country at the latter end of 1876, is very favourably impressed with the results.

After giving due credit to Mr. Squire, and to the other English observers who followed him in this research, the Professor winds up an able paper with the following summary :—

1. That chrysophanic acid derived from goa-powder is an excellent remedy for herpes tonsurans, pityriasis versicolor, and psoriasis vulgaris.

2. Psoriasis in its earlier stages begins to disappear after a few applications of the drug, and in a far more unequivocal manner than under any other remedy that has ever yet been used against psoriasis.

3. Even inveterate forms of the disease can be abolished by means of chrysophanic acid, and it is quite the exception to find them oppose any protracted resistance to it.

4. Chrysophanic acid is a perfectly painless application to the diseased skin. The morbid phenomena occasioned by it on the healthy skin result apparently from the admixture of resinous matter with the acid.

5. As a result of this mode of treatment psoriasis belongs no more to those skin diseases which in so high a degree are a source of misery to the patient, and it has now become an easy matter to cure relapses. Every patient with psoriasis that I have as yet treated by this means gives the palm, without hesitation, to this method of treatment in preference to others. In any case, this, at the least, is emphatically true, namely, that the therapeutics of skin diseases have for the last ten years been enriched by but few remedies which have been crowned by so eminent a success as the one in question.

6. There are other skin diseases also which are curable by chrysophanic acid, but upon these I will not report until I have accumulated more material.

7. Lastly, I desire to express a hope that this method, which I am the first to promulgate in this, my country, may be examined by other observers, and I do not doubt but that it will soon permanently assume its due rank amongst the treasures of therapeutics.

Infant Mortality.

THE death-rate of infants in Macclesfield has given occasion for a very warm discussion in the local papers arising out of alarming statements made by the local medical practitioners at an inquest. A committee was appointed to investigate the matter, with the following results. "The evidence adduced before the committee," says the report, "failed to justify the charge of criminal neglect and child murder, 'but showed without doubt that the infant death-rate of Macclesfield is considerably in excess of the average throughout England,' and 'strongly impressed' the committee 'with the fact that the causes of the excessive infantile mortality are preventable.'" These are tabulated as follow :—1. To the lack of maternal care of children, arising from mothers returning to their work too soon after confinement. 2. To improper feeding and exposure. 3. To the too frequent use of narcotics and soothing medicines. 4. To the ignorance and negligence of parents in seeking promptly the advice of qualified medical men when their children are first taken ill. 5. To constitutional and hereditary causes arising from immorality of parents, &c. 6. To lack of personal cleanliness in neglecting the daily washing of children ; and 7. To residence in unhealthy and ill-ventilated houses. To the above may also be added an over-indulgence in drink by the parents. The committee suggest—1. That mothers should be restricted from working for a limited period before and after confinement. 2. That *crèches* or nursing houses be established under medical inspection, and visited by ladies committees. 3. That the sale of narcotics and injurious soothing drugs should be limited. 4. That a more rigid inquiry should be made into the cause of uncertified deaths, and medical evidence taken. 5. That all available means be taken to enlighten ignorant and careless parents as to their responsibilities and duties, and that Dr. Lankester's "Plain Rules for the Management of Infants" be distributed constantly.

Examinational Traps.

THE examiners in preliminary education for the English Pharmaceutical Society, in reporting to the College of Preceptors, say that it has sometimes been exceedingly unsatisfactory to have to award to a candidate for his perfect translation of the passage from Cæsar full marks, when his faulty answers to the grammatical questions have led one to suspect that he simply committed the English to memory, and two or three words with which he has been familiar have given him the clue to the passage. Sometimes, indeed, a candidate fails to recognise the lines selected, and gives an excellent rendering of *another portion* of the book. They give an instance in which a candidate delivered himself of a classically rendered sentence which would have entitled him to special praise, but that it happened to have no reference whatever to the paragraph given to him to translate, of the sense of which he displayed blissful ignorance.

Re-Vaccination of Students.

M. ARTHUR OGIER, only 20 years of age, a student in medicine of the Marseilles School, has just died of small-pox contracted in discharge of his hospital duty. The *Lyon Médical* calls attention to the fact, and considers that M. Gendron has had good reason for insisting that all students at the commencement of their hospital study should be re-vaccinated. It takes credit at the same time for having constantly urged that the student on being entered for hospital attendance should be obliged to produce a certificate *not* of vaccination at some distant period, but of re-vaccination within the current year. "We call," it

says, "once again the attention of the Public Health Department to the question, not thinking it worth while to make any appeal to the Faculty of Medicine, inasmuch as it is, under its administration, quite usual to violate the most elementary rules of hygiene."

Abortion Practice by a Doctor and a Chemist.

At an inquest held at Brighton respecting the circumstances attending the death of a young woman named Hockley, a man named Cole stated that in consequence of the deceased believing that she was *enceinte* by him he had applied to Mr. Darley, chemist and druggist, who had supplied him with several bottles of medicine, for which he had paid 5s. per bottle. Deceased took this medicine, but the object not being attained, Mr. Darley introduced him to Mr. Moon, a surgeon residing in Brighton, who undertook the treatment of the deceased. Deceased subsequently died in the hospital, after a miscarriage. The jury returned a verdict of wilful murder against Moon, and one of being an accessory before the fact against Darley.

St. John's Ambulance Association and the London Hospitals.

A meeting took place at the residence of Dr. Sieveking, 17 Manchester Square, on Saturday, for the purpose of discussing the best means of practical co-operation between the St. John's Ambulance Association, and those London Hospitals which might form Ambulance Committees in connection with it. In addition to Dr. Sieveking, the following gentlemen connected with St. Mary's Hospital were present, viz.: Drs. Shepherd, Wiltshire, Farquharson, Mr. Owen, Mr. Norton, and Mr. Page. Dr. Lionel Beale, of King's College Hospital, was also present; and a letter from Dr. Julius Pollock, of Charing Cross Hospital, showed how warmly the St. John Ambulance movement was approved by the governing body. The Order of St. John was represented at the meeting by Sir E. Lechmere, Bart, M.P., Colonel Gould Weston, Major F. Duncan, R.A., Mr. J. Furley, and Mr. Harford Pearson.

After some discussion as to the best means of carrying out the praiseworthy Hospitaller aims of the Order in time of peace and of war, the following resolutions were arrived at:—

1. That each hospital in London forming an ambulance committee should endeavour to guarantee lecturers to theSt. John's Ambulance classes in the metropolis.

2. That the classes should be examined by the Government military instructors detailed for the Order by the Army Medical Department.

3. That classes of men or women who have obtained certificates may be formed for further instruction under members of the hospital staff; the pupils to receive the further examination from special hospital examiners.

4. That, in the event of war, in which England may be engaged, the hospitals, through their ambulance committees, will aid the Order in finding surgeons, dressers, and nurses for any field hospital or train which it may send out in support of the Army Medical Department, and that the order will employ no one from any hospital without reference to that hospital's ambulance committee.

At a meeting held on the 7th inst. it had been already decided that the medical committee should be composed of the medical members of the St. John's Central Committee, with the addition of the chairman and the secretary of each hospital ambulance committee.

The movement is making rapid strides both in London and the provinces. A new class will be opened in Albany Street on the 20th, and the lecturer will be Mr. Owen, of St. Mary's Hospital. The course extends over five weeks —one lecture a week, of one and a-half hour's duration— followed by an examination.

The Title of "Dr."

Mr. E. L. Hussey, of Oxford, has been at the trouble to print and circulate a letter addressed by him to Dr. Wyllie, Secretary of the Edinburgh College of Physicians, on this subject. The letter, it would appear, is intended not for the person to whom it is addressed, but for Dr. Cumming, who was rash enough to assert that the title "Dr." applied to a licentiate of the College was a "false title."

Mr. Hussey's communication is a curiosity of inconclusiveness, and it will not, we imagine, serve even its doubtful purpose of encouraging physician licentiates to deceive themselves into the idea that they have a right to call themselves "Dr." That these gentlemen are not likely to receive much encouragement from Mr. Hussey's arguments may be judged from the following extract from his letter:—

"Dr. Cumming, if he wishes to make good what he has written, should point out . . . why it is more false for a physician to style himself 'Dr.' than for a surgeon, apothecary, or other professional man to call himself 'Mr.,' without holding the degree of M.A. from a University. There is surely less falsehood in it than in styling himself or any of his friends 'Esq,' or in allowing himself to be so styled by others, without being in possession of an office of honour under the Crown, to which only such a title belongs of right."

It is new light to us and, no doubt, also to Dr. Cumming that a University M.A. is, or ever was, the title of a man to call himself "Mr.," or that an office under the Crown is implied in the remotest degree of the use of the title "Esq."

It is, no doubt, true that the public is wont to call all medical men "Dr.," but it is a different thing for the medical man to dub himself by that title, or to use the letters "M.D.," for that implies an assumption by himself of a name by which he knows he has no right to be called. Mr. Hussey thinks that no more falsehood was seen in the use of such titles than in the courtesy by which the younger sons of a duke or a marquis were called lords, or the judges of the courts were honoured with a similar designation, without being in possession of a peerage.

There is no parallel whatever between the cases which Mr. Hussey compares. When a man calls himself "Dr." he does so because he well knows that the public will give him credit for a University education and an M.D. degree, and, doing so for this reason, he must know that he is obtaining credit from the public on a false pretence.

A New Illuminator.

After the delivery of the annual oration last week at the Medical Society of London, by Dr. Alfred Carpenter,

Dr. Edmunds introduced a new parabolic illuminator, which is a decided improvement upon those already well known to microscopists, and by its aid a large pencil of unrefracted light is condensed upon a microscopic object at almost any angle up to nearly 90 degrees, and at all azimuths. The positive image of the object is seen upon a dark background, even with immersion objectives of the largest angle of aperture, so that a new view of histological significance is obtained of such objects as blood corpuscles, saliva, bacteria, &c., whilst test objects, as diatoms, are more readily resolved than by any other means. The lines of *Amphipleura pellucida*, numbering 200,000 to the inch, are seen as a number of closely set black and green bands. The illuminator is a solid plano-paraboloid lens, upon the plane surface of which the object-slide rests. It is made optically continuous with the substance of the paraboloid by means of a drop of anhydrous glycerine. Parallel rays of light must be thrown upon the base of the paraboloid, which acts on the principle of total internal reflection.

A Specific for Gout, Rheumatism, &c.

THE last few numbers of this journal have contained, as we vainly imagined, a complete list of the superstitious remedies in vogue amongst the labouring classes. Another, however, has cropped up during the last few days, with undoubted proofs of cure, according to its narrators. A woman living in the neighbourhood of Prague is reported to have suffered so severely from gout in the arm that she could obtain no rest or sleep, and the limb in which the disease had settled was rendered entirely useless. Her husband having heard of a countryman who had been completely cured of rheumatism after being accidentally stung by a bee, persuaded the poor woman to try this disagreeable remedy, which, as he pointed out, could hardly prove so painful as the disease. She consented, and allowed three bees to be placed on her arm, and to sting it in several places. Surprising results ensued ; the patient soon afterwards fell into a long and deep sleep, the first real sleep she had enjoyed for six months, after which the acute pain disappeared, and when the swelling produced by the stings subsided the arm recovered the power of motion, and the gout has not since reappeared. Should further experiments establish the efficiency of this mode of treating one of the most troublesome of human ailments, there will be plenty of work in store for the already "busy bee," and, says the *Observer*, "the time-honoured monopoly of modern doctors will have been rudely abolished." Exactly so !

THE mortality last week in the four principal cities of the United Kingdom was—23 in London, 28 in Glasgow, 29 in Edinburgh, and 32 in Dublin, per 1,000 of the population. The excessive death-rate in Plymouth is on the decline. Last week, Dublin, Plymouth, and Edinburgh showed the highest bills of mortality, all the other large towns being under the average.

THE rates of mortality, according to the last weekly return, of the principal foreign cities gave the following results :—St. Petersburgh, the most unhealthy as usual, 61 per 1,000 of the population, Calcutta 49, Madras 47, Buda-Pesth 47, Alexandria 44, Bombay 44, Turin 38, Munich 38, Breslau 38, Venice 33, Rotterdam 33, Vienna 32, Hamburg, 30, Berlin 29, and Paris 25.

WE understand that his Grace the Duke of Richmond and Gordon will receive a deputation from the Medical Defence Association on the subject of the Reform of the Medical Acts, on Monday next, at three o'clock. Members of the profession wishing to accompany the deputation are requested to communicate with "The Hon. Sec., Mr. George Brown, M.R.C.S., 12 Colebrook Row, Islington, N."

THE death of Professor Lamy, of Lille, is announced. As the discoverer of the metal thallium his name came first into notoriety, his claims to a lasting reputation being subsequently confirmed by many original researches in physics and chemistry.

THERE were 60 deaths from small-pox in London, and 17 in Dublin last week. Of the fatal cases in London, 34 were certified as unvaccinated, 10 vaccinated, the remaining being uncertified in this respect.

Medico-Parliamentary

THE SUPPLY OF VACCINE LYMPH.

IN the House of Commons, on Thursday last, Mr. WHITWELL referred to the fact that about £1,000 was voted annually for the purchase of lymph, and inquired whether the greatest possible care was taken to procure matter from the best available sources, or whether the Government had any difficulty in obtaining a perfectly satisfactory supply.

Mr. SCLATER-BOOTH, in reply, stated the whole of the public vaccinators came to the Local Government Board for the matter they required. The lymph so provided was used, not for the re-vaccination of adults, but for the gratuitous vaccination of infants. Before it left the Local Government Office the whole of the lymph was subject to the most minute microscopical examination, and wherever the slightest impurity was discovered the matter was at once rejected. The supply did not come from abroad.

RIVERS POLLUTION PREVENTION ACT.

At the same sitting, Mr. SCLATER-BOOTH, in answer to a question by Mr. Tennant as to what steps had been taken by her Majesty's Government to put in force the provisions of the Rivers Pollution Prevention Act of 1876, said that it was the duty of local boards, and not the Local Government Board, to put the provisions of the Act into operation. A circular had been issued by the Local Government Board informing the local authorities what were their powers and duties under the Act, and immediate effect was given to it in various places such as Salisbury, Canterbury, the Isle of Wight, and other places.

Novelties.

SEABURY AND JOHNSON'S PLASTERS.

AMONG more recent and valuable pharmaceutical improvements, we would draw the attention of the reader to an elegant and convenient lot of plasters prepared by Seabury and Johnson. We have recently tried some of them, and find them to be, severally, very neat, clean, and efficacious preparations. India-rubber has been used as a base in the preparation of these plasters, by which means the medicinal substances used are protected, it is said, from atmospheric influences and preserved from

decomposition. We have not had them in our possession sufficiently long to testify to this fact, but with regard to their therapeutical efficacy, and the style in which they are got up, we can speak from experience. None of them are too strong or irritating; on the contrary, the capsicum plaster and the warming plaster appeared, in the cases in which they were applied, rather too mild. Another advantage is, that they adhere to the skin without heat or moisture, and that they are quite pliable in any temperature. Among the other plasters which have given us great satisfaction, we may mention those in which belladonna and the Spanish fly are, respectively, the chief ingredients.

A PATENT POTASH SOAP.

It often happens, that when a patent article of any kind is brought out its merits are much exaggerated in the prospectus by which the patentee introduces it to the notice of the public. We cannot say that such has been the case with Mackey and Sellers' soap. We have had its qualities tested by persons competent to give an opinion in such matters; and we do not hesitate to state that, in every respect, it answers the description given of it by its makers. It does not contain anything injurious to the materials submitted to its influence. It cleanses and whitens linen better, and with less cost and labour, than any other soap. It can be used either in hot or cold water, and in any description of washing machine. As the dirt is speedily dissolved and discharged without much rubbing being required, its use is not so destructive to clothes as other soaps are. We have even found it a very good soap for shaving, owing partly to the capital lather it forms, and the potash it contains.

Literature.

ON HARE-LIP AND CLEFT PALATE. (a)

The subject-matter of this work has appeared in the St. Thomas's Hospital Reports for 1875-76. Mr. Mason states that in submitting his own experience he has endeavoured to do justice to the labours of others, and a perusal of this volume will show that he has carried out the endeavour fully, and has given to the profession a monograph which will be found to be a valuable aid by those who are called upon to deal practically with cases of congenital hare-lip and cleft palate.

The fissure in hare-lip is most common on the left side of the upper lip, but cases are recorded of fissure in the middle line, and also of the lower lip, but these last are rare. The intermaxillary bone contains the two central incisor teeth in various states of development. Cases are quoted to show that often this deformity is hereditary, and Sir W. Fergusson used to point out partial defects in the lip or jaw of one or both parents. These deformities are sometimes referred to maternal impressions. In discussing the important question as to the period of life when the operation should be performed, the author recommends the second or third month as the most favourable time. Sir W. Fergusson preferred the end of the first month, and assuredly before teething; other surgeons wait until teething is over; others, again, operate immediately or soon after birth. Mr. Mason points out the important fact that some infants get thin and half starved and quite unfit to undergo an operation. Mr. Holmes and Mr. Henry Smith also concur in this opinion, and the latter thinks the child sucks better after the operation, and that if there is a cleft palate its edges become approximated. It has been said that convulsions are apt to follow early operations, but Sir W. Fergusson, in his extensive experience, never met with a case.

The best method of operating is fully described, and the importance of dissecting the soft parts from the superior maxilla and removing enough of the tissue forming the margin of the fissured lip shown—the edges of the cleft are to be brought together either by hare-lip pins and twisted suture or the interrupted suture; the former are very valuable when support is required for the parts, but are to be removed before ulceration is set up—viz, between the second and third day. Mr. Mason gives good advice when he recommends, in cases of partial failure of the operation, the surgeon to persevere in keeping the parts together with strapping, as union often takes place satisfactorily. The intermaxillary bone in double hare-lip is to be removed or bent back, and the soft parts used as a septum for the nose, or, if large enough, to be let into the fissure and kept in place by passing the upper pin through it. In some cases the intermaxillary bone may be removed a day or two before the operation on the fissure, if thought advisable, and a small vessel in the bone may require the application of the actual cautery, which should be at hand. When fed, the child is to be placed in an upright position when cleft palate is present. Different kinds of incisions, more or less complicated, are well explained and illustrated by diagrams.

Various compresses for restraining hæmorrhage are figured, but these are unnecessary when a good assistant is present. Hainsby's truss, which will be found very useful both before and after the operation, is well drawn.

The chief object of the article on Cleft Palate is to put forth the different operative procedures required to close the gap. Many infants die very early of starvation, as they are unable to suck, and food administered by a spoon returns through the nose, and under these circumstances it is recommended to use a teat attached to a feeding-bottle, over which is a shield of soft metal, which can be moulded to the infant's mouth, or the shield may be made of india-rubber, as in Mr. Oakley Cole's instrument. Mother's milk is the best kind of food, but in some instances Messrs. Savory and Moore's food for infants is found to be valuable. Operations for the closure of cleft palate are of comparatively recent date, and used to be deferred until the patient reached the age of fifteen years, but since the introduction of anæsthetics have been performed in children aged five days and upwards. Mr. Mason thinks five or six a suitable age for the operation, as before that age the palate tissues are very thin, and break away readily with the slightest touch of the finger-nail.

Staphyloraphy is the term applied to the operation for the closure of the soft palate. The patient's general health must be well looked to prior to the operation, and enlarged tonsils had better be removed; and it is as well to instruct the patient to tickle the throat every now and then so as to render it less sensitive when touched. The patient had better be purged a day or two before, rather than on the day of the operation. Mr. Thomas Smith did good service in this branch of surgery by bringing forward cases to show the advantage of employing anæsthetics, in a paper read before the Medico-Chirurgical Society, January, 1868, and by inventing an excellent gag, which is known by his name. The gag we prefer is one invented by Mr. Mason, and modified by Sir W. Fergusson, which acts in one side of the jaw, and is very convenient and simple. The steps of the operation are described seriatim, and many useful hints given. With regard to the division of the palatine muscles, as recommended by Mr. George Pollock and the late Sir William Fergusson, Mr. Mason prefers to take the tension off the stitches by a vertical incision through the soft palate on each side of the cleft, as recommended by Dieffenbach. However, if division of the muscles be thought desirable, it is as well to leave it to the last, as the bleeding is free. Sir William Fergusson removed the stitches on the third or fourth day, and with this practice we agree, but Mr. Mason is inclined to leave them to cut their way out, unless they appear to cause irritation. This last is an important reservation. Mr. Mason follows Sir William's example in recommending silk sutures to be used. The patient is to be kept in bed, and to have suitable nourishment.

Uraniscoplasty, or closure of the hole in the hard palate by scraping off the soft tissues from the bone and uniting them in the middle line, is the operation devised by Langenbeck, who contends that the periosteum forms bone, which fills the gap. Surgeons seem to be equally divided as to the advisability of closing both hard and soft palate by one operation. The operation for closure of the cleft by osteoplasty was prominently brought before the profession by Sir William Fergusson in April, 1874, but the operation by this distinguished surgeon seems to have been similar to one devised by Dieffenbach many years previously. Some spiculæ of bone are apt to exfoliate after this operation, to remedy which Mr. Mason proposes to perforate the palate in several places with a bradawl prior to

(a) "On Hare-lip and Cleft Palate." By Francis Mason, F.R.C.S., Surgeon to, and Lecturer on Anatomy at, St. Thomas's Hospital. London: J. & A. Churchill. 1877.

pushing through the chisel. It answers very well to stuff the lateral incisions as soon as made with lint, to stop the bleeding; if done without chloroform, osteoplasty will be found to be less painful than uraniscoplasty. Care must be taken that the edges of the opening be pared, and holes made with the bradawl close to the cleft for the passage of the sutures before the palate bone is divided, but in some instances the sutures are passed through the aperture made by the chisel. If the vomer be attached to one side of the cleft it is better to operate subperiostially on that side, perforating the bone with the chisel on the other. In some instances where the cleft has been approximated but not quite closed by a previous operation, it is possible to bring the parts together by merely stuffing the side incisions with lint, and so dispensing with sutures. After the operation the voice is, as a rule, much improved, and may be still more so, Mr. Mason says, by dividing the soft palate on each side, as described in the *Lancet*, vol. ii., 1869.

With regard to acquired or accidental apertures in the palate, most surgeons are agreed that they do not admit of operations, and had better be treated by apparatus devised by Mr. A. Norton, Mr. Oakley Coles, and others.

LITERARY NOTES AND GOSSIP.

Amongst the names already submitted to the Council of the Royal Society for the much coveted distinction of F.R.S., are Dr. Hughlings Jackson and Mr. Schäfer for their scientific and literary labours. Whilst we sincerely trust that these gentlemen will be elected, there are others whose labours are of longer duration, and of a much more extensive character than the latter of these two candidates. There is Mr. Peter Squire, who has now reached to nearly four-score years without any public mark, for his experimental researches in chemistry and pharmacy, and for his literary works which are spread over the civilised world. Then we have Professor Fleming, of the Army Veterinary Department, who, it is rumoured, will be the next president of the Royal College. Certainly, there is no living writer who has done more than he towards the elucidation of obscure points in pathology, or who has written so large a number of really scientific works. When we mention that in less than ten years he has published five works of from 600 to 1,400 pages each, besides various smaller works and contributions to journals and societies, the enormous amount of work to which we refer will be readily understood. There are others whose names we should rejoice to see decorated with the F.R.S, but refrain spoiling the list by prolixity.

Artists do not prevail very extensively in the ranks of the medical profession; their every-day labours can scarcely be said to favour the production of pictures. Yet we have a few examples of brilliant surgeons who are also real artists, such as Sir Henry Thompson, Mr. Prescott Hewett (we had almost written Sir Prescott Hewett, as gossip has it that he is to be the next medical baronet, a consummation we devoutly desire), and others. The Grosvenor Gallery collection is enriched this year by a beautiful water-colour of Mr. Hewett's, "Corfe Castle," at which our readers will do well to stop for a few moments, and compare the delicacy of touch therein shown by the hand which in an operating theatre is guided and controlled by such an iron nerve.

Gossip is busy about a Testimonial Fund to Professor Erasmus Wilson, F.R.S., which was started in 1873, but by some unaccountable means came to a standstill. Mr. Wilson's munificence in bringing over Cleopatra's Needle at his own expense has revived the slumbering senses of those who think—rightly in our opinion—that his literary labours, together with his liberality in endowing a chair of dermatology at the College of Surgeons and other acts, entitle him to some public recognition. As there was a considerable sum originally subscribed for the purpose, and as far as we can hear, nothing has been done with it, we hope that the idea will be taken up again, and carried through with a spirit worthy the recipient.

Our contemporary, *Nature*, has been enlarged this month, and the price per number increased to sixpence.

The Copyright Commissioners held their final meeting on Saturday last, in order to settle the remaining points relating to international concessions. Medical as well as other authors will be glad to hear that an equitable law which shall protect their works from piracy, especially in America, has been formulated, still more that it has been accepted on the other side.

A graceful compliment was, a few days since, paid to the author of "Outlines of Physiology," &c. (Dr. Allen Thomson) on his retirement into private life, by practitioners in the West of Scotland. The presentation consisted of two portraits, one to the University of Glasgow, of which he has been an honoured representative and professor for the best part of the last half century, the other to Mrs. Thomson.

The following works in Medical Science have been issued during the past week:—"On the Treatment of Rupture of the Female Perineum," by Dr. Bantock (Churchill's). "On the Nature and Treatment of Rabies or Hydrophobia," (Baillière, Tindall, and Cox). "Medical Women," by Dr. C. West (Churchill's). "Tinnitus Aurium," by Mr. Douglas Hemming (Baillière, Tindall, and Cox). "Handbook of Uterine Therapeutics," by Dr. Tilt (Churchill's). "The Pathology of Pulmonary Consumption," by Dr. Hy. Green (Renshaw). "Insanity and its Prevention," by Dr. Hack Tuke (Churchill's). "Henfrey's Elementary Botany," by Dr. Masters (Van Voorst). "Aids to Chemistry," Part II., by Dr. Semple (Baillière, Tindall, and Cox).

Correspondence.

MEDICAL REFORM AND THE PROFESSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We want medical reform; but we want more than the passing of a con-joint scheme or penal clauses. By all means let us get them if we can, but such extra powers, *per se*, will neither elevate the profession or purify the foul spots in our system. We want other reforms—the discountenancing of unprofessional practices, the remodelling of our system of charges, of our bills and book-keeping, of our dunning and collecting, the abolition of clubs and club doctors with their wretched mode of payment, the sweeping away of unqualified assistants, and other such ways and means of keeping together a practice and of getting money from any source, or in any manner.

Proportionate to our numbers we are the poorest profession, but we have contributed to this, by our own conduct. Medical competition, I am sorry to say, is conducted, not only on bad business principles, but in too many cases, by the violation of the laws of honour and rectitude.

"The struggle for existence," no doubt, becomes keener, though that should not justify unworthy practices.

This internal reform must be begun at our large schools of medicine, by our teachers, who should impress that medicine is not a trade, and that all students mistake their vocation who enter it purely to make money, no matter at what sacrifice, and that it would be far better for them, to become tallow-chandlers, grocers, or butchers, when they would be in more congenial spheres of usefulness.

Yours truly, True Reform.

Birmingham, May 4, 1878.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The high tone your journal has always taken in reference to every question affecting the vital interests of the profession, has deservedly gained for the Medical Press and Circular the respect and support of all who have the honour of their profession at heart. I have followed your remarks on medical reform with a considerable degree of interest, and I thoroughly agree with your views, both on the general reform of the medical acts, and on the internal reform you have so often insisted on.

Amongst the latter, I may reckon your condemnation of the employment of unqualified assistants, and however other journals may try to bolster up this glaring violation of the law, there can be no doubt your statements are not only truthful, but even not sufficiently insisted on, or painted in as strong and powerful colours as you might have used.

In Ireland unqualified assistants are not tolerated, because the Irish public are too intelligent, and I have no doubt when the English public are better informed, as to the way

they have been imposed on, they will also demand the services of the qualified practitioner they sent for.

It is purely a matter of education.

In Ireland we look upon medicine as a profession, and we occupy a higher social position than our English brethren, even though we do not possess so much money. There are many other points in the Irish system which might advantageously be brought into use in the English system—as cash payment in place of book-keeping and bills, prescriptions in place of dispensing, &c., &c. It is only by fearlessly exposing abuses, they can be remedied, and I trust that the PRESS will continue the laudable strictures which you evidently make, not only for the benefit of the profession, but of the public.

Yours faithfully,

Dublin, May 6th. F.R.C.S.I.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The *British Medical Journal* characterises your statement in reference to the employment of unqualified assistants, "as being overdrawn" (May 4th, 1878).

It could easily be proved to be true. The Medical Defence Association, I believe, has branches throughout the provinces, and probably secretaries in the large centres of population.

This society condemns the system of foisting ignorant pretenders to medical skill on the public,—and this consistency is very commendable. I would suggest, that the committee should instruct their local secretaries to furnish a list of the names of the practitioners who employ unqualified assistants in each town, or district, and especially report as to the number of Poor-law medical officers who do their work by deputy.

I believe such a return would not only be instructive, but would be even *appalling*, and the remarks in your article would then be found to be very feeble, in comparison with the extent and gravity of the evil. The publication in local journals, of the names of the medical men *not employing* unqualified assistants, would educate the public, and strike the deathblow of a system, which has been of the greatest detriment to the profession. I shall glady furnish a list, or assist in any way in my power.

Yours truly,

Liverpool, May 7th, 1878. JUSTITIA.

Medical News.

Royal College of Physicians of London.—At a meeting of the Council on May 9th, the following gentlemen were admitted Fellows of the College :—

John Sykes, M.D. Edin., Doncaster.
Thomas Guy, M.D., Heidelberg, Shaftesbury Road, W.
John Louis Wm. Thudichum, M.D. Giess., 11 Pembroke Gardens, W.
Arthur Ernest Sansom, M.D. Lond., 30 Devonshire Street, W.
William Orange, M.D. Heidelberg, Broadmoor, Berks.
Alfred Wiltshire, M.D. St. And., 57 Wimpole Street, W.
David Lloyd Roberts, M.D. St. And., Manchester.
Charles Henry Ralfe, M.D. Camb., 26 Queen Anne Street, W.
John Mitchell Bruce, M.D. Lond., 60 Queen Anne Street, W.
William Henry Allchin, M.B. Lond., 94 Wimpole Street, W.
John Curnow, M.D. Lond., 3 Warwick Street, Charing Cross, S.W.
Alfred Lewis Galabin, M.D. Camb., 14 St. Thomas Street, S.E.

Royal College of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the April and May sittings of the Examiners :—William Thomas Waterson, Netherwitton ; William Stevenson, Stirlingshire ; Ralph Kinder, Manchester ; Marcus Calder, Glasgow ; David Carruthers, Kirkpatrick-Fleming ; Arthur Neol, Brighton ; David Henry Walsh, Bristol ; William Chalmers Cowan, Dundee ; William Bain, Caithness ; William Thomas Thompson, Worcestershire ; Gerald Fitzgerald Thomas, Cork ; Egbert Williams, Llandilo ; Edwin Faulkner, Bangalore, India ; Henry Joseph Clements, County Kerry ; Richard Blair Cullin, Dublin ; Robert William Anderson, Portsmouth ; John M'Nicoll, Liverpool ; William Cochrane Corbett, County Cork ; Arthur Hyde Burtton, Devonshire ; Frederick Herbert Daly, Dublin ; Michael Kelly, Limerick ; George Cuthbert Clarke, Middlesex ; James Murdoch Cameron, Edinburgh ; Perceval Crawford Boyd, Hobart Town ; John Crawhall Nichol, County Durham ; Thomas Henry, County Tyrone ; Charles Wesley Wilson, Ulverstone ; Hugh Davies Jones, Anglesey ; Thomas Morgan Martin, Dublin ; Thomas Matthews, County Down. The following gentlemen passed their final examination, and were admitted L.R.C.P. Edin., and L.R.C.S. Edin :—Albert Elhanan Mallory, Cobourg, Ontario ; Francis Dixon, Derbyshire ; Robert Logan, Dumfries ; James Edwin Eakins, Newburgh, Canada ; Samuel Wellesley Coombs, Oswestry ; Thomas Moynihan, Cork ; Edward M'Callum, Edinburgh ; John Thomas Burgess, Spilsby ; David M'Eniry, Clonmel ; Frederick Aubrey Smith, Manchester ; William George Creswell, Berkshire ; Kenneth Maclean, Stornoway, Lews ; William Nicol Elder, Elginshire ; James Steel, Bushmills ; Charles Jee, Spilsby ; James Griffith Macaskie, Berwick-on-Tweed ; Thomas Neil Cream, Glasgow ; Daniel O'Sullivan, Killarney ; Charles Clark Burman, Whitehaven ; Alfred Stanhope Dawson, Croydon ; John Robertson, Kilmorack, Inverness ; Herbert Saunders, London ; Maurice Alfred Chilton, Wiltshire ; William Duncan Robertson, Montreal ; Robert Stuart Reid, Dunedin, N.Z. ; William Henry Vickerstaff, Macclesfield ; John James Goodlatte Murray, Dublin ; John Chestnutt, Tralee ; Edward Lewis Maunsell, Edinburgh ; Francis George Wright, Southsea ; Andrew Thomas Somerville, New Brunswick ; John Service, Kilwinning ; Robert Nelson Jack, Newton-Stewart ; John Yellowlees Tant, Argyleshire ; John Hay Honeyman, Thurso ; George Annand, Melbourne ; William George Jack, Dunkeld ; John Joseph Gordon, County Sligo ; Llewellyn Thelwall, Wrexham ; James Hartley, Marton ; Froster John Pilgrim, Barbadoes ; Thomas Brayton, Whitehaven ; James Charles Ady, Moulmein, Burmah ; James Steele Boe, Dunblane ; Charles Mason Johnston, Port Louis, Mauritius ; John Joyner Fraser, Tain ; William Alexander Logie, Kirkwall ; Adam Anderson, County Donegal ; Josiah Williams, Cardigan ; George Henry Lamson, New York ; John Wilson Moore, Drogheda ; John O'Brien Curtin, West Newcastle ; Robert Parkin Simpson, Lincolnshire ; James Mithiel Phillips Hosking, Cornwall ; Mackintosh Collie, Elgin.

Royal College of Surgeons in Ireland.—At the last examinations the following candidates obtained the diploma in Surgery of this College :—

Henry Banks, James Barry, Edward Bennett, Henry Arthur Brennan, Walter Peter Carson, Francis Arthur Denning, Maurice O'Connor Drury, Joseph Fitzmaurice, James Garland, F. Gibbons, Robert Gordon, John S. Hawkins, Richard Lawler Hughes, William James Mackie, John Robert M'Munn, Vincent Ffrench Mullen, Archibald John Nicolls, Thomas Joseph O'Donnell, Geo. St. John Oldham, Patrick J. O'Shaugnessy, Walter C. T. Poole, Alexander Philip, Blacker C. Powell, Edmund Rundle, Thomas Wm. Smartt, Thomas Bennett Walley, Robert Warnock, Cecil George Westropp.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination during the April sittings of the Examiners :—William Albert Maurice de Matteville, Berne ; Alexander Henderson, Perthshire ; Isaac Williams, ---- ; John Tubb Thomas, Pontypool ; William Doughty, Shropshire ; and the following gentlemen passed their final examination, and were admitted L.R.C.S. Edinburgh :—Edward Fowler Scongal, Cheltenham ; Raglan Wykeham, Barnes, Aylesford ; Thomas Charles Walker, Linlithgowshire ; Henry Ruby Harley, Cork ; Hanmer Dickson, Tripoli, N. Africa ; Eugene Joseph O'Mullane, Mallow ; Charles Walker Cathcart, Edinburgh ; James Mulligan, Dromore ; David Collie, Edinburgh ; Charles Albert Bestall, Wicklow ; Edward Harwood Bowker, Derbyshire ; Alexander Henderson, Perthshire.

Pharmaceutical Society of Ireland.—At a special meeting of the Council of the above Society held at the College of Physicians on Wednesday, the 8th May, Prof. Tichborne, Ph.D., F.C.S., &c., was unanimously elected President, in place of Sir

Dominic Corrigan, Bart., resigned. Dr. A. Smith, Vice-President, declined to accept the post of President, and requested the Council to allow him to remain as Vice-President of the Society. Mr. Bennett, of Kingstown, and Mr. Brunker, of Dublin, were elected to fill the two vacancies on the Council.

Slow Combustion Stoves.—His Royal Highness the Prince of Wales is said to be somewhat æsthetic in his household tastes; and anxious to set an example in sanitation and domestic economy, made, as his first purchase in the Paris International Exhibition, a slow combustion stove, manufactured by Messrs. Barnard, Bishop, and Barnard, of Norwich, with the principle of which his Royal Highness seemed greatly pleased.

Ventilators.—We are asked by the Registrar of the Sanitary Institute of Great Britain, to mention that, by permission of the Kew Committee of the Royal Society, the various ventilators shown at the Leamington Exhibition last October, have been transferred to Kew, where a further series of experiments will be conducted during the present month. Members of the profession will be supplied with cards of admission, on application to the Sanitary Institute, Spring Gardens, London, S.W.

Samaritan Free Hospital for Women and Children.—Sir Thomas Chambers, Q.C., M.P., Recorder of London, presided over the anniversary dinner in connection with this institution, which took place last week. In the course of his remarks, in proposing the toast of the evening, the chairman spoke of the remarkable success which had attended the dangerous and difficult operations performed at the hospital with a success which a few years ago would have been deemed incredible. During the evening subscriptions amounting to £2,000 were announced.

Australian Wines.—Now that the Prince of Wales has tasted and approved of Australian wines possibly they may become more popular. On Saturday the Prince paid a visit to the Paris exhibition, and tasted various wines produced in the colony. If we remember rightly, it was Mr. Vitzetelly who tasted these Australian wines at the Vienna Exhibition, giving them the highest character, and stating that some of the better and finer qualities had even been mistaken by competent judges for superior Bordeaux wines. With such testimonials, and now with a Royal recommendation, the Australian wines ought to find favour and become more generally known and consumed.

NOTICES TO CORRESPONDENTS.

Mr. W. J. Bowden will lecture "On Acne" at 4 o'clock on Thursday, and Mr. J. Startin "On Parasitic (Vegetable) Diseases" on Monday next at the St. John's Hospital for Skin Diseases. The profession are admitted free.

Neutralising Poison.—It is stated in an American contemporary that any description of poison in any degree of potency can be rendered almost instantly harmless by simply swallowing two gills of sweet oil, this oil neutralising every kind of vegetable, animal and mineral poison. Individuals with very strong constitutions will require double the quantity of oil.

Dr. Robertson.—If you will send us the communication we will decide upon its suitability.

Minor.—Write to the Secretary at the College, who will furnish you with the desired information.

A Bookworm is referred to our "Literary Notes and Gossip" in the last number.

Harveian Society.—To-morrow, at 8.30 p.m., Dr. Hughlings-Jackson will bring forward a case of a "Large Tumour of the Left Cerebral Hemisphere," and Mr. Lister will read a paper on "The Effects of Position upon Local Circulation."

Pharmacist.—The formula given by the "Magazine of Pharmacy and Chemistry" is correct.

Medical Officer of Health.—It is not for us to decide upon the rival merits of carbolic acid, chloralum, Burnett's Fluid, Condy's Fluid, and Sanitas. Each is good in its way, all are good disinfectants, but all would not be equally useful in every case. The purpose should indicate which is preferable.

Royal Medical Benevolent College.—Notice is given of an election of one pensioner and ten foundation scholars on the 27th inst. The ballot-papers must be sent to the office, 37 Soho Square, London, W., properly filled in signed before that date.

Unprofessional Advertising.—A correspondent in Edinburgh has forwarded us the *North British Daily Mail*, with a marked quotation of Dr. Cassells' lecture on "Aural Surgery" at the Royal Infirmary School of Medicine, asking us if it is not derogatory to the dignity of the profession for lecturers to advertise themselves in this way. Our opinion on this subject has been so recently expressed in a similar case in Dublin that we need not repeat it. We can scarcely believe that Dr. Cassells had any knowledge of the circumstance, or that he would have sanctioned the reproduction in a lay paper of remarks made by him to medical students. In any case, professors who value reputation amongst their colleagues should at all times discourage this form of public notoriety.

Dr. Laffan.—Waiting return of proof.

A Poor-law Medical Officer.—Your letter will appear in our next.

Dr. Jas. A. Sewell, Quebec.—Your communication received, and will appear in our next.

The *Students' Journal* is responsible for the following:—"Why is a doctor better taken care of than his patients? Because when he goes to bed somebody is sure to rap him up."

An exchange improves the occasion of a boy in Detroit getting a brass-kettle fixed immovably on his head. He comments: "It is strange they didn't think to carry him to a brass-foundry and have it melted off. Or they might have dissolved it off by laying the boy in soak in a tank of dilute nitric acid. It is curious how thoughtless some people are in moments of emergency."

BOOKS AND PAMPHLETS RECEIVED.

Outlines of Physiology, its Relation to Man. By J. Gray McKendrick, M.D. Glasgow: James Maclehose.

A Handbook of Uterine Therapeutics and of Diseases of Women. By E. J. Tilt, M.D. London: J. & A. Churchill.

Transactions of the American Dermatological Association.

Fifth Annual Report of the Medical Officer of Health for Macclesfield.

Our Debt and Duty to the Soil. By E. D. Girdlestone.

Consumption and Climate. By Dr. de Pietra Santa.

The Use and Abuse of Pessaries. By G. G. Bantock, M.D.

Tinnitus Aurium. By W. Douglas Hemming, M.R.C.S. London: Baillière, Tindall, & Cox.

Medical Women; a Statement and an Argument by Charles West, M.D. London: J. & A. Churchill.

The Twenty-third Annual Report of the Poplar Hospital.

Insanity in Ancient and Modern Life. By D. Hack Tuke, M.D. London: Macmillan & Co.

APPOINTMENTS.

Fox, T. C., M.D., a Physician to the St. George and St. James Dispensary, King Street, Golden Square.

Drummond, D., M.A., M.D., Physician and Joint Lecturer on Clinical Medicine to Newcastle-on-Tyne Infirmary.

Mehan, J., L.R.C.S.Edin., &c., Visiting Physician to the Limerick Union Workhouse.

Nesbitt, R., L.R.C.S.I., &c., Resident Medical Officer and Registrar to the County Infirmary, Monaghan.

Noble, J., M.B., C.M., Parochial Medical Officer for Crathie and Braemar, Aberdeenshire.

Perry, E. V., L.R.C.P.L., M.R.C.S.E., Medical Officer for the No. 1 District of the Aylsham Union, Norfolk.

Rowland, R., F.R.C.S.E., Medical Officer to the Workhouse, Tregaron Union, Cardiganshire.

Army Medical Department.—Surgeon-Major C. W. Poulton, M.D., retires on half-pay with the rank of Deputy Surgeon-General.

Births.

Ashe.—May 8, at the State Asylum, Dundrum, co. Dublin, the wife of Isaac Ashe, M.D., T.C.D., of a daughter.

Grayson.—May 7, at Rayleigh, Essex, the wife of F. Dorrell Grayson, M.R.C.S., of a daughter.

M'Dowell.—May 6, at Ballickmoyler, Queen's Co., the wife of Dr. F. V. M'Dowell, of a son.

Slater.—May 5, at Evesham, the wife of J. S. Slater, M.R.C.S., of a daughter.

Thornhill.—May 8, at St. Martin's, Guernsey, the wife of T. A. Thornhill, M.B., Surgeon-Major Army Medical Staff, of a daughter.

Vines.—May 3, at Ferry House, Littlehampton, the wife of H. J. Kendrick Vines, F.R.C.P.Edin., of a son.

Wood.—May 10, at the Priory, Roehampton, the wife of W. E. Ramsden Wood, M.A., M.B. Cantab, of a daughter.

Marriages.

Ormerod—Milner.—May 9, at St. Stephen's, South Dulwich, J. A. Ormerod, M.B. Oxon, M.R.C.P.Lond., to Mary Ellen, daughter of Edward Milner, of Dulwich Wood.

Thurston—Reid.—May 9, at St. Luke's Church, Paddington, E. Paget Thurston, B.A., M.B., of Claremont Ore, to Anna, daughter of the late Rev. W. Reid, of Kircudbright, N.B.

Deaths.

Allison.—On April 30, at Barrow-in-Furness, Lancashire, Joseph Allison, L.K.Q.C.P.I., aged 59.

Baldwin.—On May 1, at Woodville, co. Waterford, John P. Baldwin, L.K.Q.C.P.I., aged 27.

Bernard.—On May 6, at Clifton, J. Fogo Bernard, M.D., aged 71.

De Landre.—On April 26, at Waterford, Vernon Russell De Landre, L.R.C.P.Ed., aged 33.

Dewar.—On April 26, at Kirkcaldy, James Dewar, M.D.

Dudley.—On April 30, at Over Cheshire, Charles Dudley, L.S.A.L., aged 63.

Geoghegan.—On May 6, at Lucan Crescent, Elizabeth Geoghegan, widow of W. P. Geoghegan, M.D., aged 78.

Humble.—On April 23, at St. Lawrence, Ramsgate, William Humble, M.D., aged 30.

Johnston.—On May 1, at Maguiresbridge, co. Fermanagh, Mary, wife of Dr. R. G. Johnston.

Mantell.—On April 29, at Faringdon, George Houston Mantell, M.R.C.S.E., aged 63.

IRISH POOR-LAW INTELLIGENCE.

THE INQUEST AND MEDICAL WITNESS SYSTEM IN DUBLIN.

We are pleased to be able to state that the efforts of the Irish Medical Association have at last put an end to the illegal and improper system of obtaining medical testimony at inquests in Dublin, to which we have repeatedly called attention in these columns. We shall return to this subject in our next issue.

CORRESPONDENCE.

APPOINTMENT AND REMUNERATION OF SUBSTITUTES FOR DISPENSARY MEDICAL OFFICERS DURING SICKNESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The attention of the Council of the Irish Medical Association has been frequently directed to the proceedings of boards of guardians and dispensary committees with reference to the remuneration of practitioners who have acted as substitutes for dispensary medical officers, in case of the incapacity of those officers to discharge their duties in consequence of sickness, and the council has observed that the regulations of the Local Government Board on this subject seem to be very imperfectly understood by guardians and members of committees, and that frequent disputes have arisen in consequence of the omission of the dispensary medical officer to adopt the course indicated by those regulations. With the object, therefore, of preventing contests of opinion on this subject, and putting both the dispensary medical officer and the *locum tenens* in their legitimate position as regards remuneration, the council deems it desirable to recapitulate the Regulations governing the matter, and to point out the course indicated by those Regulations to be pursued by both medical men.

That course is governed by the 22nd article of the Dispensary Regulations, which runs as follows :—"If a medical officer of a dispensary district be temporarily incapacitated, by illness or other cause, from performing his duties, he shall immediately, if practicable, communicate with the chairman or honorary secretary of the committee, and shall recommend to the committee a medical practitioner qualified as hereinbefore provided (in Article 20), to perform his duties during such temporary incapacity. And on the fact of the medical officer's incapacity becoming known, a special meeting of the committee shall be at once called, in accordance with Article 13 of this Order, for the purpose of appointing a temporary substitute for the medical officer ; and the committee shall report the circumstances of the case to the board of guardians, who shall, subject to the approval of the Commissioners, determine the amount of remuneration, if any, to be paid to the temporary substitute. And for the time during which such temporary substitute, appointed by the Committee of Management, shall act as medical officer, he shall perform all the duties of the medical officer, and shall duly enter up the books of the dispensary for such time before any remuneration that may be agreed upon be paid to him."

The council direct attention to the fact that—in the terms of this Regulation—the duty of a dispensary medical officer, in case of his being "temporarily incapacitated by illness or other cause," is strictly confined, firstly, to his "immediately, if practicable, communicating with the chairman or honorary secretary," and "*recommending*" a duly qualified *locum tenens*. He is not authorised to appoint his substitute, and the committee has full discretion to act upon his recommendation, or to disregard it, if they see fit. He has not any authority whatsoever to make arrangements with the *locum tenens* as to his remuneration, nor would any promises made by him be in the least binding either on the committee or the board of guardians. He is simply directed to suggest to the committee the name of a medical man who possesses the qualifications required by the regulations, and in doing so he will, of course, act rightly in recommending a practitioner who can conveniently and effectually discharge the duties for the advantage of the sick poor.

The council does not fail to recognise the existence of circumstances which may make it occasionally desirable for the dispensary medical officer to arrange *ad interim* for the discharge of his duty, until he shall have had time to communicate with the chairman or secretary of the committee, and the council therefore advises that in such exceptional cases adequate temporary provision should be made for attendance on the sick poor, until it may be possible to act upon the strict terms of the Regulations.

On the other hand, the practitioner who acts as *locum tenens* should understand that his doing so is irregular until he has had a definite appointment from the responsible officer of the dispensary committee, and that he has no claim whatever for remuneration except on a definite arrangement on the subject with such officer. He will, no doubt, in circumstances of urgency, act upon the request of the medical officer *ad interim*, until the secretary or chairman of the committee can be communicated with, but he will distinctly understand that by so doing he acquires no claim—moral or legal—upon the medical officer. He should remember also that if he omits to obtain at the hands of the committee, or its responsible officer, a definite appointment and a definite understanding as to payment, he does so at his own risk, inasmuch as it is the regulation that the guardians "shall, subject to the approval of the Local Government Board, determine the amount of remuneration (*if any*) to be paid to the temporary substitute," and it is therefore quite open to the guardians (and

boards have frequently availed themselves of the power) to refuse to pay anything for such services, unless they have previously contracted with the *locum tenens* for a suitable remuneration for his services.

The council also desires to point out that the dispensary medical officer who complies strictly with the terms of the Regulations, as above referred to, is entitled as a matter of right to receive his salary during the continuance of his illness, and it is not within the power of the guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens*, or for any other purpose, unless a special arrangement to that effect shall have been previously made between them and the medical officer for that particular occasion.

It is not within the authority of a board of guardians, by any resolution made at the time or previously, to alter the provisions of the Regulations, or to create a rule having such effect; and in case of their refusal to pay the *locum tenens*, the dispensary medical officer is not bound in honour or in law to make good such payment, unless he has an implied or expressed understanding with the *locum tenens* to that effect.

The council—though considering it necessary to offer to Poor-law medical officers this explanation of the Regulations—have no intention of interfering with the discretion or personal convenience of such officers in this matter. The council seeks simply to remove misapprehensions which have very frequently caused regretable disputes between dispensary medical officers, practitioners acting for them, and the guardians under whom they act.

Yours faithfully,

J. W. Moore, M.D.,
Secretary of Council, I. M. A.

DISPENSARY TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you inform me (1) am I bound to attend on dispensary tickets issued under the following circumstances :—

In my district several gentlemen—members of the committee—sign a number of blank tickets, and leave them with their stewards and bailiffs to fill in and issue to anyone applying for them.

The wife of one of the members of the committee keeps a small shop, and *signing her husband's name* to them, issues tickets to all applicants—her customers—from far and near.

(2). I would also like to know if I am right in supposing that one of the objects of having so many committee men and wardens scattered through the districts, was that they might issue "visiting tickets" only to those in their immediate neighbourhood, and therefore be able to ascertain if there was actual necessity for them and that the parties applying for them were too ill to attend at the dispensary.

(3). Can a dispensary doctor legally refuse to extract teeth when a ticket is presented to him by a dispensary patient for that purpose?

Yours obediently,

M. B.

[1. The practice of issuing tickets by deputy is distinctly illegal, improper, and contrary to the intention of the law. Article 31, of the Dispensary Regulations (see "Irish Medical Directory," page 250) says :—"The ticket and counterpart are both to be filled up by the person authorised to issue the ticket . . . Care should be taken in the issue of the tickets accordingly, and . . . with all available information as to the nature of the case." Notwithstanding the terms of this—their own—regulation, the Local Government Board, on the matter being brought under its notice, took no steps to remedy the abuse of issuing tickets by deputy, but stated that although such issue was improper and illegal, the medical officer must attend upon such tickets.

2. Wardens were appointed for this reason, but inasmnch as there is no requisite qualification for that office, a warden may be anyone, even a potboy or a shop assistant.

3. Certainly, he *cannot* refuse.—Ed. M. P. & C.]

OBSERVATIONS OF THE COUNCIL OF THE IRISH MEDICAL ASSOCIATION ON "THE MEDICAL ACT, 1858, AMENDMENT BILL."

The following Report of the Committee of Council was unanimously adopted a a Special Meeting of the Council held on Tuesday 7th inst. at the Royal College of Surgeons.

The Council of the Irish Medical Association view with satisfaction any attempt at legislation which may tend to improve medical education and medical examinations, and to remove the present unsatisfactory state of the qualifications which entitle their holders to admission to the *Medical Register*. The Council do not think that the present Bill can be considered as sufficiently fulfilling the above objects, for the following reasons :—

1stly. That the constitution of the General Medical Council is not affected by the Bill: the General Medical Council, as at present constituted, only directly represents the Government and the Corporations, but scarcely at all the great bulk of the medical profession. That while it is owing to the failure of the Corporations to adopt conjoint examinations, and the omission of the General Medical Council to enforce uniformity of education and examination, that the proposed legislation has become necessary, yet the regulation of examinations is to be almost altogether vested in the representatives of the licensing bodies. The Council of the Irish Medical Association consider that the Bill should provide for the direct representation of the great body of the profession in the General Medical Council, each division of the United Kingdom being duly and separately represented.

2ndly. That the Bill does not make efficient provision for uniformity of examination, and still leaves the nineteen portals open for admission to the *Register*. Experience has proved that a majority of the medical authorities are indisposed to unite for the promotion of conjoint examination schemes, and unless some power of *compelling united action* be provided in the Bill, there is no prospect of a single examining body being formed for each division of the United Kingdom.

Lastly, there are some minor defects in the Bill which the Council believe require amendment; they therefore beg to make the following observations upon the Clauses of the Bill :—

DOUBLE QUALIFICATION.

Clause 3. This Clause requires "a double qualification," that is, a diploma in medicine and a diploma in surgery, for admission to the register. This the Council approve, but think that either a diploma in midwifery should also be included in a complete qualification, or that the examination should be such as would secure an adequate knowledge of midwifery.

FOREIGN AND COLONIAL DEGREES.

Clauses 5, 6, and 7 provide for the registration of colonial and foreign qualifications, such registration being granted to British subjects only after ten years' practice abroad, and provided that such qualifications entitle the

holder to practise in the country in which the diploma is issued. This appears to be a valuable and just provision, *provided it be reciprocated by the colonial and foreign governments.*

ERASURES FROM REGISTER.

Clause 11 provides for the erasure from the *Register* of the names of persons guilty of felony or misdemeanour, or of any infamous or disgraceful professional conduct. This clause is approved, but at the end a provision is introduced which exempts from its operation a person who has been guilty of an offence, *trivial* in its nature, or committed under excusable circumstances. The Council think that all such exceptions should be omitted.

EXAMINATION RULES.

Clause 14 makes it incumbent upon the General Medical Council to make rules for the examinations. The Council approve of the sub-clauses, except (2), "which provides that the examination rules shall not require a candidate to adopt, or refrain from adopting, the practice of *any particular theory* of medicine or surgery." It is manifest that this sub-clause would give the candidate power to answer questions according to *his own views*, and obtain credit therefor, quite independently of the opinion of the examiners as to the correctness of the answer. In sub-clause (4, &c.) an exception is made in favour of *women* admitted to examination, that they shall have the *power to object* to pass the "*same examination as men.*" This would give female candidates the power of choosing the manner of examination. The Council, without expressing any opinion as to the advisability of admitting women to the medical profession, are distinctly of opinion that, if admitted, they should comply with the same conditions as are required of men.

CONJOINT EXAMINATIONS.

Clauses 15, 16, 17, and 18 make provision for the formation of Conjoint Examining Boards, and for the regulation of such Boards. They also remove any legal objections which may at present exist as to the formation of such Boards. These clauses are all *permissive*, and the Council are distinctly of opinion that unless such clauses be made *compulsory*, they will prove *inoperative*. It is quite understood that if the Medical Authorities in each division of the United Kingdom had formed Conjoint Examining Schemes, under section 19 of the Medical Act of 1858, little necessity would have existed for any of the proposed legislation.

UNLICENSED PRACTICE.

Clause 22 makes more effectual provision against quacks, but does not prohibit the practice of unqualified persons. The Council think that practice "*for gain*" by *unregistered* persons should be made penal. This clause also deprives private persons of their privilege to prosecute unregistered persons, and makes it *permissive* for the Medical Council, or the Corporations, to prosecute. There does not seem to be any reason why private persons should be deprived of their present right in this matter.

DENTAL PRACTITIONERS.

Clause 23 provides for the examination and registration of Dentists. This clause is very objectionable, and contrary to the principle of the Bill, which requires a qualification in medicine and in surgery to admit to general practice; but this clause would permit a person who is not a surgeon, or not in possession of any existing dental diploma, or *any qualification whatever*, to practise dental surgery, and to be registered as a legally recognised dental practitioner.

MIDWIVES.

Clause 24 provides for the examination and registration of midwives. This is, no doubt, a much required and useful measure; but the sub-clause 5, which provides for the appointment of local examinations and local registers, is most objectionable: it even provides that local bodies, like town councils, may become the controlling authority in such matters. The licensing of midwives should be confined to properly constituted *medical* bodies.

IRISH MEDICAL ASSOCIATION.

QUARTERLY REPORT OF THE PROCEEDINGS OF COUNCIL FOR THE TERM ENDING MARCH 31, 1878.

DURING the past quarter the Committee of Council held fourteen meetings, and your instructions have been carried out.

The Public Health (Ireland) Bill.

This Bill, as at present arranged, stands for committee of the House of Commons, and it is thought likely that it will very soon be taken up. During the quarter just ended the Committee of Council communicated with Mr. Meldon, M.P., who has already given notice of several amendments to be proposed by him when the Bill comes under consideration, and these amendments include all the suggestions put forward by this Association; notice of many other unobjectionable amendments has also been given.

The British Medical Association having kindly offered to assist in promoting the amendments suggested by this Association, the offer was accepted with thanks, and copies of the various papers on the subject were duly forwarded to the secretary.

The Committee of Council having observed that a deputation from the Public Health Committee of the Dublin Corporation had waited upon the Chief Secretary with a view to obtaining amendments in the Public Health Bill, they directed that application be made to the Chairman of the Public Health Committee for a copy of the amendments suggested, and upon receipt of same they met specially to consider them, when it was found that almost all the amendments suggested were in accord with the views of this Association. The Committee of Council therefore directed that the Chief Secretary be informed, seriatim, which of the proposed amendments were approved or disapproved by this Association, and that similar information be forwarded to the Public Health Committee. These instructions having been carried out, the Chief Secretary formally acknowledged the receipt of the letter sent to him, and the Public Health Committee expressed gratification that so many of the amendments suggested by them coincided with the views of this Association.

The Proposed Vaccination Bills.

In reply to the letter referred to in last quarterly report, the Committee of Council addressed a letter to Sir Michael E. Hicks Beach, Bart., late Chief Secretary for Ireland, stating that, as the Council were desirous of assisting in the perfection of the vaccination laws, they hoped he would have the goodness to point out which of the amendments proposed in these Bills appeared to him to be objectionable. The Committee of Council also expressed their opinion, that experience concerning the arrangements recently made by the Local Government Board for collecting and gratuitously distributing vaccine lymph, could in no way assist or interfere with the desired legislation. The receipt of the letter was formally acknowledged, but it is probably owing to the changes which have since taken place that no further letter has been received from the Chief Secretary on the subject.

The Registration of Births and Deaths Bill.

Letters from the Right Hon. the Earl of Donoughmore and also from the Attorney-General for Ireland were received, stating that as soon as the new Chief Secretary for Ireland is appointed they would ask him to put this Bill in train for inquiry.

The dispensary medical officer, whose case was referred to in the last two quarterly reports, who, as registrar of marriages, had been summoned to give evidence on behalf of the Crown relative to a forged certificate, acting upon the advice of the Committee of Council, applied to the Under Secretary at Dublin Castle for payment of his fee and expenses, and in reply received an order for payment of a fee of one guinea, and ten shillings for car-hire (the amount of expenses claimed); but as it appeared to the

Committee of Council that their correspondent was, by the recent orders of the late Attorney-General for Ireland (in consequence of his not being a resident in the town in which the petty sessions were held), entitled to a fee of two guineas, they advised him to apply for that amount, but as yet have not heard the result of his application.

Coroners' Medical Witnesses.

With reference to the complaint, alluded to in the report for the quarter ended 25th September last, concerning the conduct of one of the coroners for the county of Dublin in bringing with him, and employing as medical witness at an inquest, a gentleman who resided over twenty miles from the place where the death happened, to the detriment of the medical practitioner "in actual practice at or near the place," the Committee of Council have instructed Mr. Lloyd, solicitor to the Association, to submit the matter for an opinion of counsel, and to request advice not only concerning the point at issue in this case, but also generally with regard to—

1. The duties of the police under the 22nd section of the Coroners' Act (9 & 10 Vic., cap. 37), stating whether they are thereby required to inform the coroner of the name and address of any legally qualified medical practitioner who was in attendance upon the deceased at or about the time of death?

2. Is the coroner, upon receiving such information, bound by the same section forthwith to issue a summons to such medical practitioner to attend and give evidence at such inquest?

3. Is it legal for a coroner, under the 33rd section, to ignore the existence of a duly qualified medical practitioner "in actual practice at or near the place where the death happened," who is ready and willing to give evidence at the inquest, and substitute for him as medical witness at an inquest a medical practitioner who is not "in actual practice at or near the place where such death happened?"

4. What steps should be taken concerning the present complaint, as well as to prevent a repetition of such conduct?

As stated in last quarterly report, no reply having been received from the commissioner of the Dublin Metropolitan Police to the letter of the 12th December, 1877, addressed to him by order of the Committee of Council, requesting that instructions might be issued to the police when giving notice to the coroner concerning a sudden or violent death, that they shall in future also state the name and address of any legally qualified medical practitioner who was in attendance upon the deceased at or about the time of death; the following correspondence ensued, viz.:—

Irish Medical Association,
Royal College of Surgeons, Dublin,
12th December, 1877.

To Captain Talbot,
Chief Commissioner,
Dublin Metropolitan Police.

SIR,—I am directed by the Council of the Irish Medical Association to forward to you the enclosed copy of the judgment delivered by the Court of Queen's Bench on the 19th November, 1877, in the case of "The Queen at the prosecution of Jacob v. Finlay," relative to medical witnesses at coroners' inquests; and to ask your attention to the 9th & 10th Vic., cap. 37, s. 33, which directs the coroner to summon as medical witness at each inquest a "legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened," because this provision of the law is not generally complied with by the coroners, who it appears are not informed by the police, when giving notice of deaths for the purpose of inquests being held, of the name and address of any such practitioner, and in consequence they (the coroners) frequently call to their assistance some practitioner not qualified by being in *actual practice at or near the place of death*, as directed by the Act above referred to. The Council are of opinion, that the intention of the *Legislature* evidently was, that a medical practitioner who was likely to be aware of the facts connected with the occurrence of each sudden or violent death should be heard in evidence at the inquest, such practitioner being calculated to supply the most satisfactory evidence as to the case of death; and have therefore directed me to bring the matter under your notice in the hope that you may see fit to issue instructions to the police that they shall, when giving the usual notice to the coroners, inform them of the name and address of the legally qualified medical practitioner (if any) who was in attendance upon the deceased shortly before, at, or immediately after the occurrence of death—or of a legally qualified medical practitioner in actual practice at or near the place of death, in order that such medical practitioner may be summoned to give evidence at the inquest, in accordance with the provision of the law, whereby the Council believe the public interests would be served.

I am, Sir,
Your obedient servant,
JOHN H. CHAPMAN, Hon. Sec.

Irish Medical Association,
Royal College of Surgeons,
7th February, 1878.

To the Chief Commissioner of
Dublin Metropolitan Police.

SIR,—By direction of the Council of the Irish Medical Association I addressed a letter to you on the 12th Dec. last, expressing the hope of the Council that you may see fit to issue instructions to the police that they shall, in future, when giving notice to the coroner concerning a sudden or violent death, at the same time inform him of the name and address of a medical practitianer (with a view to his being summoned as medical witness at the inquest) qualified as directed by the 9 & 10 Vic., cap. 37, sec. 33, which is the law in force at present regulating all matters connected with coroners' inquests in Ireland; and I am now directed to state that the suggestion of the Council has already been adopted by the Inspector-General of the Royal Irish Constabulary; and also that the Council hope you will have the goodness to favour them with a reply at your earliest convenience, which, they trust, may be an approval of their suggestion.

I am, Sir,
Your obedient servant,
JOHN H. CHAPMAN, Hon. Sec.

(To be continued.)

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1878.

APRIL 2nd.—Fitzgerald, Cornelius Gerald, Clonbealy House, Newport, co Tipperary, Lic. R. Coll. Surg. Irel. 1877.

2nd.—Collis, Robert W., Lancaster Infirmary, Lancaster, Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

2nd.—Morris, Thos. Wm., Tralee, co. Kerry, Lic. Apoth. Hall Dub. 1878.

3rd.—Hassard, Richard John, Bellefield, Kilpedder, co. Wicklow, Lic. R. Coll. Surg. Irel. 1877, Lic. K. Q. Coll. Phys. Irel. 1878.

4th—Cooke, Wm. Davis, Clonmel, co. Tipperary, Lic. Apoth. Hall Dub. 1869.

9th.—Mackay, Wm. Brittain, 2 Upper Hatch Street, Dublin, Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

15th.—Allen, Edmund Henry, Saunderfoot, Pembrokeshire, Lic R. Coll. Surg. Irel. 1876, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

18th.—O'Neill, Edward Daniel, Melrose Villa, Rathgar, co. Dublin, Lic. R. Coll. Surg. Irel. 1877, Lic. K. Q. Coll. Phys. Irel. 1878.

18th.—Mallins, Clement, Grosvenor House, Rathgar, co. Dublin, M.B. 1877 and B.Ch. 1878 Univ. Dub.

18th.—Starkey, William, 54 Lower Sackville Street, Dublin, M.D. 1869, and M.Ch. 1870, Q. Univ. Irel., Lic. Apoth. Hall Dub. 1869.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 22, 1878.

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ALCOHOLIC DRINKS: AS MEDICINES, AND AS POISONS. (a)

By ALFRED CARPENTER, M.D. Lond., M.B., J.P.,
President of the Croydon Microscopical Society, Lecturer on State Medicine, St. Thomas's Hospital, &c.

(*Continued from page* 401.)

A stimulant in moderate doses promotes the secretion of gastric juice; it brings flush of blood to the capillaries which surround the g tric follicles, produces congestion. This is relieved by a free flow of gastric fluid, and the rapidity of digestion is promoted. But the action is followed by a re-action, and the next day there is a deficiency of gastric juice, and as a consequence a want of appetite. The deficiency may be remedied by another dose of the irritant. The dyspeptic symptoms are relieved, for the time being, by "pick-me-up," and so each daily exhibition leads to increased dyspeptic disturbance, until the follicles are so altered that the whip no longer acts, and the general health fails. If an excess of stimulant is taken at any one time, it acts immediately on the pepsin in the gastric juice, as well as the lining membrane on the vessels, and destroys the power of digesting and re-arranging the materials which are contained in the food.

There is no difficulty in accounting for the anorexia of the drunkard, or for the temporary flash and power which another dose of his liquor provides for him.

The rapidity of the current of blood being delayed in the capillaries of the stomach their tension is interfered with, they dilate, and a larger quantity of blood is present than is right; as a sequence, local warmth is promoted, and, in vulgar parlance, "coppers are hot." But it has been fully proved by accurate observers, that the quantity of heat in the body is not materially added to by alcohol, but that, on the contrary, there is a reduction from the general amount in consequence of the loss which arises from increased radiation from the surface of the body. The temperature of the "dead drunk" man is lower than that which usually marks the natural heat of the body. This rule does not obtain at all times, as there are exceptional conditions which occasionally modify it. A dead drunk man often has some disease going on in his body which raises the temperature to above 98·5; but if there be no active disease, and if the temperature of the body of an insensible person is found below the natural standard without any evidence of collapse from any other cause, it may be safely assumed that he is drunk rather than that he is suffering from active cerebral lesion.

The peculiar way in which alcohol transudes through membrane, its diffusive power as it is called, enables it to reach all parts of the body in an extremely short space of time; the result of which is that the picture, which I have drawn, of the gastric vessels, may be found in any other organ of the body. There is dilation with reduced power of contraction. This vaso-motor paralysis, so to speak, is more continuous as well as more complete in some organs than in others, and some forms of alcoholic drinks produce it much more certainly than others. This is the case if the alcohol be impregnated with some of its allies, especially amylic alcohol and fusel oil; these latter are always more or less present in potato spirit, with which wines are commonly fortified. The influence of these alcohols is very decided upon the nervous centres; they immediately produce some of those exaggerated forms of drunkenness in which violent excitement and maniacal delirium are manifest. They make the fluid pleasanter to the taste; and some of their forms are frequently added for the purpose of producing a so-called "bouquet." Their effects are far more serious and immediate than those which follow from the simple use of ethylic alcohol. Time fails me to do more than allude to this important point. It may be that some conditions of the body, which arise from a continuous soakage with alcohol, may enable it to change ethylic alcohol into some of the heavier forms

(a) Abstract of the Annual Ora delivered before the Medical Society of London, May 6th, 1878

fusel oil may be manufactured, so to speak, in the human economy itself. The odour of the breath of a dead drunk man is often more than the odour of alcohol, but upon this point chemists have not yet afforded any safe information.

It is uncertain whether the congestion arises from an immediate action upon the tissues of the capillary, or whether the first effect of the alcohol may not be on the nerve, or whether an effect upon the nerve centre may not also accrue, as well as a local effect be produced before vaso-motor paralysis can arise. It may, like the blush of shame or the pallor of fear arise from direct nerve influence, or it is possible that the blood, altered by the alcohol, may be unable to affect the nerve centre so as to exert its controlling influence upon the particular set of capillaries more immediately concerned, or it may act in different ways according as the membrane is or is not altered by the alcohol. Be it as it may in its first origin the effect is to interfere with the proper renovation and nutrition of the part, and to commence a disease of the particular organ affected. Dyspepsia is the first outcome of the use of stimulants, and as a sequence to a common result, viz., inflammation of Glisson's capsule, we may have so-called cirrhosis or fatty degeneration of the liver, and similar changes may take place in the kidney ; the heart and large blood vessels may suffer directly or indirectly ; the muscles may be destroyed, or the nerve tissue of the brain or spinal cord may be the parts which show the effect of the reagent first. Our periodicals teem with cases of disease which are clearly traced to alcohol as the exciting cause.

The fluids of the body may be very near to that point at which the specific action of alcohol may be made immediately manifest by setting up some symptom of nerve irritation as soon as the vaso-motor paralysis subsides ; just as in the case of water, the rise or fall of one degree in temperature is physically of no moment unless it be at 32 degrees Fahrenheit, so a glass or two of alcoholic drink is not immediatly of serious import unless the stage of saturation has been reached. Then an action analogous to crystallisation commences ; there is an aggregation of altered blood discs or of coagulated fibrine either in the nerve centres or glandular excretory organs, or the muscular tissue, or, indeed, in any part of the body towards which it may gravitate. The deposit sooner or later gives rise to a train of symptoms, some of which always are associated with the idea of over stimulation.

There is another class of disease not always so clearly identified with the exhibition of alcohol. I seldom meet with acute neuralgia in the total abstainer, whilst hysteria is in a great measure absent in those families whose ancestors have been perfectly temperate people. I have traced back several cases of strongly marked hysteria, and in all I have found a certain dependence upon alcohol, not only in the patient, but also in the patient's immediate ancestors. I have met with numerous cases of acute neuralgia in highly sensitive females ; it is generally styled agony in those who are hysterically inclined ; some declare that it is only relieved by alcohol, or chloral hydrate, or some other narcotic. The medicine allays the pain if given in sufficient doses ; but, as the effect of the dose goes off, the disease returns with still greater intensity, until, at length, the stomach rejects the remedy, or some other circumstance comes into play which causes it to be laid aside. The pain has then to be borne with for a time, but after two or three days of comparative abstinence the pain subsides and the patient is in comfort. There is then, from some accidental cause a transient return of pain ; the stimulant or the narcotic is again resorted to ; it relieves for a short time, but that relief is purchased by a return of acute pain ; there is soon afterwards another paroxysm, and the whole course is gone over again.

A close attention to numerous cases of this kind, both in high life and low life, has satisfied me that, so long as the alcohol is given, sufficiently in excess to induce moderate vaso-motor paralysis, there is relief from the pain ; but, as soon as that influence lessens, there is an aggregation of altered fibrine, microscopic in quantity, either in the capillaries which supply the sentient nerves, or in the nerve cell itself, which sets up an irritation, which is felt at the periphery of that particular nerve, and neuralgia results as a sequence to that irritation.

Many kinds of so-called rheumatism have a similar origin. The imbibed alcohol affects different parts of the cerebro-spinal nervous system, according as the result attaches itself, as altered matter to one or other class of nerve-cell, and neuralgia or rheumatism, or rheumatic gout, as they are often called, or even gout itself, is the outcome of the action.

The cases of neuralgic disease, to which I more especially refer, occur in highly hysterical constitutions, and are not generally accompanied by any cutaneous capillary congestion, except when neuralgic pain is absent. There is sometimes great mental power in this class of cases, a brilliant intellect or great genius, which only shows itself when the cerebral capillaries are congested, and the cutaneous system gorged with blood. These cases generally go from bad to worse, and end in suicide, or as general paralysis, or dementia. The tissue of the brain and spinal cord being subject to changes which correspond, in a great measure, with those diseases of liver and kidney which are induced by alcohol, a low form of inflammation is set up first, and after that atrophy from impaired nutrition or fatty degeneration, ending in so-called white softening.

There is also a class of cases, not so generally attributed to alcohol as a cause, which I believe to have their origin in its habitual use, which are due to spinal irritation, and are sometimes called spinal neuralgia.

If time would allow, I could detail to the Society numerous cases in which so-called rheumatic pains have continued month after month and year after year apparently relieved for a time by the use of stimulants ; but the use being always followed a day or two afterwards by renewed pain and general distress, and yet the amount of stimulant taken has been in no way excessive. In such cases I have omitted the use of stimulants altogether, and, after a few weeks of further suffering, the pains have subsided, and there has been a fair recovery. Once or twice I have suspected locomotor ataxy, which developed when the patient has persisted in the use of stimulants, but it has not done so when they have been given up. Such cases are generally associated with a lithic diathesis. However much we may try to cure them, we cannot succeed effectually unless we enforce total abstinence, even putting aside pharmaceutical tinctures. The plan is often given up by the patient too soon ; he finds that the pains are at first even more severe ; he becomes disappointed and low spirited ; then some acquaintance advises him that abstinence is doing him harm. He takes stimulants unknown to his doctor, he feels renovated by it, his pains are eased, and he falls back into his old habits before there is time to effect the removal from his body of the remains of former doses of his favourite drink. He is then quite convinced that the treatment is wrong and he will not continue it, whilst, if he had persevered a few days or weeks longer, he would have found relief and been on the high road to obtain a perfect cure.

These cases are allied to those of the habitual drunkards and so-called dipsomaniacs who are persons who have produced so much mischief in their nerve centres that they are unable to take even a moderate amount of stimulant without a catarrhal state of the stomach supervening, which at once gives rise to an irresistible drink craving from which they have no escape if they can obtain alcohol. In such cases there is always an altered state of blood vessel or some interference with the nutrition of the cerebral organs, such as a varicose condition of the arterioles or small veins in the nerve structure, the result of alcoholic excess, which is at once renewed by each application to the wine or spirit bottle. There may be a cirrhosed condition of some of the glands, or else a fatty

degeneration which is incompatible with healthy vigour. These conditions may be removed in their early stages, as well as all other morbid results which are not self-productive, if proper measures are taken to promote their removal. The first and most important step is the immediate and total abstinence from all kinds of alcoholic drink.

(To be continued.)

SOME REMARKS ON THE PREVALENCE OF SMALL-POX IN DUBLIN (a)

By THOMAS WRIGLEY GRIMSHAW, M.A., M.D.,
Fellow and Censor of the King and Queen's College of Physicians, Physician to and Lecturer on Medicine in Steevens' Hospital, Consulting Physician to Cork Street Fever Hospital.

(Continued from page 405.)

For the information with regard to details, I am indebted to the reports of the Local Government Board and the Registrar-General, together with special information presented by Dr. Sinclair, the able Secretary of the newly-established Vaccine Department of the Local Government Board, under whose supervision upwards of 20 per cent. of all the public vaccinations in the Dublin district are performed. I have also to thank the Sisters of Mercy at the Mater Misericordiæ Hospital and the Registrars of Sir Patrick Dun's Hospital for furnishing me with the number of small-pox cases admitted to these hospitals during the last fourteen years, and the Registrars of the Hardwicke, Meath, Steevens', and Cork Street Hospitals for supplementing the returns of the Board of Superintendence. The Registrar-General also kindly furnished, in advance, the number of births, and deaths from small-pox, in Dublin and Ireland for the last year. I regret that the Local Government Board declined to furnish me with copies of the unpublished returns of vaccinations performed in the Dublin Registration district by the dispensary medical officers during the last year.

The general indications of the figures for Dublin are the same as those for the whole of Ireland. In 1868-69 vaccination had become very low in Dublin; in 1870 a few cases of small-pox appeared, and slightly stimulated vaccination; in 1871 a considerable number of admissions to hospital further stimulated vaccination, but it was not until *after* the disease had become widespread in 1871 that vaccination became excessive (if I may use the term). Thus small-pox had reached its height before vaccination had reached *its* height. Now, to come more particularly to the present epidemic, we find that in 1876 small-pox became very active in the towns in the north of England in daily communication with Dublin and the other sea-ports on the east coast of Ireland. In July of that year small-pox was introduced into Dublin by the usual channels. A woman from Manchester was admitted to Sir P. Dun's Hospital on July 27, 1876, suffering from small-pox, and communicated the disease to another patient, who developed the disease in Clarendon Street, which became a centre of contagion. In another instance, a servant from Stoneyhurst College in Lancashire contracted small-pox in Liverpool, proceeded to Dublin, and was admitted to the Mater Misericordiæ Hospital as a case of fever on Sept. 13, 1876. This case also unfortunately communicated the disease to others. Thus, two foci of the disease were established—one on the north, the other on the south side of the city—both having originated by contagion introduced from Lancashire. The disease having been thus disseminated, gradually spread, and its progress may be easily measured by the number of patients suffering from it admitted to Cork Street Hospital as follows:—

1876—August, 1; September, 0; October, 0; November, 3; December, 5.

1877.—January, 8; February, 5; March, 7; April, 3; May, 4; June, 3; July, 2; August, 4; September, 2; October, 3; November, 8; December, 23.

1878—January, 19; February, 76; March, 106.

Comparing this with the admissions per month during the epidemic, 1871-73, as follows:—

1871—February, 1; March, 1; April, 7; May, 5; June, 7; July, 1; August 4; September, 8; October, 41; November, 59; December, 78.

1872—January, 81; February, 90; March, 97; April, 65; May, 59; June, 64; July, 34; August, 16; September, 7; October, 7; November, 3; December, 8.

1873—January, 2; February, 1; March, 0.

It appears that the present epidemic was slower in reaching formidable proportions, sixteen months having elapsed before the monthly admissions exceeded 8. In the previous epidemic, but eight months elapsed before a similar period of intensity was reached. Measuring the prospects of the present epidemic by what occurred in the last, we should be prepared to deal with a considerable number of cases during the next six months.

My experience of the present epidemic has been almost altogether derived from Cork Street Hospital, but having retired from active duty at that institution on the 31st of March, I must look to my successors for information relative to any peculiarities which may arise in future.

Up to the last day of March, the records of Cork Street Hospital show that, since the commencement of the epidemic in the autumn of 1876, 295 cases were admitted.

From these statements it appears that the percentage of each variety was—discrete, 44·0; confluent, 50·3; and malignant, 5·7, against 61·8, 31·7, and 6.5, respectively, in the epidemic of 1871-73. The mortality has also been lower than in the last epidemic, when the total percentage mortality was 21·6, against 15·8, shown above. Not only has the total rate of mortality been lower, but the mortality in each class has been less. The mortality among the confluent cases showed a marked reduction from 47·6 to 21·6. This is easily accounted for by the fact that of the confluent cases in 1871-73, only 60·4 per cent. where vaccinated, whereas, in the present epidemic 70·9 were vaccinated. In the discrete variety the mortality was, as usual, insignificant, one having died of consumption, the other of meningitis, and therefore died *in*, but *not of* small-pox.

Of discrete cases, 93·1 per cent. were vaccinated, and of these only 2 died, or at the rate of 1·5 per cent., neither of whom died of small-pox. There is a marked contrast among the confluent cases, of whom only 70 per cent. were vaccinated; of these, 32 died, or at the rate of 21·6 per cent., the rate of mortality of the vaccinated being only 9·4 per cent., while among the unvaccinated it was 51·1 per cent. Among the malignant cases we find that the mortality among the vaccinated was only 66·6 per cent. against 90 per cent. in the unvaccinated. Adding all classes together, we find that the mortality among the vaccinated was only 6·8 per cent. against 50 per cent. among the unvaccinated, proving how much the disease is mitigated by vaccination.

Up to the present there has not been any case admitted to hospital who has been re-vaccinated.

I think it may be interesting to consider, in a combined form, the information I have collected at Cork Street Hospital during the last and present epidemics.

Thus, of 1,041 cases, 591 were discrete, 385 confluent, and 65 malignant, or in the relative proportions of 56·8, 37·0, and 6·2 per cent. Of the 385 discrete cases, only 9 died, or at the rate of 1·5 per cent. Of the 385 confluent cases, the mortality was 37·7 per cent. Of the 65 malignant (purpuric and hæmorrhagic) cases, 55 died, or at the rate of 84·6 per cent.

In each variety the mortality of the vaccinated was much less than of the unvaccinated. In the discrete it was 0·5 per cent. in the vaccinated against 23·1 per cent. in the unvaccinated; in the confluent, 22·6 per cent. against 65 per cent.; and in the malignant variety, 71·0

b

(a) Being an abstract of a paper read at a meeting of the Medical Society of the King and Queen's College of Physicians.

per cent. against 97·1 per cent. The total result shows that among these 1,041 cases the rate of mortality among the vaccinated was but 9·7 per cent., while among the unvaccinated it was 64·9 per cent.

It will be observed the largest number of cases admitted were young adults between 15 and 30 years of age. Of children admitted under 5 years, only 41·6 per cent. were vaccinated; of those from 5 to 10, the vaccinated cases were 71 per cent.; and from 10 to 15, the vaccinated cases reached 80·4 per cent. It is a sad fact that of the cases admitted during the present epidemic, 32 were unvaccinated, although within the provisions of the Act of 1864.

I shall now consider what measures should be taken to avoid such visitations in future, and if possible to limit the extent of the present epidemic.

I have pointed out that the chief promoting cause of the present, as it has been of past small-pox epidemics, is the neglect of vaccination. The existing vaccination laws are loosely carried out—the local authorities abstaining from prosecuting parents for neglecting to have their children vaccinated or to bring them for inspection on the eighth day; and the unwillingness of the magistrates to inflict penalties on persons who have violated the law. When these faults are complained of, the general rejoinder given by the boards of guardians and the magistrates is—"Oh, the law is deficient. Give us an efficient law and we will administer it efficiently." Although this rejoinder is more of an excuse than a reply, yet it must be admitted that the vaccination laws of Ireland are in very many important particulars deficient, and the deficiencies are of a nature which do not exist in the laws at present in force in England.

These defects are as follows:—

(*a.*) A child may remain unvaccinated for a period of six months after its birth without its parents incurring any penalty. The period in England is but three months.

(*b.*) Public vaccinators in Ireland have no power to take lymph as in England, thus limiting considerably the lymph-supply.

(*c.*) There is no inspection of vaccination in Ireland.

(*d.*) The payments to public vaccinators in Ireland are so small that it is not worth their while to be zealous in the discharge of their duty.

More than a year ago a bill to remedy all these defects was drafted by the Council of the Irish Medical Association, and presented to the Government, as also a bill for consolidating and amending the vaccination laws in Ireland. No step has yet been taken to bring either of these bills before Parliament, although it is now several years since the vaccination laws in England were amended, and the medical corporations in Ireland have impressed upon the Government the importance of action in the matter. So far as the prevention of the present epidemic is concerned, legislation can have little influence, and hundreds of valuable lives will be lost before any new vaccination law can be passed. I cannot consider the defects in the law as a sufficient excuse for the culpable neglect of the boards of guardians to improve the existing laws, which at all events give power, under penalty, to compel vaccination within six months of birth, and require parents to bring their children for inspection on the eighth day after vaccination, so that the medical officers may be able to judge of the success of the operation. Before leaving the question of vaccination there is another point to which I wish to refer—namely, the absence of any complete published return of vaccination in Ireland. It is impossible at present to ascertain the extent to which vaccination has been performed in Ireland. In England complete returns are published by the Local Government Board, but only once a year. In Scotland returns are published quarterly by the Registrar-General. In Ireland the returns published by the Local Government Board are only of the successful vaccinations performed by the dispensary medical officers and the workhouse medical officers. I believe myself that the Scotch method is the best, inasmuch as it brings the state of vaccination more frequently before the public, and places it in conjunction with the returns of births and deaths. I believe if this question were brought under the notice of the Government that a remedy for the present defective returns would be provided either by the Registrar-General or the Local Government Board.

Besides neglected vaccination there are unfortunately other promoting causes of small-pox permitted to exist in Dublin, which do not require any new enactment for their removal:—

1. The disgraceful sanitary state of the city, as evinced by its high death-rate.
2. The want of proper sanitary organisation and supervision.
3. The want of proper means of removing infected persons to hospital.
4. The want of epidemic hospital accommodation. This is a great defect in hospital organisation in Dublin. There is, in fact, but one epidemic hospital in Dublin, and that not sufficiently large to cope with such an epidemic as the present. It is utterly contrary to all sanitary knowledge to receive patients suffering from such a disease as small-pox into the body of a general hospital building, as, I regret to say, has been done, in some instances with disastrous results. The expedient of providing temporary accommodation in each epidemic when it has spread to a sufficient extent to alarm the public mind, seems adopted upon the utopian idea that each epidemic will be the last. The present epidemic has brought with it the usual scramble at our hospital, the usual wait-till-the-last-minute policy at the hands of guardians, and will not terminate until either each person has taken steps for his own safety or very susceptible persons have been attacked.

Although this epidemic has been a year circulating in Dublin, although the Dublin Sanitary Association, more than a year ago, warned the authorities of the impending danger, yet not a move was made—except by the Sanitary Association—until three months ago, to provide for the sick, or stay the progress of the epidemic, under the foolish belief that efforts of the sort would produce "unnecessary alarm," and with the comforting assurance that small-pox had not "assumed an epidemic character."

ON ASTHMA.

By J. B. BERKART, M.D.,
Assistant Physician to the City of London Hospital for Diseas of the Chest.

(*Continued from page* 403.)

DEFINITION, PATHOGENY, AND ETIOLOGY.

II.—Immediate Causes.

The organic lesions previously described as forming the predisposition to asthma, are, it is needless to add, by themselves incapable of producing dyspnœa. Notwithstanding the textural changes of the lungs, respiration continues to be undisturbed, and this perfect freedom of one of the most important functions is mainly due to the beneficent activity of compensatory forces which here, as elsewhere, tend to the preservation of health, even under the most disadvantageous circumstances. Indeed, it may be said that the disease which inflicts the irreparable injury carries with it also the means of relief. However considerable the reduction of the breathing surface may be, such respiratory arrears as might be expected to result from it do not exist. They are, on the contrary, completely balanced, partly by the greater volume of the blood which the hypertrophied heart propels through the pervious capillaries, and partly by the supplementary interchange of gases that takes place in the dilated vessels on the bronchial surface, where a delicate epithelium hardly opposes an obstacle to that process. Even when the failing action of the heart frustrates to a great extent the present arrangement, there are nevertheless means by which respiration is carried on

without painful perceptions to the patient. For with the diminished oxygenation of the blood, the chemical changes become less active, and as the intensity of the respiratory changes is directly proportional to the vital energy of each organic element of the body, the supply therefore suffices for the demand. Such mutual adaptations lead to an adjustment that is perfect within *physiological* limits, provided only time is allowed them for the accomplishment of their end. Much error has therefore been propagated as to the influence of food and sleep upon asthma. The *normal* modification which these produce in the respiratory function has been constantly supposed to be an efficient provocative of dyspnœa. But the facts that seem to warrant this assumption have been falsely interpreted. The influence of food and diet in general will be subsequently explained. For the present it suffices to say that sleep, as such, is by no means responsible for the nocturnal appearance of the dyspnœa. Floyer imagined that his asthma was produced in that way, and many gratuitous theories have since then been advanced in support of his view as to the occurrence of the paroxysms at night. A causal connection between these events is so generally accepted that the fact of a dyspnœa rousing the patient from his sleep is supposed to be pathognomonic of a nervous disturbance. Hyde Salter thinks that sleep produces insensibility to respiratory arrears and that it exalts reflex action. (*a*) Physiology affords no evidence in favour of this theory. What is known of the subject is that, during sleep, respiration is retarded, and the absolute quantity of carbonic acid exhaled is diminished by one-fourth or even more. (*b*) But these phenomena indicate merely a temporary abatement of the vital energy in order that its activity may be increased through the day by the consumption of the oxygen that is stored up during the night.

Those compensatory forces, however, have their limits. They prove inadequate in the face of an additional obstacle to respiration. In the healthy an impediment to the interchange of gases is readily overcome by means of the reserve fund, so to speak, at their disposal ; but in the asthmatic that fund is exhausted by its constant employment, even under physiological conditions, to maintain the balance between expenditure and supply. Hence, under such circumstances, a slight cause produces a disproportionately great effect.

Thus, the accession of an obstacle, however trifling in itself, is sufficient to provoke an asthmatic seizure. This, like every other form of dyspnœa, is primarily due to a disturbance of the interchange of gases. The want of oxygen and the accumulation of carbonic acid excite the centre of respiration, and from this stimuli are transmitted to the respiratory muscles. The pneumogastric nerves lessen the resistance which the "nœud vital" opposes to that irritation, and they distribute the activity of the muscles in such a manner as to conduce to an efficient ventilation of the lungs. Section of the vagus, although profoundly modifying the respiratory mechanism, has yet no influence whatever upon the amount of work which in a given time is performed by the centre of respiration. (*c*) Nor has irritation of that nerve any effect upon the medulla oblongata, unless this be prepared for it by the gaseous contents of the blood. (*d*)

The dyspnœa peculiar to asthma is distinguished by its type. Expiration is relatively more difficult than inspiration. The reason is obvious. Inspiration is the result of muscular activity, so that the lungs yield to the traction which is greater than the resistance they are capable of offering. Expiration, on the contrary, is actively and mainly performed by the lungs themselves, and the want of their co-operation in this act cannot be fully compensated for by the aid of the auxiliary forces. Now, the predisposition to asthma consists of nutritive changes of the smaller tubes and of the air-vesicles. These portions of the organ are truly the *loci minimæ resistentiæ ;* they are the parts first and chiefly affected by noxious agents, and are thus readily disabled in the performance of their function. The intensity of the subjective symptoms is in a great measure attributable to the same cause. Even in the healthy, an obstacle to expiration produces *far greater* distress than one to inspiration, or to both phases. (*a*) But here, the lungs are, on account of their diminished resistance, widely distended, and this distension considerably increases the difficulty of expiration. (*b*)

The immediate causes of asthma are numerous and of various kinds, but all productive of the same results—obstruction of the bronchi. They are exhibited in the following table :—

I. Hyperæmia and œdema of the lungs.
  - *a.* Relaxative { Inhalation of irritating gases ; Inhalation of dust ; Thermal influence.
  - *b.* Collateral { Meteorismus ; Embolism of the pulmonary artery.
  - *c.* Reflex paralytic.

II. Bronchitis.

III. Stenosis of the bronchi { Foreign bodies. Compression.

I. *Hyperæmia and Œdema.*—The dilated capillaries, and more especially the vascular papillæ, which, as above described, project from the surface of the mucous membrane, are for various reasons greatly susceptible to fluxionary hyperæmia. Such turgescence readily causes occlusion of the bronchioles. The inspiratory traction, however, is soon increased in force, so as to enable it to effect the entrance of air into the lungs. The dyspnœa that nevertheless accompanies the hyperæmia is, therefore, due not so much to the absence of air as to the rapidity with which the blood passes through the dilated capillaries. There is no time available for the interchange of gases, and the blood thus arrives at the pulmonary veins in almost the same condition as it left the pulmonary artery. A similar process takes place in the parotid, in which, after section of the sympathetic, the blood in the veins presents the arterial character. The arterial system is thus supplied with blood imperfectly oxygenated. Meanwhile air continues to enter the lungs, whereas none, or very little, can escape from them. The thorax is gradually distended to its utmost limits, and is held in the extreme inspiratory position by the tetanic contractions of the respiratory muscles ; the stimulus to these contractions being furnished by the carbonic acid in the blood. When the dyspnœa has reached its climax, amelioration generally takes place. It appears that the carbonic acid in the blood causes contraction of the pulmonary capillaries, either by irritation of the vaso-motor nerves or of the vascular walls. (*c*) The current of the blood once being slackened there is now no obstacle to the ventilation of the lungs.

This form of hyperæmia is generally of short duration, and does not give rise to exudation. But when the left ventricle is incapable of propelling all the blood that by the increased afflux is brought to it, a passive congestion complicates the fluxion. In consequence of the greater pressure, serum now readily transudes into all the interstices of the lungs. Such œdema most frequently occurs in hydræmia, especially of parenchymatous nephritis, and arises also from the temporary increase of the volume of the blood by an excessive accumulation of fluid in the system. (*d*)

a. Relaxative.—Fluxionary hyperæmia is caused by

(*a*) Op. cit., p. 198.
(*b*) Scharling, quoted by Vierordt. "Grundriss d. Physiol. d. Menschen." 3 Aufl. Tübingen, 1864, p. 552.
(*c*) Rosenthal, "Athembusegungen," &c., pp. 75-125.
(*d*) Ibid., p. 256.

(*a*) Paul Bert, op. cit., p. 413.
(*b*) Horvarth, "Zur Lehre von der Elasticität." "Centralblatt f. d. Mediz. Wissenschaft.," No. 48, 1873.
(*c*) Hermann Eulenberg, op. cit., p. 68.
(*d*) Parkes, "On Urine," p. 384.

irritants, which act directly upon the muscles or the ganglionic apparatus of the blood-vessels and causes them to dilate. It arises from—

1. *The inhalation of irritating gases.*—Some asthmatics believe that the air of certain places is particularly obnoxious to them, and they attribute this injuriousness to subtle atmospheric conditions. There is no doubt that every open or confined space, every field, and every house in town and country, possess what may be called their own peculiar climate. But nothing justifies the assumption that the *normal* variations of the atmosphere are capable of producing dyspnœa, however delicate the bronchial surface may be. The mystery that surrounds these cases can, however, be readily solved; for when the "inscrutable differences of air" are responsible for the asthmatic seizures, their hurtful influence proceeds from the presence of irritating gases. Hyde Salter reports, (*a*) "Mr. C. has been asthmatic from his youth, and suffered at times severely; but for the last four years, during which he has lived in the same house, has had no attack. Last week he removed his residence about four or five hundred yards, to a higher spot, but more closely built round, and *very near to the exit of a sewer*; the third night he slept in his new abode he had an attack of asthma, and is suffering from a repeated attack at this moment." The exciting cause of this case is so evident as to need no mention; yet the conclusion that is drawn from it is that "the change of locality here was only a distance of four or five hundred yards, but it was sufficient to light up the disease that had been in abeyance for years." (*b*)

A temporary exposure to noxious gases, which, from decaying organic substances, or in the process of the various manufactures, are discharged into the open air, hardly produces an ill effect, because the space is so vast and the movement in it so continuous that those vapours are rapidly diluted, and thus rendered harmless. Dyspnœa, however, results when their ascent is impeded so that a quantity of them remains within the zone from which the inspiratory current is immediately drawn. In this way fog exerts its injurious influence on the diseased mucous membrane of the respiratory passages; for, besides ill-defined hydrocarbons, it contains large quantities of ammonia, of which Boussingault once found the enormous proportion of one grain in thirty-five ounces of the condensed water. (*c*) Considering that the injection of a few drops of ammonia into the bronchi causes the most intense pneumonia, the irritating effect produced by fog is readily intelligible.

The air of bedrooms, especially in the winter, proves, perhaps, the most frequent cause of the "nocturnal" asthma. Notwithstanding the diminished energy of all the vital changes during sleep, at least one thousand cubic feet of air pass every hour (*d*) through the lungs, and return from them charged with more than four per cent. of carbonic acid, and completely saturated with water vapour; and the expired air contains ammonia, probably from decayed teeth, or from particles of food decomposing in the mouth, also hydrogen, hydrocarbons, and sulphuretted hydrogen, which in consequence of a faulty digestion may diffuse themselves into the intestinal veins, and be eliminated by the breath. (*e*) The products of perspiration and those derived from the combustion of candles, lamps, or gas, contribute in their turn to increase the insalubrity of the place. It is known that the air which contains one per mille of carbonic acid is irrespirable, and its injuriousness is due, not so much perhaps to that gas itself—which when pure, may without harm indeed be inhaled in a somewhat larger quantity than is then present—but to the organic substances which always accompany it. Yet even a slight excess of the pure carbonic acid causes turgescence, a sensation of heat and pricking in the conjunctival and respiratory mucous membranes, while at the same time it increases the cutaneous and mucous secretions. (*a*) In the presence of organic substances, however, a much smaller quantity of it becomes highly irritative. The inflamed mucous membrance of the respiratory tract seems particularly susceptible to its influence, and Hauke is led to conclude that the coughing fits of pertussis are traceable to that source. (*b*) The manner in which the organic substances act is as yet obscure. If it were permissible to speculate on the subject, the dyspnœa, which they undoubtedly produce, may perhaps be attributed to the "oxysulphide of carbon," which, according to Radziewsky, (*c*) arises from putrifying organic substances, and is widely spread in nature. Radziewsky himself, on inhaling oxysulphide of carbon, immediately felt a pressure on the head, a tendency to vertigo, and constriction across the chest; there was, moreover, the sensation as if the air-passages were obstructed. He soon, however, recovered on exposure to the open air. Experiments on animals gave the same results—dyspnœa and great distension of the thorax. Now, however large a bedroom may be, a few hours' occupation of it will render it insalubrious in the manner just mentioned, unless the air be constantly renewed to the extent of at least two thousand cubic feet per hour and person. How imperfect even such ventilation must be, as regards the removal of the gaseous impurities, in comparison to their dilution out of doors, is evident from the fact that here more than six millions cubic feet of air are available for the purpose. (*d*) Unfortunately asthmatics, as a rule, adopt no measures for the supply of fresh air. They rely on natural ventilation, or persuade themselves, if this matter even receives their attention, that opening the door of the bedroom is all that is wanted. But the consequence of that neglect is that on account of the slow diffusion of gases (*e*) the patients are surrounded by the noxious exhalations which they themselves produce. As the temperature of the room is raised by respiration, foul gases from kitchen sewers and other sources are thus attracted into the room more readily than fresh air. After several hours, the atmosphere becomes so vitiated that respiration is impossible; so that towards morning the patient is roused from his sleep by an attack of asthma, and he is forced to seek relief at the open window.

(To be continued.)

(*a*) Op. cit., p. 292. (*b*) Op. cit., p. 293.
(*c*) Rob. Angus, op. cit., p. 236.
(*d*) Krieger, "Ueb. Entstehung d. entzündl. u. fieberhaften Krankheiten."—"Zeitsch. f. Biologie," 1869.
(*e*) Joh. Ranke, op. cit., pp. 475, 482.

(*a*) Hermann Eulenberg, op. cit., p. 67.
(*b*) "Inhalations Versuche mit verschiedenen Gasarten bei Tussis convulsiva."—"Jahrb. f. Kinderheilk.," vol. v, Heft 1, 1862.
(*c*) "Die giftigen Wirkungen d. Kohlenoxysulfids."—Virchow's "Archiv," Bd. 53, 1871, p. 370 et seq.
(*d*) Joh. Ranke, loc. cit.
(*e*) Rob. Ang. Smith, op. cit., p. 536.

Clinical Records.

ST. MARY'S HOSPITAL.

Compound Comminuted Fracture of Skull, with Exposure and Laceration of Brain—Suppurative Meningitis—Death.

Under the care of Mr. NORTON.

Notes by Mr. RALEIGH OWEN.

H. H., æt. 32, a labourer, was admitted on evening of March 13th. While firing an old gun, the connection with the stock gave way, and the barrel recoiled, the broken lock, on which blood and hair were afterwards found, striking him on the head. When seen, two hours after the accident, he was sensible, and could answer questions, but on being put to bed he became unconscious, passing an involuntary motion. On examination,

it was found that the right half of frontal bone was quite destroyed, the tissues being much torn and bruised, but there was no hæmorrhage. The dura mater was torn through, exposing a large surface of the anterior lobe of the brain, which was pulsating freely. Extending from this wound to above and behind the right ear, the bones were broken into many pieces; for the last 1½ inches there was another severe wound; from here three or four pieces of bone were removed, from the former wound eight or ten ranging in size from a penny to a pea, some being completely pressed on the brain: a small portion of brain substance also came away. When the brain was touched, the patient did not seem aware of it, but he was sensitive to the slightest touch round the orbit. The left pupil was insensible to light, somewhat dilated, conjunctiva not affected by touch; the right could not be examined. He could move in bed, turning his face from side to side; movement of legs and arms not impaired. Sensation on right side of face was intact, that on left quite destroyed. Both wounds were syringed out with carbolic acid, the edges brought together with wire sutures, and carbolic lotion applied to wounds. The hair was cut off, and ice bag applied to head. When shouted at, he would answer questions, but all the time kept up a conversation with imaginary friends. The pulse, which was slow and feeble, recovered under brandy. There was no sickness.

March 14th.—Very restless during night, and no sleep scarcely. Bowels confined and urine had to be drawn off. Pulsation of brain visible under skin. Puts tongue out slightly when told. No loss of sensation or movement in legs, but loss of both in left arm. Constant twitching of fingers. Answers questions like a man suffering from concussion. Skin acts well; temperature 99·8; pulse 68, hard and regular; respiration 17, deep; when pinched, makes remarks, mentioning names of friends. Complete recovery of sensation on left side of face. Very angry when lotion ran down his back, saying, in forcible language, "I wish you would not spit on me."

15th.—Passed water naturally. Had a quiet night. Wounds look healthy, and no discharge as yet; stitches removed. Talks rationally, and complains of headache. Temperature 104; pulse 120; respiration 28; pupils contracted, left especially so; pupil acts to light; movement of all limbs, but left side colder, and not moved with so much frequency or strength as right. Is in a dreamy half-sleepy state. During night said he wanted to get out of bed. When urinal was given him he passed his water. At 11 p.m. he was very restless, and pulse 135; four leeches were applied to forehead, after which he was quiet and slept. Motions passed involuntarily.

16th.—Seems rather better to-day, and talks. Some discharge from two small places; drainage tube inserted in side wound, from which a good deal of pus afterwards came. At night he was not so well, being very restless and delirious. Temperature risen from 102·6 to 105; pulse from 108 to 120; respiration 20. Subcutaneous injection of morphia given, after which he was quiet.

17th.—Not so well. Lies on his back with eyes closed. Does not answer questions. Right pupil dilated; left contracted. Total loss of motor power in left side, but perfect motion and sensation on right. Passes everything under him. Temperature 105·4. Free discharge from wounds.

18th.—Much worse. Temperature 105·2. Delirious during night; gradually became comatose, and died at 3.30 p.m.

Post-mortem showed effusion of blood and pus under temporal fascia. The brain exposed was irregular and pulpy, of a lemon colour, lined with yellowish lymph; much pus in pia mater. The right lower, and lateral, and upper surfaces of frontal lobes were quite disorganised—disorganisation extending for an inch into temporo-sphenoidal lobe; sides of right sylvian fissure were glued together. In the lateral frontal region of the left side there was a similar state as on the right for 1½ square inches. There was slight exudation in the pia mater. Dura mater stripped off very easily from posterior fossa.

The points to be noticed in this case are the following: the length of time before insensibility occurred; before its supervening the complete mental power he had, although his brain was injured so severely; the perfect recovery of sensation on the left side of the face on the day following the accident, and the return of consciousness. Subsequent inflammation of the brain was the cause of death.

Translations.

ON THE TYPHUS OF THE EAST. (*a*)

By Dr. Combey,

Late Principal Medical Officer of the Army Medical Department of France.

At the present time when all eyes are turned towards the East, it cannot but be interesting to cast a retrospective glance at the simplest means of purifying the air of hospitals, encumbered by feverish or wounded patients, and thus to prevent the contagious or infectious *materies morbi* spreading to those who are in attendance or in the neighbourhood.

To arrive at this important result, during the war in the East, 1856, when the military hospitals of Constantinople were cleared of the numerous typhus patients sent from the Crimea, the principal medical officer of the hospital at Pera thought it indispensable to adopt radical and energetic hygienic measures. This took place in 1856, at the beginning of February, but it was in March and April that typhus reached its *maximum* of intensity.

The patients filled all the hospitals of Constantinople, and especially that of Pera, which was one of the largest hospital establishments. About 12,000 patients were spread about. Pera contained 1,800 of the worst cases, chosen from the others, as they were near the place of embarkation.

To complete the medico-chirurgical staff at Pera, thirty-five medical men were selected, amongst whom were ten acting surgeons, at the head of which I was placed as principal of the first class. Seeing such a terrible mortality taking place amongst the physicians and patients, a conference of the acting officers was called, and I thus addressed them:—

Gentlemen and *confrères*,—You see, as well as I do, the serious ravages made by typhus, both amongst our patients and the medical men of Constantinople and the Crimea. We must then take radical hygienic measures to avert it, and make ourselves masters of this scourge if we do not desire to lose a number of our brave soldiers, or to die here like dogs. You know that our wards, of the height of 5 metres, contain four rows of beds, and that it is impossible to dispense with one, as we have not space to contain all our wounded and the fever patients who are daily sent from the Crimea. We must then supply for the insufficiency of space and pure air, by taking away the windows which open on the anterior gallery of the building. (The hospital was a square building, like the ancient cloisters, with a glazed interior gallery with a court in the middle).

The patients in the fourth row along the interior should have as pure air as those who are placed on the opposite side; but as the arcades are glazed and do not open, we must take out a pane in each; thus the air will be constantly renewed, and, as they are twelve metres in size, a good supply will be thus secured. At the same time, we must open night and day the windows looking on the country.

We shall thus establish in the superior part of our wards a current of pure air which, coming from the country, will escape by the windows in the interior court. This current will carry away the putrid and contagious *miasmata* coming from the patients suffering from typhus or wounds.

In the wards where the windows do not open, a pane of glass must be taken out, and when all the air has been changed as far as possible, we must employ aromatic fumigations and chlorinated lotions. The patients will not take cold as there is a good fire in each room, and they have warm

(*a*) *La France Médicale*, April, 1873.

woollen counterpanes. Moreover, these soldiers are not sensible to cold, as they have have slept in the Crimea, under tents, huts formed of branches of trees, or in holes dug in the ground.

Finally, we must place in separate wards all the typhus patients, and disinfect with sulphur the clothing of soldiers who have come from the Crimea and all the clothes used during treatment, in order to destroy both the *miasmata* likely to transmit typhus and the vermin.

My proposition was immediately adopted. It was certainly time to aërate our wards, since the mortality was so great in the hospitals at Constantinople and Pera from overcrowding; almost daily a military surgeon died in consequence of infection. The effect of this permanent aëration was so marked that our hospital, which was considered as the most infected, lost fewer typhus patients, proportionate to number, than any of the others, and not a single medical aide-major was attacked. None of our patients experienced any bad results from our permanent ventilation.

The disinfection was noticed by the captain who made his daily rounds at all the hospitals, and who was astonished on entering our wards, at not experiencing the nauseous and infected odour he felt in the neighbouring hospitals.

In 1854, there were numerous cases of cholera and dysentery at Pera, the former being isolated on the second floor of the hospital; but at the beginning of 1855 we determined on removing them to a separate establishment.

The wounded were generally placed on the ground floor, and the fever patients in the upper. There were stoves in each ward for the wet season, which was sometimes cold and humid.

Thus, during the first months of 1856 there was a heavy fall of snow which lay for five days before it melted. During the invasion of typhus, we noticed with pleasure flakes of snow in the wards, as it proved that the ventilation was thorough.

The hospital at Pera received 27,500 patients during the twenty-two months it was open. It was the first establishment created. Thirteen thousand patients were sent to France, or to some of the other hospitals in the interior to make room for those who were arriving from the Crimea. There were 5,040 deaths; each acting physician had daily charge of 130 to 200 sick. The admissions varied very much. Sometimes we received 200 or 300 a day, sending away as many to France or to the interior. Thus, after the attack on the Malakoff, we received 800 in one day, of whom 595 were Russian prisoners seriously wounded. In June, 1855, the period of the attacks on the Malakoff, we opened a special ward for officers, and the eighty beds assigned were very soon filled with wounded and fever patients. In the hospitals and through the army few officers died in the proportion to the soldiers and non-commissioned officers, whilst the latter furnished a lower death-rate than the privates.

In June, July, August, and September, 1855, before, and on the attack of the Malakoff, the largest number of wounded were transmitted from the Crimea. It is easy to imagine the large number of operations performed at Pera, especially after the murderous combats which closed the capture of Sebastopol. Thus, in 1855, we received 292 who had been operated on in the Crimea, out of whom 127 were sent to France, 56 recovered, and 109 died. Besides, 235 wounded underwent major operations at Pera, such as amputation, disarticulation, and resection. Out of this number, 81 were transported to France, 47 recovered, and 107 succumbed to secondary complications. From these figures it will be seen that the operations were followed by a high mortality for which it is difficult to account, except by the unhealthy situation. We must remember that all the patients sent from the Crimea were very debilitated, and almost all suffering from scurvy or anæmia. If local or general bleeding had to be adopted the patient very often succumbed. Now, during the major surgical operations, there was always a great loss of blood, from which the patients experienced great difficulty in rallying. We therefore arranged, that important surgical operations should not be performed without a consultation of all the acting surgeons, over which I presided, and we then decided, by the majority of votes, whether operative measures should be adopted or deferred to a more distant and favourable period.

The wounded were exposed after recovery to a malignant fever of a character *sui generis*, which carried them off in two or three days. Sometimes the treatment of the wounded was arrested by numerous complications, amongst which I may notice scurvy, anæmia, hospital gangrene, osteo-myelitis, diarrhœa, dysentery, intermittent, typhus, and typhoid fever, and abscess of the lungs or liver. The treatment of typhus was very simple: it consisted in evacuants up and down, laxatives, vinous and acidulated drinks, weak infusions of tea and lime, extract of bark, &c. At the same time we applied cataplasms over the abdomen, sinapisms to the inferior extremities, refrigerants to the head, sitz-baths, vinegar and chlorinated lotions. Blood-letting was abstained from, for the reasons mentioned above. The mortality was about 1 in 7 or 8, which is less than the mortality from dysentery contracted in camps and warm countries.

As regards the most efficacious prophylactic and hygienic measures for contagious or infectious disease, I am of opinion that permanent ventilation is the most powerful, as it affords pure and well oxygenated air to the patients and the attendants.

T. M. Dolan.

LORD EMLY ON MEDICAL REFORM.

The Limerick Board of Guardians adopted last week a resolution demanding, in the interest of the sick poor, such uniformity of examination as would prevent downward competition between colleges. They did so on the motion of Lord Emly, who, our readers will recollect, was Mr. Monsell, Postmaster-General under the last Government. In introducing his motion, Lord Emly said: Does the present system of appointment of poor-law medical officers reasonably secure competence? Many humane and charitable persons evidently suppose it does. They must suppose that all candidates for the office are competent to fill it, otherwise they would not be quite so ready as they are to promise their votes to candidates without inquiry into their qualifications; but their belief is founded on an entire delusion. True, by the regulations of the Local Government Board, every candidate must have a diploma—that is, a certificate of fitness to practice—from some of the bodies authorised to grant licenses or diplomas; but those diplomas in no way secure competency. I will explain to you why. There are in the United Kingdom 19 bodies whose diplomas entitle the holders of them to be placed on the medical register. These bodies receive a certain sum for each diploma they grant. The lower the examination the greater number can pass it; and the greater number that pass the larger the sum the body that grants the diploma receives. Suppose, for instance, that we had no standard for milk, and that each of the contractors who had tendered for our milk supply to-day was at liberty to serve in any quality of milk he pleased, the contractor who sent in the worst milk would receive the most money. What sort of milk would be got under this system? That is precisely what happens under the present system, or medical standard. The lower it is fixed by any of the bodies authorised to grant diplomas the more money will that body make. No doubt some of those bodies—I am happy to mention the University in Dublin Trinity College—do their duty honestly and conscientiously, but the students who are rejected at their examinations quickly find their way to the colleges where their examination is lowest and then get their diplomas. I have said that Trinity College did its duty. Lord Cairns, its Chancellor—now Chancellor of England—states that the difficulties which the University has had to contend against have arisen from different standards of examination elsewhere, and he would be glad to see an improved standard effected. A system such as I have described is indefensible. The military authorities show their opinion of it by not appointing anyone, no matter the number of diplomas. Any army surgeon is not appointed without his having passed a medical examination, conducted by an army medical board. The soldier in this respect is better placed than his father or brother residing in a cottage, and I ask why should not the poor man in his cottage have the same protection against medical incompetency as his son or brother in the army has? I have received a letter from a most eminent medical man, not belonging to this district, in which, after describing the present system of obtaining diplomas, he writes—"As far as my own experience goes, the ignorance of medical and surgical knowledge, either theoretical or practical, is truly deplorable. I found some who did not know the use of the most simple surgical instruments—for instance, a catheter—almost total

want of knowledge in midwifery, and yet having the Scotch midwifery qualification recognised by the Irish Local Government Board. Fever is not a necessary study; many who get medical and surgical qualifications, and afterwards get public appointments, never see a case of fever during their study." These are exactly the results we should expect from the system I have described. How should it be reformed? Common sense answered, by having examining boards for the United Kingdom, instead of having nineteen bodies authorised to confer diplomas, each having its own standard of examination. But powerful interests hold a different language, and I am afraid that common sense, unless it is supported by a strong expression of public opinion, is no match for powerful interests. Let us do our best to bring public opinion to bear on the question.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 22, 1878.

THE BILL FOR THE REPEAL OF THE CONTAGIOUS DISEASES (WOMEN'S) ACTS, 1866-69.

IN anticipation of the second reading of Sir Harcourt Johnstone's Bill for the Repeal of these Acts, the City of London Committee have published and distributed broadcast their "Reasons" in support of that Bill. We shall have a better opportunity of making some remarks on the subject after the debate, which will take place this (Wednesday) evening in the House of Commons, but we may in the meantime draw attention to some of the arguments that have been advanced in favour of repealing these Acts.

The first reason is that "the Acts are conceived in the interest of immorality." In reply to this we would ask whether it was at all likely that a legislature, whose morality, integrity, and honesty of purpose are more remarkable than at any previous period of our history, would conceive an Act in the interests of immorality? But, say the committee, "that this is the object of the legislation is obvious from the fact that the Acts are applied to one sex only." It is, however, equally obvious that there would be many difficulties in the way of submitting men to the same examination as that to which prostitutes are liable. It might be desirable, but it is not practicable, nor does the principle on which the Acts were framed involve the subjection of our soldiers and sailors to the same measures of precaution as those to which the women in question are subjected. As we have remarked on a former occasion, the prostitute is a marketable commodity, which the soldier or sailor is not, and what is practicable or advisable in the case of the former is not practicable in the case of the latter. To illustrate our proposition by an analogous instance, let us take the Adulteration of Foods Act. There are two ways in which a check might be put upon the adulteration of food, namely, either by putting the purchaser on his guard and exercising some control over his conduct, or, on the other hand, by making the vendor answerable for the purity and innocuous nature of the goods in which he deals. For obvious reasons Government adopted the latter method; consequently any tradesman may be prosecuted if the inspector finds that the food is adulterated. In like manner, but by preventive rather than by punitive measures, the prostitute is for the present put under Government surveillance instead of the soldier or sailor who purchases the intercourse which he has with her, because it is more practicable for the Legislature to deal with her than with her paramour. It would be certainly just and advisable for the men to be placed under the same supervision, and no doubt this might be eventually managed. But legislation on any subject cannot be made perfect all at once, and it does not follow that because these Acts do not go far enough, they should therefore be altogether repealed.

Then we are told that "had the Acts been honestly framed to minimise or stamp out contagion they would have been universally applied, instead of being limited not only to one sex, but to certain naval and military stations, &c." Now this is taking a very unfair and unwarrantable advantage of the thoughtfulness and discretion of the Government, for the above procedure was adopted because the army and navy are under the immediate control, and constitute an important property of the State, and because it was anxious to try, in the first instance, the effects of these Acts in certain naval and military stations, before applying them to all, in order that they might be able to compare the relative prevalence of venereal disease in the protected and unprotected districts.

The second "reason" is that the Acts have been "framed in the interests of vice, and that they have outraged decency, morality, and the Christian sentiment of the country." To say that they have been framed in the interests of vice is, as we have shown, a scandalous imputation to bring upon any Government in any civilised country; while the rest of the allegation is an equally groundless assumption. It is said that "hundreds of committees and associations have been already formed to agitate for repeal." But that does not prove that any such agitation is called for. Rather the contrary, for if public decency, morality, and the Christian sentiment of the country have been so outraged, wherefore the need of "hundreds of committees and associations" to excite the

indignation of the virtue-loving society of the present day? Surely its sense of decency and morality would be enough to demand unanimously the repeal of these Acts, without the officious help of a number of intemperate agitators stumping the country in all directions, and persuading a lot of silly people to put their signatures to petitions, the subject of which they know nothing about. We are even told that "delicate women" have been forced to enter these committees, "as a duty which their consciences would not allow them to decline." If so, we cannot say much for the "delicacy" of those women who have not shrunk from—indeed, have taken a great interest in—a subject which might have been more delicately left to the consideration of the stronger sex. Another "reason" is that the Acts are "cruel, oppressive, and one-sided in their operation." The allegation with regard to their one-sidedness or their restriction to the female sex we have already answered; and as to their being cruel and oppressive, neither Sir Harcourt Johnstone nor any of his friends have been able to show that their enforcement has been attended with any act of cruelty, or that they are one whit more oppressive to the class for which they are intended than many other Acts by which Government seeks to protect society from certain evils to which it is exposed. For surely the soldier's courtesan is not that delicate-minded woman that she should consider herself outraged by a professional examination, which hundreds of virtuous mothers undergo at the hands of their medical attendants; and to characterise this examination as a "surgical operation which defies description" is a gross misrepresentation of the real facts of the case.

Then we are told, as we have been so often told before, that the Acts "violate the first principles of English constitutional liberty." There has been so much nonsense talked in behalf of the liberty of the subject, that the less the committee has to say on that score the better; and we shall confine our remarks on this "reason" to asking if these Acts are more despotic than the Vaccination Acts, the Factory Acts, and many other Acts, in which a certain suspension of the liberties of the subject is considered justifiable on the ground of public expediency, or of protecting certain classes from evils to which they would otherwise be exposed. Nor are the opponents of the Contagious Diseases Acts justified in saying that these Acts have "legalised espionage of the most objectionable description." That some kind of espionage must be practised is obvious enough, for otherwise the Acts could not be put into operation, but it is again misrepresenting the matter to say that this espionage is "utterly abhorrent to the genius of a free country, and on a par with that practised in the worst days of French administration;" and equally untrue is it to say that this espionage "involves inquiry into the private character of every woman, without exception, in the subjected districts." Were such really the case, the Acts could not be tolerated for a day by any one who had the slightest respect for the female portion of the community. But we are not aware of a single instance of an innocent and virtuous woman being subject to any such indignities as the above imputation would imply; and we feel certain that if there had been, those who are so strenuously agitating for the repeal of the Acts would have been only too ready to make capita out of the incident. Besides, it should not excite surprise if when Acts like these first come into operation a mistake should be unfortunately made, a mistake which no one would more deeply regret than those who were responsible for the Acts being worked in as delicate and harmless a manner as possible.

Lastly we are told that the Acts "tend to increase and intensify" the very evil for the removal or mitigation of which they are framed. The only answer we need give to this allegation is, that the actual benefit or worthlessness of the Acts is open to statistical proof, and to evidence of the most reliable nature. If they had any such tendency as that imputed to them, it stands to reason that they would soon die a natural death, and that there would be no occasion for "hundreds of committees and associations" to agitate for their repeal. According, however, to the most recent army medical reports, the evidence on the subject is, as we showed a few weeks ago, quite in favour of these Acts, and we have no doubt that if they are allowed a fair trial, the results of their operation will be of a still more satisfactory nature. Whether they are to have this trial will depend upon the fate of the Bill now before Parliament; but, for reasons which we have briefly advanced, it is to be hoped that the Legislature will not be induced to hastily abandon Acts which, notwithstanding a few imperfections, have already had a very beneficial operation upon the health of the army and navy.

ADMISSION OF WOMEN TO THE PROFESSION.

The Duke of Richmond, by introducing into the Medical Acts Amendment Bill clauses providing for the medical examination of women, has raised the question of the admission of lady doctors to the profession beyond the arena of dispute in which it has hitherto lain. He has given to the proposition the dignity of recognition by the Government, and he has left nothing now to be done saving to decide upon the means by which the incursion of the "gentle sex" may be facilitated. But the matters which he has left thus undecided, and which he has attempted to deal with in the clauses of his Bill, are in reality the disputed ground which the lady doctors have, as yet, found it impossible to cross, and we may expect that their progress through the doctor's outworks will still be vigorously and obstinately contested by those who have hitherto resisted the intrusion of female physicians. There are, no doubt, many who think that the ingress of women to the profession ought to be resisted as being a vital injury, not only to the pecuniary interests of doctors, but to the prestige of the profession, but the disciples of this creed are a small minority, and, though that minority is mainly composed of senior, and, therefore, influential members of our order, they are not of sufficient force to impede seriously the progress of the lady doctors. Taken in the aggregate, both the public and the profession are distinctly of opinion that the ladies should be afforded the amplest facilities for education and examination, so long as their education can be conducted with due regard to propriety, and without hindrance to male students, and so long as their examination is, in all respects, as full and searching as that to which male students are submitted.

This view is very emphatically expressed by the *Standard* in a recent leading article. It says, "if women are to have medical diplomas at all, there must be no difference between the examinations they have to pass and those undergone by men, however much they may be separated during the preliminary training. This is a question which is not to be got rid of by any side wind. Either women are to be admitted to medical diplomas on precisely the same terms as men or they are to be left out in the cold altogether. Whatever legislation takes place to amend the law concerning the medical profession, this fact must be recognised. However much we may sympathise with a different kind of examination for women, it would be absurd to offer it under the circumstances, for the old clamour would still go on, and the women so qualified would be in no better position than the midwives, for whose examination and registration provision is made in the very Act under discussion. Looking at the tone of the various debates which have taken place on this question during the last few years, and the action of more than one examining body on the matter, it is clear that sooner or later women will find entrance into the medical profession allowed them on the same terms as men."

Unfortunately, neither the lady doctors nor the Duke of Richmond seem to regard the matter from the point of view thus assumed by the *Standard*. The ladies, it is true, have always demanded absolute equality of education with male students, admission to the same wards, and instruction on the same cases and in the same classes as male students, no matter what might be the subject of the instruction; but when it comes to the examination, the Duke of Richmond, on their behalf, hastily abandons the principle of equality of education, and proposes to enact a different and less stringent test for females than that demanded from males. The Bill says (Clause 14):

"The examination rules (*i.e.*, the rules to be enacted by the Medical Council for all qualifying examinations) shall provide for the admission of women to the examinations, provided that . . *b*—they shall not compel a woman, in order to obtain such qualification as will enable her to be registered, to pass, *if she object to do so*, the same examination as men without any distinction on the ground of sex."

To such a provision we object most emphatically, and protest against the reception of women within the pale of our profession, except upon terms absolutely even with those to which we have ourselves submitted. Such an enactment would operate as a direct encouragement to licensing corporations to set up a sham examination with which to catch the diploma fees of the ladies, and we should not have to wait long for a college which would meet the views of the women students by cutting out of their curriculum and their examinations as many subjects as they might consider that female students would "object" to pass. Moreover, it would be contrary to every precedent, and in violation of every principle of justice, to permit a student to refuse "on the ground of sex," or on any other ground whatever, to answer questions put to him or her. It would be, surely, a ridiculous proposal that a male student should be permitted to decline to answer upon the anatomy of the female pelvic organs, the physiology of gestation, or upon obstetric surgery, and inasmuch as it would be impossible to debar women from any line of practice, once their names were placed on the register, it would obviously be improper to allow them to appear on that list, until they had been tested effectually upon all subjects to which their future practice might possibly be applied. The Duke of Richmond will deal most fairly with the troublesome problem which he has undertaken to solve, by removing every legal restriction which forbids a licensing body to grant diplomas to women, by forcing every such body to receive women students who display the same degree of competence as their male competitors, and by requiring the ladies to encounter the same education and the same examination in all respects as is required for masculine candidates. If this be done, the race for success in the practice of medicine cannot be fairly forbidden to those ladies who choose to try their luck. We may doubt their wisdom, but must not refuse them their rights. It is for them, not us, to weigh the following words of the *Standard*:—"Those concerned must face the probability that when once the novelty wears off, women who become doctors will find practice as hard to gain as scores of struggling practitioners of the male sex do at the present time. One or two lady doctors are novelties, and gain adherents for that very reason; but when once any woman can enter the profession they will find that they have been striving for what, commercially speaking, is not worth the fight. In this profession, above all others, women will probably find themselves worsted by men; for, however accomplished they may be as nurses, the work of the physician or surgeon demands powers of a far higher calibre, and the feminine aspirants to the honours of the operating theatre will soon find their level."

Notes on Current Topics.

The Inquest and Medical Witness System in Dublin.

It will be recollected that for many years it has been the system, in direct contravention of the law, yet nevertheless under the authority of the Corporation of Dublin, to pay a fixed salary to an individual practitioner for giving medical evidence in almost every case in which an inquest was required, to the exclusion of the testimony of the medical man who had attended the deceased person before or at the time of death. This arrangement was in direct violation of the Coroners' Act, which orders that the coroner shall call in evidence "a legally qualified medical practitioner being at the time in actual practice at or near the place of death," and that such practitioner shall receive a fee of £1 1s. in each instance. After continuous remonstrance against persistence in the illegal and objectionable system which has been in action in Dublin, the Council of the Irish Medical Association appeared, in the person of their then Chairman, Dr. Jacob, before the Public Auditor to resist the confirmation of the payments of salary to the coroners' standing witness. The Auditor having declined to disallow those payments, the case was removed by the Association into the Court of Queen's Bench, where it wa

argued for several days on an application for a *certiorari*. Eventually the judges gave judgment substantially in favour of the Association, declaring the payment of a salaried medical witness to be illegal and contrary to the policy of the law. The events which have since transpired have just been communicated to Dr. Jacob by the Auditor. Having received a notice from Dr. Jacob not to allow further corporation payments in the way of salary to the coroners' medical witness, the Auditor communicated with the Finance Committee of the Town Council, who, though anxious to maintain the arrangement which had been condemned by the Court of Queen's Bench, thought it wise to take counsel's opinion as to the safety of their doing so. The counsel selected was Mr. Walker, Q.C., who had appeared for the Auditor in the Queen's Bench proceedings. His advice to the Corporation was that the payment of salary must cease, and that the responsibility should be left upon the coroner to employ as medical witness the person indicated by the law; that, in his opinion, the coroner ought, as far as possible, to employ as medical witness the person in attendance on the deceased at time of death, and ought to pay whoever he employed the statutory fee of £1 1s.

Thus the salary arrangement which, in practice, restricted the medical evidence to one individual has been quashed. It remains for the Irish Medical Association to make sure that the medical witness shall be, as far as possible, the medical practitioner who is acquainted with the circumstances of the deceased's case, and we have no doubt their already fruitful efforts will be continued until the intention of the law is strictly and uniformly carried into effect.

Vaccination in Ireland.

In the House of Commons, on vote 16, for the English Local Government Board, with reference to medical officers' salaries being taken,

Mr. Gray asked what the remuneration was for vaccination in England. The gross sum for public vaccinators was put down at £16,000. He was under the impression that the remuneration to the profession in Ireland for a vaccination was much less than in England. At present there was an outbreak of small-pox in Ireland which was in great part to be attributed to the insufficient encouragement given to Irish practitioners for successful vaccination. He wished also to direct attention to the vote for £13,000 for medical inspectors in England. There were no corresponding officers in Ireland, and the profession had again and again remonstrated unavailingly against this. When an outbreak of any disease occurred in England, one of these medical inspectors was forthwith sent down. He investigated and reported, and the cause of the outbreak was remedied. They had no such provisions in Ireland, and they were much needed.

Mr. Sclater-Booth said he could not say what was the remuneration for vaccination in Ireland, nor could he answer for the defects of the Irish system, but in England by some means or another the payment for successful vaccination amounted to about half-a-crown, and he considered that the money was well spent.

We are glad to be able to supply the information respecting which the President of the English Poor-law Board gives us to understand that he knows little and cares less. The total sum paid to the 804 public vaccinators in Ireland, according to the latest parliamentary returns published in the Irish Medical Directory, was £6,748, being at the rate of £8 7s. 6d. per annum for each officer, in return for which payment they vaccinated very nearly 140,000 persons. Not a penny of this money, however, came out of the public funds, from which the £16,000 a year alluded to by Mr. Gray was granted for England. Every shilling of the money paid to Irish vaccinators came from the pockets of the local ratepayers, and the only Irish grant from the Treasury which can be placed on the same footing as this £16,000 is a sum of £400 a year, which used to be disbursed through the Dublin Hospitals Board for the maintenance of the Irish Vaccine Institution. That institution has been recently placed under the Irish Local Government Board, and its maintenance is expected to cost from £800 to £1,200 a year. The President of the English Poor-law, who sits in Parliament to represent such interests, may also learn with advantage that in England a public vaccinator receives 2s. 6d. per case, in Ireland only 1s. for the same work, and that in England that officer is in the position to earn a handsome additional grant for assiduity in vaccination—in Ireland no such boon is conceded.

As regards the grant of £13,000, made yearly for medical inspection in England, it is not inappropriate to mention that in Ireland only £1,492 is granted for the same services, and that the working of the Public Health Bill—a measure which Mr. Sclater-Booth will admit is as much needed in Ireland as in England—has always been a sham and a discredit to the country, simply because the official inspection necessary to make it a reality is refused. We can tell Mr. Sclater-Booth that it is so refused because the Treasury, which is so alert to grant £13,000 a year at one side of the Channel, declines point-blank to allow a shilling to be voted for sanitary inspection at the opposite side of the water.

It is gratifying at least to Irish vaccinators to know that the mouthpiece of Government considers a half-a-crown fee per case "well spent," and it will be a still greater gratification to them when we are able to announce that the Bill of the Irish Medical Association for the amendment of the vaccination law in these and other important respects has emerged from the pigeon-hole of the Irish Chief Secretary's office, where it was buried eighteen months ago, and has some chance of being considered by Parliament and by the Government.

"The Laws of Therapeutics."

In the current number of the *Practitioner*, Dr. William Sharp, F.R.S., a distinguished representative and exponent of the principles and practice of homœopathy, has a paper on the above subject which will doubtless for more reasons than one surprise the readers of that excellent journal. The paper is addressed to students and young practitioners, as "the ambition and uncharitableness of attempting to disturb the tranquillity of the senior members are not entertained; so that if any of these begin to read they are with submission requested to stop." We do not, however, think there was any fear of Dr. Sharp doing anything of the kind, at least if we may judge from his present paper, which in all probability will induce other readers to stop besides the senior members of the profession. It was very liberal of the editor of the *Practitioner* to admit into its columns the contribution of a homœo-

pathist, however eminent the writer may be, but we cannot say that Dr. Sharp has done justice to himself or has shown himself worthy of the generosity he has met with. The paper is all noise and smoke, amid which we are quite at a loss to discover the "laws of therapeutics." First, we have a definition of words, such as "phenomena," "general," "remedy," "induction," "deduction," &c. Then follow a few remarks on the "boundaries" of the subject, a few "particular facts" with regard to certain well-known actions of opium, aconite, digitalis, &c., and a few "general facts" or platitudes, such as, that drugs act locally, and that the kind of action is determined by the dose. Lastly, the "practical results" of this investigation, which justify the appearance of this paper in the *Practitioner*, are as follows:—1. The seat and kind of action of each drug must be discovered by experiments upon ourselves and others in health. 2. The drug to be given as a remedy must have been found to act in health on the principal seat or seats of the disease to be treated. 3. The kind of action of the larger doses of the drug, when taken in health, must resemble that of the disease, or at least the drug must have produced similar symptoms. 4. The dose given ought to belong to the range of smaller doses, which in health has a contrary action. 5. The drug must be given alone, otherwise its action will be interfered with, if not neutralised. 6. When the desired effect of the medicine has been obtained it must be discontinued. To what "investigation" Dr. Sharp refers we do not understand, nor can we, or perhaps any of our readers, see how the bare assertion of the above dogmata can justify their appearance in a first-class allopathic journal. We have no wish to be hard upon the homœopathists, and should have welcomed an able exposition of the "laws" of homœopathic therapeutics at a time when the medical profession are rather curious to know what the principles and practice of homœopathy really are, and whether they do not differ a good deal from the doctrines that were current fifty years ago.

The Bagot Will Case.

THIS extraordinary case was another proof of the contradictory nature of the medical evidence that is often given in our courts of justice. It is not the mere difference of opinion of which the public may justly complain, as there are, of course, questions on which a difference of opinion is both excusable and natural. It is that members of the profession so frequently give contradictory evidence on questions with regard to which they should, as scientific men, be practically unanimous. In this case a great deal depended upon the paternity of Mrs. Bagot's child, and upon the evidence as to whether or no Mr. Bagot was physically capable of being its father. Two or three physicians of eminence were of opinion that he was not, while others expressed an opposite opinion; and they had nearly all either seen or professionally attended upon him. The testator was not suffering from true paralysis, but from a disease which, according to the experience of Trousseau, and other writers on the subject, would not, especially at its outset, render it impossible for a patient affected with it to become a father. Dr. Radcliffe's evidence on this point was just what we might have expected from a physician who was practically familiar with that disease. "I have," he said, "two cases at present which are much more advanced in locomotor ataxy than Bagot's was when I saw him. They are unable to stir without help, and yet are the fathers of healthy children." This is the sort of medical evidence with which no fault can be found; evidence based upon actual experience, and not going further than that experience warranted. As regards this case, the fact is, Nature has taken care that that function on which the continuance of the human species depends should not be too easily abolished; and we feel certain that for physiological and clinical reasons—into which we cannot now enter—the profession will endorse the opinion which Dr. Radcliffe gave in favour of a lady who, with all her faults, has some claim upon the sympathy of the public.

The Views of Irish Boards of Guardians upon Conjoint Examination.

THE following petition to Parliament was recently adopted by the Limerick Board of Guardians on the motion of Lord Emly, and has since been accepted and signed by many Boards of Guardians in Ireland. Lord Emly, it should be observed, was Mr. Monsell, Postmaster-General under the late Government.

"That under the existing laws which regulate the practice of the professions of physician and surgeon in the United Kingdom, nineteen separate examining bodies are permitted to grant diplomas or licenses, which entitle their diplomatists to have their names placed upon the Medical Register of the Kingdom. That these several examining bodies have adopted various educational standards of proficiency for their pupils. That it has come to the knowledge of your petitioners that candidates who have failed to pass the examinations of one or more bodies who have adopted high standards of professional education have afterwards obtained the diploma of a body adopting an inferior standard of qualification. That in consequence of this great disparity between the highest and lowest standards adopted by the above bodies, her Majesty's subjects have no sufficient guarantee that a person whose name appears upon the Medical Register is thereby duly qualified to practise with safety the art of physician or surgeon. That such an existing state of the law is dangerous to the well-being of her Majesty's subjects, and more especially to the health of the poorer classes in Ireland who obtain medical relief at the public expense.

"Your petitioners therefore humbly pray that your noble house will change the laws which now regulate the granting of diplomas of license to practise the profession of physician or surgeon, and direct that in future there shall be only one examining body for the whole of the United Kingdom entitled to grant such documents, and that this body shall hold periodical examinations in England, Scotland, and Ireland alternately, and that upon this body all the several interests of the nineteen separate bodies who are now entitled to grant diplomas or licenses to practise physic or surgery shall be fully and duly represented.

"And your petitioners, as in duty bound, will evermore pray."

The French Association for the Advancement of Science.

IT is proposed to organise with special solemnity the annual session of the "French Association for the Advancement of Science," which will be held this year. The session was to have been held as usual in the provinces,

but the Association has decided on this occasion to assemble at Paris, thus to contribute to the *éclat* which the capital will present to strangers which the Exhibition will attract there. The annual meetings were formerly held at Bordeaux, Lille, Nantes, Clermont-Ferrand, and Havre, and were respectively presided over by Messrs. Quatrefages, Wurtz, d'Eichtal, Dumas, and Broca. That held at Paris will be presided over by M. Fremy; it will be opened on the 16th of August, and will last one week. The Municipal Council of Paris wishing to co-operate in this important scientific manifestation has deputed several of its members to unite themselves with the delegates appointed for the organisation of the congress.

The Small-pox in Dublin.

THE returns of the Registrar-General for the week ending May 11 show an increase in the prevailing epidemic, and we understand that those for the week ending the 18th will probably make manifest that the disease is rather on the increase than the decrease. The deaths in the week before last from zymotics numbered 44, being 15 over the average. Those from small-pox were 5 less than the previous week, but the cases in hospital were 16 more than the previous Saturday, being 254 against 238. The admissions during the week were 90 against 80 for the previous week. The total death-rate of the city was 30·2 per 1,000 of the population; the mortality of English and Scotch cities for some weeks being, London, 20·2; Glasgow, 23·0; Edinburgh, 21·7.

Sanitation in Birmingham.

WE are glad to see that a very promising movement has just taken place at Birmingham with regard to the future salubrity of that town. A public meeting has just been held in the town-hall under the presidency of Councillor Payton, to consider the advisability of forming an association for the diffusion of sanitary science, the undertaking of works connected therewith, and the selling of sanitary appliances. A resolution was carried in favour of the formation of a limited liability company. This is going to work in a very business sort of manner, but we are much afraid the company will not turn out a paying concern. It is not merely the question of getting shareholders, but of getting plenty of customers to deal in their sanitary appliances, and on these grounds we doubt whether the principles and practice of sanitation are sufficiently appreciated by the public to render the formation of a sanitary company a very promising undertaking.

The Mutual Autopsy Society.

THE French Association for reciprocity of dissection lost one of its members lately—Louis Asseline. His *post-mortem* obsequies took place a few days since. The *Gazette Hebdomadaire* says that the "sectio cadaveris" was made by Professor Broca, and the deceased was found to have died from rupture of the left auricle. It was remarked that the fronto-parietal sutures were not ossified, as one would expect to find them in a man of 49 years of age, and of a less cultivated mind. This ossification of the anterior sutures of the cranium is produced rather in the lower races than in white skinned people. If the fact observed in the case of Asseline comes to be verified in other persons who practice intellectual professions, we may conclude with certainty that it is their cerebral activity which causes the delay in ossification.

Death from Methylene.

A FATALITY from the inhalation of methylene is announced, the victim being a retired officer of 40 years of age, in apparently perfect health. The death was perfectly sudden and inexplicable, and it shows that this anæsthetic is, like chloroform, a poison to some persons of a peculiar idiosyncrasy, and will cause death without any apparent physical reason. We should be glad to know whether anyone can produce a death during ether inhalation for which the cause was not evident upon examination, and most frequently before death. We believe not. Deaths have occurred where patients with emphysematous or obstructed or solidified lungs have been dosed with ether and have died in consequence, but no fatality, so far as we know, in any case in which the administration could—upon previous examination—be considered reasonably safe.

Morphine Mydriasis.

AT a recent meeting of the Biological Society of Paris, M. Picard contributed a note on the Mechanism of Contraction of the Pupil produced under the Influence of Morphine." He attributes it to paresis of the sympathetic nerve, for if the sub-maxillary band is bared and a small vein opened, a flow of blood is increased after an injection of morphine. From this phenomenon he concludes that morphine produces diminution of power of the great sympathetic nerve.

Adelaide Hospital, Dublin.

THE Medical Board of the Adelaide Hospital has elected Dr. Kendal M. St. John Franks to the surgeoncy of the hospital, vacant by the resignation of Dr. Albert Walsh. Dr. Franks is an ex-scholar of the University of Dublin, and a gold medallist of the Dublin Pathological Society. He is also a demonstrator in the School of the Royal College of Surgeons, and surgeon to the Throat Hospital in York Street.

IN the principal foreign cities the annual rates of mortality, according to the most recent official weekly returns, were, Calcutta 45, Bombay 43, Madras 48, Paris 26, Geneva 27, Brussels 27, Amsterdam 26, Rotterdam 27, The Hague 26, Copenhagen 24, Stockholm 30, St. Petersburgh 63, Berlin 31, Hamburg, 29, Dresden 24, Breslau 32, Munich 32, Vienna 33, Buda-Pesth 50, Rome 33, Turin 32, Venice 32, Alexandria 35, and New York 24. Thus, London stands out as the most healthy of the principal cities to the world. The 807 deaths in St. Petersburgh included 142 from typhus and typhoid fever. Cholera caused 87 deaths in Calcutta, and 32 in Bombay.

WITH the genial weather of the past few days, the mortality throughout the United Kingdom has resumed its normal character, scarcely an excessive death-rate being observable in any large town. London is now at

20 per 1,000, Edinburgh 22, Glasgow 23; whilst Plymouth has fallen from 33 to 22, the other great centres showing also clean bills of health.

One or two changes have occurred during the last few days in the staff of the Westminster Hospital. Mr. George Cowell, F.R.C.S., has been appointed Treasurer, Dr. Allchin, Dean of the School and Lecturer on Physiology. The latter appointment is vice Maclure resigned. Dr. Murrell succeeds Dr. Allchin in the lectureship on Practical Histology.

Sir Sydney Waterlow, Treasurer of St. Bartholomew's Hospital, is of opinion that the recent Mitchell bequest of £70,000 to the sick poor of London, could not be better invested by the city authorities, than in founding a convalescent home in connection with all the Royal Hospitals; an idea which was loudly applauded at the St. Bartholomew's Annual Dinner.

Sir James Coxe, M.D., Commissioner in Lunacy for Scotland, has just died, at the comparative early age of 67. Deceased received the honour of knighthood in 1873, and was a magistrate for Midlothian, his native county.

University College and Hospital have come in for a very heavy windfall. It will be remembered that Sir Francis Goldsmid, who met his death by a railway accident a few days since, was Treasurer to this institution, to which he has left a bequest of £50,000.

Small-pox is still prevalent in London, where 48 died from this disease last week, no other death from this cause is reported throughout England and Wales. Of these 48 deaths 21 were certified as of unvaccinated persons, 13 vaccinated, the remainder being uncertified.

Medico-Parliamentary

NOXIOUS VAPOURS.

In the House of Lords on Friday last, Lord Winmarleigh asked the noble Lord opposite (Lord Aberdare), who had presided over the Commission appointed last year to investigate the subject of noxious vapours, when the report of the Commission would be presented.

Lord Aberdare regretted the delay that had occurred. The Commission had had to visit various parts of the country, and they had taken a great mass of evidence. The report was in process of preparation, and no time would be lost in presenting it.

MEDICAL OFFICERS AT WOOLWICH GARRISON.

In the House of Commons on Thursday last, Colonel Stanley informed Mr. Meldon that the garrison at Woolwich had its full complement of medical officers. No private practitioners were employed there. Some other garrisons were short of medical officers; that was in some measure due to a number withdrawing temporarily for purposes in connection with the training of the army corps at Aldershot. The sum of £5,000 was taken for the employment of civil surgeons at the Cape, as that was found to be more economical and desirable than the augmentation of the staff.

THE MEDICAL REFORM BILL.

IMPORTANT DEPUTATIONS.

On Saturday last a deputation from the Medical Reform Committee of the British Medical Association, and from the Council of the Irish Medical Association, waited by appointment on His Grace the Duke of Richmond in order to confer with his Grace upon the Medical Acts Amendment Bill. The British Medical Association was represented by Dr. Wilkinson, its president, Dr. Waters, of Chester, Chairman of the Medical Reform Committee, Dr. Chadwick, Dr. Carpenter, of Croydon, Dr. A. P. Stewart, and Dr. Manby. The Irish Medical Association was represented by Dr. Grimshaw, Chairman of the Council, who would have been accompanied by Dr. Robert MacDonnell, President Designate of the Association, but for an unavoidable hindrance.

The principal object of the deputation was to impress upon his Grace the propriety of direct representation of the profession in the General Medical Council, and of making the proposed conjoint examinations compulsory. These two points have been adopted by both Associations as the leading characteristics of their proposals, and Dr. Waters was able to state that in favour of these suggestions more than 5,000 members of the British Medical Association had expressed their feelings, while only about 200 took a different view.

After a full statement of the opinions of the British Medical Association by Dr. Waters and other delegates, Dr. Grimshaw addressed his Grace and pointed out that the propriety of conjoint examination had been already fully enunciated by almost all the Irish licensing bodies, and that it was only on questions of detail that the negotiations for the completion of such a scheme broke down.

The Duke of Richmond eventually replied to the deputation, and was understood to express an opinion distinctly unfavourable to direct representation as a practicable measure, though admitting to a certain extent the propriety of it on general grounds. As to conjoint examination his Grace stated that he was prepared to consent to making that measure compulsory upon licensing corporations, and would introduce an amendment to the 15th clause of the Bill to that effect. He was not prepared, however, to consent to the application of a similar compulsion to Universities, and in his opinion these institutions should be prepared to continue to give degrees as heretofore.

On Monday afternoon an influential deputation, representing the Medical Defence Association, waited upon his Grace the Duke of Richmond and Gordon to state the views of the Association with respect to the new medical Bill. Amongst those present were Dr. Richardson, F.R.S., President of the Association, Dr. C. G. White (Snodland), Vice-President, Mr. John Gay, Dr. J. Stevenson, Dr. H. W. Williams, Dr. W. Beech Johnstone, Dr. Hugh Adcock, Dr. W. Smith, Mr. J. Wallace Mason, Mr. Bott, Mr. Pridham, Mr. Alderson, Mr. George Brown, Hon. Sec. to the Association, and others.

Dr. Richardson on behalf of the deputation presented a memorial, which had been drawn up by the Council of the Association, pointing out that in any measure of medical reform one of the first principles to be enforced should be that no person shall in future receive a license to practise medicine or surgery in the United Kingdom, who has not satisfactorily passed a full and complete examination in medicine, surgery, and obstetrics; further, that there should be but one licensing board in each division of the kingdom, that the examinations of each board should be of one uniform standard of severity, and that the certificate or diploma thereafter granted, in each instance should confer similar rights and privileges. The examining boards should be appointed by the General Medical Council, which body should have the power of regulating the nature and scope of the examinations.

The Council also recommend the retention of the General Medical Council to superintend medical education, and that it should also be the duty of that body to enforce the laws relating to medical practice, especially those directed against the practice of medicine by unqualified persons, and the assumption of medical titles by those who are not registered.

It further expressed an opinion that it is imperatively necessary to make some radical changes in the mode of election of the members, and in the constitution of the General Medical Council. At the present time the profession as a body is not represented on that Council. This, in the opinion of the Association, is most unjust to the members of the pro-

fession by whom is provided the whole of the funds for the support of the General Medical Council.

With respect to clause 22 of the Bill relating to the unauthorised assumption of titles by unqualified persons, the Council approved of the proposed amendments, but suggested that the assumption of an unregistrable medical title after the passing of this Act should be deemed an offence punishable in the terms of the clause; also that a similar penalty should be inflicted on persons who practise medicine or surgery for gain, without being duly qualified, whether they assume titles or not. The clause of the bill as it stands would be wholly inoperative as regards the practice of medicine and surgery by unqualiffed persons, as long as they avoided taking or using any medical title. Unless the clause be amended to cover such cases great injustice would be done to the profession, and the public would be left unprotected if, as is proposed, the power to prosecute unqualified practitioners in England and Wales now possessed by the Apothecaries' Company be abolished. After a few remarks from Mr. George Brown, his Grace assured the deputation that he was as anxious as the members of the Association could be to stop unlicensed practice, and if the Council could draw up any clause that would satisfactorily meet the case, and send it to him before the Bill passed through committee, he would if possible adopt it.

It will be observed from the foregoing brief report that the Government is determined, if possible, to maintain the "family party" in the General Medical Council, and to protect the Universities in their degree trade at the expense of the corporations. We altogether deprecate both of these procedures, but we attach much less importance to the former than to the latter. The General Medical Council never exercised any really strong influence upon medical education and examination, though it took credit to itself for all the improvements in medical education which the growth of public opinion forced upon the licensing bodies. It looked on while the advance in scientific thought within our profession compelled colleges to march behind the progress of medicine; but it never initiated or carried through one single material change in the existing methods of education or examination. In the absence of the new blood which the profession desires to infuse into it, the General Medical Council will, no doubt, continue placidly to look on and to gratify itself with an annual *caucus*, but it will probably do no more for better or worse, and should we fail to carry out our transfusion project, we must be content with that body as it is. We need hardly resist the Duke's Bill, because it does not give us direct representation, but his Grace's proposal in reference to conjoint examination is a different matter.

That proposal must be resisted with all the energy of the profession, for, however much we may desire reform, however anxious we may be to help the Duke's Bill through Parliament, we cannot accept medical reform on such terms as would be worse than that which we desire to amend. The exemption of the Universities from conjoint examination schemes would be fatal to every principle of equity and to the object which the Bill aims at attaining. Some of the Universities, be it said with awe, are far from being superior to the temptation of underselling colleges in curriculum examination and fees in order to catch graduates. Some of them need compulsion just as much as the corporations, and already several of them are in hot competition with those much-abused institutions for the diploma fees of students. In Ireland, for instance, a compulsory conjoint scheme from which the Queen's University would be exempted would be simply destructive to the corporations. Already that University gives for £5 a degree equivalent to that for which the College of Surgeons charges £26 5s., and, in fact, the severest competition with which Irish colleges have to deal is that of the Q.U.I. In what position then would the corporations be if forced into a one-sided conjoint examination? Being dependent for their existence solely on the fees of candidates, these bodies *must* charge a substantial diploma fee, being under the compulsion of the Medical Council they *must* exact a substantial curriculum, and submit their candidates to a substantial examination. The Universities, on the other hand, if exempted, being independent of pecuniary considerations, may give their degrees for anything or nothing, may require what curriculum they please, and hold examinations agreeable to their own interests. No material benefit would accrue to the public from such an arrangement, for the diploma market, which is now divided between the nineteen licensing bodies, would still continue to extend amongst these conjoint boards and eleven Universities. We trust his Grace will think better of such a proposal.

Literature.

LECTURES ON SURGICAL PATHOLOGY AND THERAPEUTICS. (a)

Some eight months ago we noticed the first volume of this work, in which we found the various subjects treated were delivered in twenty-three lectures. These, again, were divided into twelve chapters—423 pages in all—and were illustrated with something over seventy woodcuts.

The second volume is now before us, and we find that a somewhat similar style is adopted, the subjects treated being delivered in about twenty-seven lectures, which are again divided into ten chapters, with copious appendices on chapters xvi. and xvii. treating on some affections of the bones and joints.

We also find the volume is illustrated here and there with upwards of a hundred woodcuts, which, on the whole, are good, and depict fairly the pathological appearances aimed at.

At page 218 we notice a woodcut representing a woman suffering from a very aggravated form of osteomalacia (after Morand). This same cut we remember having seen in Miller's Surgery as illustrative of the case of Madame Supiot.

At page 322 cirsoid aneurism of the scalp is well and faithfully represented.

In taking a general *résumé* of the work the reader might be inclined to think from the title that the remarks would be entirely confined to pathological and therapeutical research, which, no doubt, was the primary aim of the author, but it will be found that occasionally the line of demarcation between the surgery and the surgical pathology of the question is not so distinct, and, therefore, the author gives a very full explanation of the operative procedures and various lines of treatment recommended in certain surgical affections. We rather approve of this plan, as it may help to modify the general dryness and what we might call stiff and hard-to-be-remembered matter apparent in works on pure pathology. We are glad to find the same care bestowed on this volume which we drew attention to in the first part of the work, and we give the translator every credit for the efficient manner in which he has accomplished his task.

The first chapter of the present volume is taken up with the consideration of the Traumatic and Inflammatory Complications which may accidentally befall wounds. Then the affec-

(a) "Lectures on Surgical Pathology and Therapeutics." A Handbook for Students and Practitioners. By Dr. Theodor Billroth, Professor of Surgery in the University of Vienna. Translated from the Eighth Edition, Vol. II. Published by the New Sydenham Society. 1878.

tions which may supervene upon wounds and inflammation nests are fully and carefully considered.

Chapter xiv. opens with the consideration of Chronic Inflammation, especially of the soft parts.

At page 130 the chapter on Ulcers will be found, and we approve of much that has been said on this subject, particularly as regards some modes of treatment, for in speaking of skin-grafting Billroth says, "Transplantations of epidermis on Reverdius' plan are made with advantage for accelerating the healing process, but it unfortunately often happens that these transplanted portions of skin, after they have healed well, and the whole ulcer cicatrised again, perish, and so the greater part of the advantage, gained with difficulty, is lost anew."

The pathology of bone and joint disease is well given, and at page 244, when talking of the relative advantages that follow resection of the elbow and knee joint, he says—"In the case of the former the resection of this joint (the elbow) is not more dangerous than amputation of the upper arm. After resection we generally have, in favourable cases, a tolerably useful joint after spontaneous healing; almost always anchylosis." Furthermore, he says—"Very different is the state of things as regards the *knee-joint*. The resection of that joint is a more dangerous operation than the resection of joints hitherto mentioned, and about equals, in that respect, the deep amputation of the thigh. After resection of the knee-joint, all we hope to attain is anchylosis, which also results from spontaneous healing of the joint. This operation, therefore, since it does not effect more with a considerable amount of danger than what may also be effected by non-operative surgical treatment, if the process comes to a standstill, must only be undertaken when necessary for the saving of life. Hitherto I have but seldom determined upon the operation on account of caries of the knee-joint, whether amputation or resection. Only when every kind of treatment has remained useless for years, and the patient has become emaciated, and suffers greatly, can there be any question of amputation, or in the case of old people, in whom the cure of highly-developed caries of the knee-joint is improbable. A resection can only be performed with success in young subjects with a good constitution; it is generally only a means of accelerating the healing process in cases in which the chances are comparatively good." Further on Billroth says—"Other surgeons hold very different views on this subject, and in England, especially, resection of the knee-joint is thought so highly of that the operation is performed very frequently there, and in early stages of the disease, many German surgeons will, I believe, agree with me on this point. Others occupy a middle position, and judge more favourably of resection of the knee-joint after a few such operations have proved successful." Our views on this subject are in such strict accordance with Billroth's that we may be pardoned for giving his observations *in extenso*, for we have frequently seen young impetuous operators use the knife where, most probably, Nature and patience would have effected a far better result.

Chapter xix. opens with the consideration of Congenital Deformities of the joints, and the subject of distortions generally, this chapter being divided into four sections. At page 300, on the subject of the Essential Paralysis of Children, we think Billroth too brief in his remarks, considering the importance of the subject.

The chapter on Varices and Aneurisms is good, and we notice that Billroth appears to be conscious of the labour of the many surgeons who have devoted attention to this subject. He also gives a list of authors referred to at the end of the work.

On page 339 the very important subject of Tumours commences, and Billroth seems to be aware of the difficulty that sometimes occurs in arriving at a correct diagnosis. This chapter, we would say, was the most replete in the work. Every variety, appearance, manner of growth, is given with great exactness of detail. In his concluding remarks he says, "I cannot wonder if all I have told you about tumours is at present somewhat perplexing to you; it may possibly console you to know that I was not less perplexed when I was in your present position. Nothing but a longer study of the subject, and practice in diagnosing the various varieties of tumours which this *Clinic* affords has made it possible to speak with any degree of certainty on this difficult subject. . . . . I can only advise you, after every time you see a patient in the wards with a tumour, to go home and read up the case, and to compare the individual case with the general characteristics of tumours which I have pointed out to you. After having done this for some time, and after having examined under the eyes of your teachers into the pathological histology of all the tumours you meet with, you will soon get a clear view of the subject, and the various peculiarities of each will then become fixed in your memories."

Chapter xxii. treats on the subject of Amputation, Exarticulation, and Resection. By his remarks Billroth proves himself to be a sound practical operator, and a firm believer in the true principles of conservative surgery.

At page 507 he says—"In the performance of amputation and exarticulation it is, above all things, important (1) to perform the operation with as little loss of blood as possible; (2) to arrest the hæmorrhage so completely that there shall be no fear of secondary hæmorrhage; and (3) to cover the bony stump so thoroughly with soft parts that the latter may easily and completely heal and unite over it."

We have now fairly mentioned all the advantages of the work. It is, however, not without a few defects, which must necessarily exist, considering the vast amount of matter it takes the reader over. In the case of Hydrophobia, Tetanus, Glanders, the pathology of these important subjects is given in a very brief and contracted manner. Very much more, we think, might be said, considering our present information, about those diseases as regards the pathology and treatment during life.

In conclusion, we strongly recommend the work to the consideration of those requiring a clear insight into the subject of Surgical Pathology and Therapeutics.

LITERARY NOTES AND GOSSIP.

We hear that Dr. Milner Fothergill, whose excellent course of lectures on the heart have recently appeared in these columns, has a second edition of his work, "The Heart and its Diseases," in the press.

* * *

Professor Witkowski's *Anatomie Inconoclastique* is said to have met with such encouraging success in this country as a French work, that the publishers have determined upon issuing an English edition forthwith. Dr. R. Hunter Semple, author of "A Manual of Diseases of the Heart," &c., is engaged upon the translation.

* * *

Mr. Wm. Gilbert will contribute an article in the forthcoming number of the *Contemporary Review*, "On the Past and Present State of the Medical Profession."

* * *

The late Mr. Alfred Smee, F.R.S., surgeon to the Bank of England, was known to have some literary works in hand at the time of his sudden death. These are shortly to be brought to light in a biography of the deceased surgeon, with a collection of his miscellaneous writings on scientific and social subjects.

* * *

A chapter on the "hygienic influence of plants in rooms" will be included in the forthcoming "illustrated edition" of Mr. Francis George Heath's "Fern Paradise—a Plea for the Culture of Ferns."

* * *

Dr. Berkart, whose excellent papers "on Asthma" have been appearing in these columns during the past two or three weeks, has published a demy 8vo work of 264 pages on the same subject during the past few days. Mr. Reginald Harrison, surgeon to the Liverpool Royal Infirmary, has also published a work of about the same size, with copious illustrations, "On Stricture of the Urethra." We reserve our criticisms on these works for the present.

* * *

The fifteenth anniversary festival in aid of the Press Fund on Saturday evening was a great success. So great a number of literary celebrities has not often been brought together, and Lord Salisbury greatly distinguished himself in the chair by his urbanity and tact in a trying office before such company. He was well supported by the humorous *apropos* speech of Count Beust, the Austrian Ambassador; the sensible remarks of the Prince Imperial of France, and other speakers. Dr. Richardson, as representative of the literature in the medical profession, was present, and proposed the health of the artists who had given their services to heighten the enjoyment of a very pleasant and instructive evening.

Correspondence.

PERMISSIVE SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above head, I read in your columns a few weeks since, a letter showing the necessity of further ventilation of the above subject, with the view of establishing a more uniform and liberal estimate on the part of boards of guardians of the services of their worn-out medical officers.

It it to be feared in the present state of the finances of the country, with steadily increasing taxation, any considerable change in a compulsory direction is hardly to be expected.

In the interests, however, of the sick poor, whose requirements ought not to be overlooked, and at the same time in justice to one or two classes of the poor-law medical officers, I am of opinion the authorities might be induced to action; viz., *first*, where a medical officer has from arduous duties and long services, say twenty years, and sixty years of age, or nearly so, and whose health, mental or bodily, does not admit the due discharge of the duties devolving on him, that he shall be submitted to a careful examination by a medical board (nominated by the Local Government Board), consisting of three or four medical men of standing in their profession, presided over by the medical commissioner, this board to meet once a quarter to hear and decide on such cases as may be presented; their decision to be a guide to action on the part of the Local Government Board. Secondly, that numerically small class of medical officers who have been twenty-five years in office, and attained the age of seventy years, they shall be declared physically incapable of discharging their duties, and be called on to resign their appointments; that those two classes when disqualified, should receive two-thirds of their present emoluments, one-half thereof to be paid out of the union rates, the other half out of the Consolidated funds, or from a source which without prejudice to any interests might be made available to this small extent, viz., the surplus funds of the disestablished Irish Church.

I should observe, that notwithstanding the hard knocks given occasionally to dispensary committees and boards of guardians, for their want of consideration for medical officers, cases occasionally arise in which, from motives of kindness towards those gentlemen, an amount of clemency is awarded them in their old age and infirmity, at the expense in the way of suffering to the sick poor. A short Act of Parliament embodying those views might get due consideration even at the present time.

I am, &c.,

A POOR-LAW MEDICAL OFFICER.

May 6, 1878.

NAVAL MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Seeing that the Medical Department of the Navy are making a spasmodic effort to fill up the blanks in the list of surgeons—blanks caused by the ill-treatment of the Service at the hands of the naval authorities—I beg leave to recommend those gentlemen who may be induced to trust the known *mali fides* at the head of affairs, first to learn all the duties of a naval footman or valet, so as to be able to dance attendance on the executive officers generally, the captain particularly, as in no other way will he have a chance of success, or even of a comfortable existence. As far as the regulations are concerned, they are all very well to read, and look nice, but I do not believe the surgeon need fear that they will in any way be used in his favour, should doing so clash with the humour or convenience of even a sub-lieutenant.

A class-fellow of my own some ten years ago presented himself for examination at Burlington House, passed, getting first place for his pains. The regulation stated that the gentleman who passed so should get his promotion in five years. My friend did not, and in disgust threw up the whole concern. Such Russianisms as these are not calculated to make the Service agreeable to men of spirit or culture, to say nothing about professional ability.

I am, &c.,

A CIVILIAN.

THE INFLUENCE OF GREEN TEA AS AN ANTIDOTE TO POISONING BY OPIUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Tufnell was kind enough to forward me a copy of your journal of the 3rd inst., containing a report of the discussion which took place before the Surgical Society of Ireland on a short paper read for me by Mr. Tufnell, setting forth the valuable effect of tea or theine as an antidote to poisoning by opium.

I do not think Dr. Kennedy's criticism altogether fair. He sets out by expressing a doubt as to the accuracy of my statement as to the quantity of opium taken; but I not only had the evidence of the servants, who knew what was in the phial when the lady commenced taking the drug, and what was in it when she was seized with a convulsion, but I had also the evidence of the lady herself after her recovery, who assured me she had taken two teaspoonfuls of Battley every half hour, from 4 o'clock p.m. to 11 o'clock p.m. the same evening. This would give us the exact quantity swallowed, say twenty-eight drachms, or three ounces and a half. *Here then is a fact.* Again, Dr. Kennedy says neither an emetic nor the stomach pump were used to clean out the stomach. What emetic, I would ask, would be likely to have acted on a stomach in the paralysed condition we may reasonably suppose this one was, which had been acted upon for seven hours by the large quantity of opium above mentioned? Besides, what probable benefit would have been obtained by an emetic when a very large portion of the drug taken must have been already absorbed, and was now doing its deadly work? With regard to the stomach pump, I would remark that when I saw my patient I thought she was dying; the cold extremities, the contracted pupils, the drawn and hippocratic face, the absence of all pulse, and the very slow respiration, all indicated this event as imminent. There was no time to be lost, and as a *pis aller* I administered the tea by enema. I had no pump at hand, and it would have taken too long to send to a distance for one; besides which, I believe, in her extremely low condition, the introduction of the tube would have extinguished the flame of life now flickering so feebly in the socket.

Dr. Kennedy next takes exception to the rapid recovery in the case reported, and says, "it had been his lot to see several cases of poisoning by opium, and even when they *did* recover, the recovery occupied a very much longer time than that recorded in the case now under notice." I thank Dr. Kennedy for this admission, for in it he offers the highest possible testimony to the efficacy of tea in these cases, as I presume he treated his own cases in the ordinary way.

I have said nothing against belladonna, or other antidotes to opium. I have advanced no theory. I have merely used the remedy which was first suggested to my mind by reading a clinical lecture given by your late eminent and lamented townsman, Dr. Graves, in which he recommends tea as an expergefacient in the coma of typhus; and having used the same remedy largely in poisoning by alcohol, and in other morbid affections of the blood, with wonderful effect, I feel I should be wanting in my duty not to make my experience known to the profession, even at the risk of "mystifying" some of my professional brethren on the other side of the water.

My thanks are due to Drs. E. H. Bennett and Bigger for their friendly remarks with reference to the case of poisoning by opium mentioned by the latter gentleman, which recovered after a large use of coffee—which also contains theine. I take it, the recovery would have been more rapid had the remedy been given by enema, as I believe that in all these cases of poisoning by opium the stomach is not in a fit condition to absorb the remedy at all, and certainly not so rapidly as the rectum.

By inserting this communication in an early number of your valuable journal, you will very much oblige,

Yours faithfully,

JAMES A. SEWELL, M.D.

Quebec, April 25.

THE PURIFICATION OF WATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read in your paper of the 1st inst. an annotation on the purification of water, referring to a lecture by Prof. Bischoff, in which you describe him as inventor of the most perfect filter extant, I venture to suggest that this is only the Professor's *own idea*. Had you been present at the meeting at the Society of Arts you would have heard a very different opinion expressed, amongst others by Mr. Spencer, who has devoted a long life to the purification of water through various preparations of iron. If Prof. Bischoff were content only to blow his own trumpet no one could complain, but he must needs abuse animal charcoal, knowing that unless he can create a scare in the use of that material his spongy iron would soon go the way of all similar preparations for water-purifying processes. Now, as regards his statement that for filtering Thames water you must change the animal charcoal every three months, I have no hesitation in saying it is a gross misstatement, because in alluding to Thames water he does not mean water actually taken from the river, but as supplied by those companies who derive their supply thence, and we have found, after an experience of fourteen years, that filters filled with properly prepared animal charcoal will last on an average two years, and, in confirmation of this, I need only refer to Prof. Bischoff's great supporter, viz., Professor Frankland, who, in a series of reports to the Registrar-General, extending from 1856 to 1870, gives the results of his experiments with animal charcoal, and as animal charcoal has not changed its constituents since that date, one is at a loss to understand how what was looked upon as perfect then should so wonderfully have changed its character on the advent of spongy iron. The profession and the public may also not be aware that animal charcoal is at least three times more expensive than any preparation of iron; hence, as this very spongy iron was submitted to us (as also have numerous other preparations been) with the view of our adopting it, I need scarcely say that had we found it a suitable material for water filtration we would gladly have adopted it, if only as a matter of economy, although at the same time if even a more costly material than animal charcoal were presented to our notice it would equally receive our attention, our endeavour being to produce the best method of filtration, regardless of expense. Hitherto, we have found nothing superior to that material, and as regards all these iron preparations, the merest tyro in chemistry can easily ascertain that they render the water passing through them unfit for all ordinary dietetic purposes by their imparting to it a chalybeate character, which, however beneficial under medical advice, is certainly not otherwise to be made an article of universal consumption, especially for infants and young children.

I remain, Sir, your obedient servant,

R. RUDING,
Secretary, London and General Water Purifying Company, Limited.

THE ANNUAL MEETING OF THE IRISH MEDICAL ASSOCIATION.

THE yearly assembly of the Association will take place on Monday, the 3rd of June, and the programme of the subjects to be discussed at it is of unusual interest and importance. The report of the Council will in itself present the members with matter for consideration in connection with almost every detail of special interest to the profession in Ireland at this moment. The labours of the Council on behalf of the profession, and especially on behalf of Irish poor-law medical officers, have been untiring and comprehensive, and it will be a matter of personal interest to every member of the Association to hear what has been done during the past year. Dr. Robert MacDonnell, the outgoing President of the Royal College of Surgeons, will be recommended by the Council to occupy the Presidential Chair of the Association.

The members will, as is usual, meet at breakfast at the Shelburne Hotel, and will proceed to transaction of business, at 12 o'clock, at the College of Surgeons. The Royal Medical Benevolent Fund Society will meet at the College of Physicians at 4 o'clock, and the annual dinner of the Association will be held at the College of Surgeons at 7 p.m. We trust that the provincial members of the Association will, even at some inconvenience, arrange to be present at the meeting. The Council has all the right which good service gives it, to expect the presence and encouragement of the members, and nothing would so greatly dishearten them in their efforts as a meagrely attended Annual Congress.

THE APPROACHING ELECTION OF COUNCIL AT THE IRISH COLLEGE OF SURGEONS.

THE last Monday in May, and the first Monday in June would be red-letter dates in the College Calendar (if it had one), and their approach is the cause of some interest in medical circles in Dublin. On the 27th of May the Fellows of the College will meet to receive the Annual Report of Council, and it is not improbable at the present critical period of medico-educational affairs, that some animated discussion may take place. At the meeting of the College on the 3rd of June, the Council and officers will be elected. In consequence of the transference of Dr. Wheeler to the Court of Examiners, and the resignation of Mr. Butcher, two new Councillors must necessarily be chosen. For the honour of a seat on the Council, Mr. Croly, Senior Surgeon to the City of Dublin Hospital; Dr. Jacob; Dr. Thornley Stoker, of the Richmond Hospital; Dr. Roe, and Dr. Madden are already declared candidates. Mr. Smyly will be the new President, and the Vice-chair will, in all probability, be occupied by Dr. Mapother, Professor of Physiology in the College.

The Hospital for Sick Children.—The twenty-sixth annual meeting of the governors of this hospital in Great Ormond Street, London, was held on Thursday last, Lord Kinnaird in the chair. The annual report and treasurer's accounts were submitted and adopted by the meeting. The hospital contains 104 beds in the five larger wards, besides 16 beds in the isolated wing, and 8 beds in smaller separate wards. The total number of children admitted to the hospital last year was 927, a larger number than in any previous year; the out-patients admitted were 9,800; the number of children sent to the Convalescent Hospital, Highgate, where 52 beds are provided, was 396. From various causes the income of the hospital had suffered diminution, the amount received being £9,634, while the expenditure amounted to £9,994, leaving a deficit of more than £300. The amount paid on account of the new building was £4,700, which entirely absorbed the building fund, and left a considerable amount to be raised to meet the outstanding account. The committee desired to correct the erroneous impression that the hospital is a wealthy institution; they drew attention to the balance-sheet to show that this is not so, and that the want of funds compels them to keep some of the rooms empty, and may lead to the reducing of the present number of inmates.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE INNER LIFE AND ECONOMY OF A LOCK HOSPITAL IN INDIA.

WE have much pleasure in announcing a short series of papers on this—at the present time—interesting subject from the pen of Surgeon-Major W. Curran, of the Army Medical Department, who has been in India for the past seventeen years, and is now in medical charge of the Government Lock Hospital at Sitapur. We hope to commence these papers the first week in June, and beside the interest which would naturally attach to a peep into the interior of a hospital in that distant portion of the British Empire, many interesting facts will be brought to light on the subject of the Contagious Diseases Act, about which our columns have, from time to time, been the medium of discussion.

MR. S. MESSENGER BRADLEY'S clinical lecture "On Contractures" will appear in an early number.

DR. H. M. HAMBLIN, Lima, Illinois, is thanked for his kind offices.

DR. WOAKES will lecture "On Throat and Ear Complications" at the Hospital for Diseases of the Throat to-day and the two following Wednesdays. Members of the profession and medical students admitted free.

THE MORGAN ANNUITY FUND.—Notice is given in our advertising columns of a proposal to be submitted at the annual meeting of the Royal Medical Benevolent College on the 30th, to make an additional bye-law relative to this Fund, to which the attention of subscribers is directed.

DR. BOURNEVILLE, Paris.—The work of Monsieur Duret has not yet come to hand.

"PROFESSIONAL ADVERTISING."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I quite disapprove of the notices of lectures to medical students appearing in the daily newspapers. For the notices of my own Introductory *Address* (which was presided over by Wm. MacEwen, Esq.) that appeared in these newspapers on the 10th inst. I am not at all reponsible, nor did I in any way influence or "inspire" the writers of them.

Yours truly,

JAS. PATTERSON CASSELLS, M.D.

[*** We are glad to receive this disavowal from Dr. Cassells as it confirms the opinion we expressed in our last issue, that we did not believe he had any knowledge of the circumstance, or would sanction the reproduction in a lay newspaper of his lectures to medical students. —ED. M. P. & C.]

ACTION FOR SLANDER BY A PHYSICIAN.—A physician in Canada recently brought an action for slander against a chemist, obtaining damages and costs. The libel consisted in the chemist openly stating that a patient of the doctor's would not have died but for improper treatment. An apology and retractation was asked and refused, and an action ensued with the before-mentioned result. It would serve a useful lesson if slanderous tongues about members of the profession in this country were taught that they could not injure a man's reputation with impunity.

QUEKETT MICROSCOPICAL CLUB.—On Friday, at 8 p.m., Mr. B. Thompson Lowne, "On the Structure of the Eyes of Insects."

CLINICAL SOCIETY OF LONDON.—On Friday, at 8½ p.m., the President (for Dr. Day): "Sequel of a Case of Chylous Discharge from the Leg." Dr. Farquharson, "On a Case of Quinine Rash." Mr. Cripps, "On a Case of Gastrotomy for Intestinal Obstruction." Dr. Murchison, "Incubation Period of Scarlet Fever and of some other Diseases." Mr. Bryant, "Sudden Death following Tapping of and Hydatid of the Liver." Mr. Brown, "Sequel of a Case of Cancer of the Tongue."

A MEDICAL OPINION.—An American medical contemporary gives the following as a true copy of a written opinion given by one who has an extensive practice: "Mr. ——, you have a lamnis of the Lung, turbit Lever, sower Stomak, and muskle affection of the Left Arm and right Hipp. I will help you conserable, but it is not a perfect cure for you.

DR. O. F.—Such conduct on the part of a costermonger would be highly reprehensible, still more so on the part of a medical man. It is not, however, of such a nature as would justify its exposition in our columns. 'Tis sufficiently painful to read in the police news of a penny newspaper.

M.D.—"Murchison on the Liver."

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Pitman, Washington, United States. Mr. Barnard Holt, London. Dr. Bournville, Paris. Dr. Macrae, Westbourne Park. Dr. English, New Brunswick, Nova Scotia. Mr. Douglas Hemming, Notting Hill. Dr. Dobell, London. Mr. Lambert Ormsby, Dublin. Dr. Cadieu, Paris. Dr. Meadows, London. Mr. Harrison, London. Mr. Wyatt-Edgell, London. Dr. Thompson, Omagh. Dr. Martin, Portlaw. Dr. Stretch Dowse, Hornsey. Dr. Milner Fothergill, London. Mr. O'Grady, Dublin. Dr. Williams, Liverpool. Dr. Dolan, Halifax. The Registrar-General. Mr. C. J. Harris, Kilburn. Mr. Thompson, London. Mr. Copland, Hastings. Mr. Hayward, East London Hospital. Mr. Blackett, Society for Relief of Widows of Medical Men. Dr. Bantock, London. Dr. Griffith, Pimlico. Dr. Bottentint, Paris. Dr. Phelan, Rock Ferry. Mr. Bateman, London. Mr. Ignatius Wilkins, Wadebridge. Mr. Hughes, Chairman Hospital Saturday Fund. Mr. Drake, London. Dr. Donwath, Bodyke. Dr. Thetford, Strangford. Dr. Mayberry, Riversdale. Dr. Nolan, Castleisland. Dr. Maloay, Tulla. Dr. Metge, Inch. Dr. Metge, Banbridge. Dr. Keatinge, Callan. Dr. Heas, Clonakilty. Dr. Mahon, Easkey. Dr. Christie, Carrigart. Dr. Mason, Dublin. Dr. Cranny, Dublin. Dr. Forsyth, Articlare. The Guardians of Ballyshannon Union. Dr. Tilt, London. Mr. Byrne, London. Mr. Campbell, Manchester. Mr. Bingley, Northampton. Mr. A. J. Pepper, St. Mary's Hospital. Dr. Macan, Dublin. Dr. Berkart, London. Prof. Guyon, Paris. Dr. Routh, London. Dr. Durand, Paris. Dr. Whittingham, Tuxford, Notts. Mr. Tyler, London. Mr. Pollard, Edinburgh. Mr. Ashton Warner, East London Hospital. Dr. Wykoff, Buffalo, America. Mr. Cooper, Notting Hill. Dr. F. J. Farre, London. Dr. Little, London. Mr. Wm. Adams, London. Mr F. G. Heath, Hackney. Mr. Davies, Neath, Glamorganshire. Mr. E. Marlett Boddy, Ramsgate. Dr. B. Wills Richardson, Dublin. Mr. Copeland, London. Dr. Hunter, New York. Dr. Scudder, New York. Dr. Wood Wilmington. Dr. Yandell, Louisville. Dr. Sewell, Quebec. Mr. G. C. Coles, London. Dr. Carpenter, Croydon. Dr. Wrigley Grimshaw, Dublin. Mr. Macnamara, Carofin. Dr. Leishman, Glasgow. Dr. Bramwell, Perth. Prof. Tichborne, Dublin. Dr. Newstead, London Hospital. Mr. Messenger Bradley, Manchester. Dr. W. T. Moore, Letterkenny. Dr. Hamblin, Lima, Illinois. Mr. Reginald Harrison, Liverpool. Mr. Wood, New York. Mr. George Brown, Islington. Dr. Hamilton, Achill. Surgeon-Major Curran, Sitapur, India. Surgeon-General Woodworth, Washington, United States, &c., &c.

VACANCIES.

Ayr Hospital.—House Surgeon. Salary, £50, with board. Applications, with testimonials, &c., to the Town Chamberlain, Ayr, N.B.

Brighton Hospital for Sick Children.—House Surgeon. Salary commencing at £50, with board. Applications, with testimonials, to the Chairman.

North Dublin Union, Rathfaraham and Whitechurch Dispensary.—Medical Officer. Salary, £125. Election, June 3.

Northampton County Lunatic Asylum.—Medical Superintendent. Salary, £500, with residence, &c. Applications before the 27th inst. to the Clerk of the Peace, County Hall, Northampton.

Wrexham Infirmary.—House Surgeon. Salary, £100. Applications to J. Oswell Bury, Temple Row, Wrexham.

APPOINTMENTS.

APPLEYARD, J., M.B., F.R.C.S.E., an Assistant Surgeon to the Eye and Ear Hospital, Bradford, Yorkshire.

BEVERLEY, W. H., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Worksop Dispensary.

DRUMMOND, D., M.D., a Physician to the Newcastle-upon-Tyne Infirmary.

FORBES, D., M.B., House Surgeon to the Bootle Hospital.

GRAHAM, C. R., M.R.C.S.E., Junior House Surgeon to the Royal Berkshire Hospital, Reading.

HUME, G. H., M.D., L.R.C.S.Ed., a Surgeon to the Newcastle-upon-Tyne Infirmary.

JOHNSTON, R. C., M.B., C.M., a House Surgeon to the Edinburgh Royal Maternity Hospital.

MACKAY, W. B., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Glencullen Division of the Dundrum and Glencullen Dispensary District, Rathdown Union.

MARSH, W. J., M.R.C.S.E., House Surgeon to the Royal Cornwall Infirmary, Truro.

O'CONNOR, P., M.D., C.M., an Assistant House Surgeon to the South Dispensary, Liverpool.

SAUL, W. W., M.D., Hon. Medical Officer to the Lancaster Infirmary.

TURNER, R. S., M.D., L.R.C.S.Ed., Medical Officer for the Parish of Keith, Banffshire.

Births.

DALY.—May 13, at Kingston Bagpuize, Abingdon, the wife of J. H. Daly, L.R.C.S.I., L.R.C.P. Lond., of a daughter.

JARDINE.—May 12th, at Stanwix, Lancashire, the wife of Major Jardine, M.D., A.M.D., of a son.

ROWLAND.—May 18, at Gloucester House, Malvern Wells, the wife of H. Mortimer Rowland, M.D., of a son.

Marriages.

BUCKELL—GRIFFIN.—May 15, at Ledbury Parish Church, Dr. J. William Buckell, of Ledbury, to Dora, second daughter, of William Griffin, Surgeon, of Ledbury.

SHAPLEY—OVERELL.—May 16th, at the Parish Church, Leamington, H. T. Shapley, M.B., M.R.C.S., to Eugenie Eliza, daughter of William Overell, Solicitor, of Leamington.

Deaths.

BERNARD.—On the 6th May, at Clifton, James Fogo Bernard, M.D., aged 71.

BYRNE.—On April 18th, at Kilsallaghan, co. Dublin, William Charles Byrne, L.R.C.S.I., aged 68.

COXE.—On May 9th, at Folkestone, Sir James Coxe, M.D., a Commissioner in Lunacy for Scotland, aged 67.

ELKINGTON.—On May 16th, at Alcombe, Somersetshire, Francis Elkington, M.D., late of Birmingham, aged 77.

LESLIE.—On May 5th, at Hampstead, William Alexander Leslie, M.R.C.S.E., Surgeon-Major, Madras Army, aged 58.

MCCOWAN.—On May 7th, at Paisley, Robert Thomas McCowan, M.D.

MEADOWS.—On May 8th, at Victoria Street, Westminster, Henry Mello Mollerus Meadows, L.R.C.P.Ed., aged 70.

SANDYS.—May 15th, at Eversholt House, Bedford, Samuel Sandys, M.R.C.S., late of Kentish Town, London, aged 67.

WHITE.—On May 2nd, at Park Road, Southport, William White, M.D., aged 71.

IRISH POOR-LAW INTELLIGENCE.

VISITING PHYSICIANS TO IRISH DISTRICT ASYLUMS.

THE following very important letter has been addressed by the Council of the Irish Medical Association to the Chairman of the Irish Lunacy and Poor-law Inquiry Commission. It deals, as our readers will observe, with a subject to which we have very frequently called attention, and its facts and arguments are, in all respects, worthy of attention.

Irish Medical Association,
Royal College of Surgeons in Ireland.

To the Chairman of the Poor-law
and Lunacy Inquiry Commission.

SIR,—The Council of the Irish Medical Association has learned that your Commission has instituted inquiries whether—

"With a view to efficient administration in the asylum, and to affording protection against improper treatment or detention of inmates, the present system of visiting and inspection can be improved, or any change or modification in the existing rules can be made with advantage,"

And it is understood that, in response to this inquiry, it has been suggested to your Commission that an Assistant to the Resident Medical Superintendent should be appointed in all asylums, and that the duties of Visiting Physicians should be more accurately defined than they are under the existing rules. The questions respecting the duties, powers, and responsibilities of Visiting Physicians which are raised by this inquiry, are, in the opinion of this Council, of great import to the efficiency of the lunacy system in Ireland, especially considering how vitally essential it is to maintain in full force an independent and extraneous supervision of asylums; the Council therefore feels it necessary to call the attention of your Commission to the effect of past legislation in weakening that control from without which it was the object of former regulations to preserve.

The Commissioners are, no doubt, aware that under the first code of rules for the management of asylums, promulgated in 1843, the Manager was not necessarily a medical practitioner. In 1862 it was made essential that he should be a fully-qualified medical man, and he was entitled Resident Medical Superintendent. In 1870 the rules for management of asylums were revised, and again in 1874. The Council begs to direct the attention of the Commission to the alterations of phraseology of the rules at these periods, and desires to point out that the tendency, if not the purpose, of those alterations, and of the methods of asylum administration founded thereupon, has been steadily and surely to divest the Visiting Physician and the Board of Governors of that controlling and supervising power which they had previously possessed, and to concentrate in the Resident Medical Superintendent the highest and largest authority, for the exercise of which he is, practically, responsible only to the central department at Dublin Castle.

In illustration of this statement the Council begs to refer to the consecutive alterations of rule.

Firstly, as regards the duties and authority of the Visiting Physician.

a. His Title.—By Rules of 1843 he was entitled "The Physician." By those of 1862, "The Consulting and Visiting Physician," his functions being thus—by inference—restricted to occasions when he is "consulted," or asked his opinion.

b. Times of Visiting.—By 1843 Rule (42) he was to visit not later than two o'clock. To "frequently go round the asylum so as to see the state and condition of every inmate (Rule 47). To attend the board and afford advice to the Governors, and to report regularly to them" (Rule 51). And lastly, "to visit the institution whenever he thinks proper, and his additional and irregular visits should be encouraged."

By 1862 Rules he may visit *only* within three hours out of the twenty-four. He must *not* go round the house except after communicating with the Resident Medical Superintendent, in company with whom he shall visit all labouring under bodily disease (Rule 32). He is *not* empowered to attend the board. He is *not* authorised to report to them, and he is *not* entitled to visit the asylum at any time outside his regular hour, except when called upon by the Resident Medical Superintendent.

c. His Professional Functions.—By 1843 Rules he was to "*prescribe* for all such patients, servants, and officers as may require assistance."

By 1862 Rules he was to "visit *all* patients labouring under *bodily* disease, whose course of treatment he shall direct (Rule 32), the Resident Medical Superintendent being at the same time "entrusted with the *moral and general* medical treatment" (Rule 19). The Visiting Physician was also to be consulted "in complicated or difficult cases of *mental* disease, or any case requiring particular treatment."

By 1870 Rules he is no longer authorised to "*direct* the course of treatment," even in cases of purely bodily disease (Rule 41).

It will thus be obvious to the Commissioners that by these alterations of rule, the Visiting Physician is divested of much of his authority in respect of the treatment of sick lunatics, and the Council is aware that the rules have been construed in many asylums, as precluding the Visiting Physician from taking official notice of inmates suffering from severe bodily illness unless when required by the Resident Medical Superintent to do so.

The Council submit to the consideration of the Commissioners the question whether it is desirable that the medical care of lunatics in serious, possibly fatal, disease should be confided to the Resident Medical Superinten-

dent with a purely discretionary power to seek other advice. It is deserving of consideration, in relation to this question, that the Resident Medical Superintendent is, according to the practice recently adopted, usually a gentleman who has served some time as assistant in a district asylum, to which he was probably appointed shortly after he had received his medical qualification. He has thus been promoted to the office of Resident Medical Superintendent in consequence of his acquaintance with mental diseases, yet possessing only a limited experience in the treatment of bodily disease. Even in exceptional instances, in which a physician of experience in practice may be selected for the office of Resident Superintendent, it is obvious that—his whole time being occupied by the management of a great institution, and with the mental and moral treatment of several hundreds of lunatics, it is not reasonably to be expected that he will long continue to be fully capable of treating obscure or dangerous diseases according to the most approved methods. The Council is, therefore, of opinion that the treatment of inmates suffering from bodily disease, and the management of epidemics within the institution, ought, in all cases, to be confided to the Visiting Physician, and that it should be declared to be the duty of the Resident Medical Superintendent to report such cases to the Visiting Physician on their occurrence.

Of far higher public importance, however, is the hindrance which the alterations of rule referred to above interpose against the supervision of the asylum by the only officer who is unconnected with its internal management, and against his communicating freely to the Governors such facts as may come to his knowledge, or his opinions respecting details of the management of the institution. It is hardly necessary for the Council to point out—respecting the visitation of the asylum by an officer whose duties are under the complete control of the Resident Medical Superintendent (Rule 23, 1862)—who is only permitted to visit at a stated hour—who is not allowed to see the patients except in presence of the Resident Medical Superintendent—who is not authorised to interfere in respect to their mental condition, except with permission of the Resident Medical Superintendent, and in case the patient is under restraint —who is doubtful as to his right to notice even their bodily condition unless "consulted" by the Resident Medical Superintendent—and who is not permitted to state his views to his Board of Governors either personally or by report— that such a visitation can be of little value either as a safeguard for the inmates, or as a check upon possible abuses within the asylum.

While emphatically deprecating any intention to detract from either the administrative or professional repute of the Resident Medical Superintendent of Districts Aylums in Ireland, the Council cannot hesitate to express their decided opinion that the fullest opportunity ought to be afforded for external supervision of every asylum in which lunatics are confined, and for observation of the condition and progress of its inmates by persons outside its walls, and not concerned in its administration; and that, with this purpose, the Visiting Physician — the only continuous link between the lunatic within the asylum and the world without—ought to be restored to a position of independence in the discharge of his duties; and the Council dissents from the policy of administration of a lunatic asylum by the hands of any one officer, that officer being responsible almost solely to the central department, which cannot be fully aware of the day-to-day working of the institution.

That policy has for very many years been steadily developed by the central department by means of the gradual alteration of rules to which the Council has referred, by discouraging the interference of Boards of Governors and Visiting Physicians in the management of asylums, and by passively recognising the limited responsibility of Resident Medical Superintendents to their Boards of Governors; and the Council, therefore, fearing that the total abolition of the office of visiting physician may be contemplated, and being interested for the maintenance of the public confidence in the administration of Irish lunatic asylums, feels it its duty to submit these facts and opinions to the attention of your Commission.

I am, Sir,

Yours very faithfully,

JOHN WILLIAM MOORE, M.D.,
Secretary of Council, I. M. A.

THE KILMALLOCK INSURANCE FRAUDS.

IT will be in the recollection of our readers that in the year 1874 Drs Meehan and Sheedy, of Kilmallock, were indicted for having conspired with the local agent of the New York Insurance Company to defraud that company, they having given certificates of examination and approval to persons whom they had never examined at all. They were convicted and sentenced to twelve months' imprisonment, and underwent that penalty. On their discharge from prison an application was made to the General Medical Council to replace on the Register their names, which had been removed, and the Council—believing that they had acted as they had done upon the persuasion of the local agent, and on his assurance that the examination of the persons insured had been dispensed with by the Directors of the Company, and considering that their acts, however reprehensible and imprudent, did not amount to intentional fraud—consented to reinstate them. At a recent meeting the Limerick Board of Guardians elected Dr. Meehan the visiting medical officer to the house, in room of Dr. F. W. O'Connor, resigned, and at the following board a letter was read from the Local Government Board relotive to the appointment. The Local Government Board wrote that they had before them the answers to the usual questions as to Dr. Meehan's medical and other qualifications for the office. In answer to one of those questions it is stated that Dr. Meehan was some time medical officer of Bruff Dispensary district, in the Kilmallock Union, which office he ceased to hold on July 17, 1874. It was probably the restoration of Dr. Meehan's name to the Medical Register which led to Dr. Meehan's appointment by a large majority of the guardians present at the election, but the Local Government Board do not consider this proceeding to be justifiable on that ground. It must be borne in mind that by this act of the Medical Council Dr. Meehan was merely enabled to pursue his practice as a qualified medical man, and it was for those who choose to place so much confidence in him as to seek his services as their medical adviser to use their discretion in doing so, but this is a totally different matter from the board of guardians and the Local Government Board appointing or permitting Dr. Meehan to have charge of so many hundred of patients daily, who have no voice in choosing their medical attendant, and who might most reasonably be supposed to place no confidence in Dr. Meehan. The Local Government Board must, at the same time, remind the guardians that, by the 22nd section of 6th and 7th Vic., cap. 90, no person convicted of fraud is qualified to act as a guardian of the poor, and that such an objection seems to apply with peculiar force to paid officers of high position and trust in the workhouse, and the disqualification would probably have been extended to thos officers if it had been thought likely or even possible they would be appointed. The Local Government Board, therefore, decline to approve Dr. Meehan's appointment, and request the guardians to proceed to a new election by advertisement in the usual manner.

Mr. Michael Meehan, as brother to Dr. Meehan, said he hoped the board would allow him to explain that his brother had been convicted by a packed jury, from which some of the most respectable men were excluded.

Mr. Meehan continued that his brother's conviction was to be made the subject of inquiry that night in the

House of Commons, and under the circumstances he would ask the board to defer the consideration of the Local Government Board's letter until the result was known. His brother, he repeated, was convicted by a packed jury. Why, the fact was that he (Mr. Meehan) was also convicted by the grand jury of the county of Limerick, but he was let out of it, and why? because there was no case or a particle of a case against him.

Alderman Clery thought it very arbitrary of the Local Government Board to take the action they did after Dr. Meehan's name had been reinstated on the medical registry by the Medical Council.

Lord Clarina—This is not the place to appeal about packed juries.

The following proposition was moved :—

"That the consideration of the report of the Local Government Board in the case of Dr. Meehan be postponed for one month, pending the inquiry which we understand is to be instituted into his case in the House of Commons, and that Dr. Meehan be continued in the present employment of the board of guardians until we hear the decision of that enquiry, as this board has already shown in their selection of Dr. Meehan that they believe in his ability: and we request the Local Government Board to sanction Dr. Meehan's continuation in office for one month from this date."

Lord Clarina—I feel it my duty to propose that we proceed to carry out the instructions contained in the letter from the Local Government Board. I agree with every word they have said as to their objections to the appointment, and I think they are thoroughly sound.

Ultimately a poll was taken, when the resolution was carried by a large majority, only two guardians dissenting.

WATERFORD UNION.

CONJOINT EXAMINATION.

THE Clerk said he had received the petition upon this subject from the Limerick guardians.

Mr. Conn—That only touches the profession, and the profession are very well able to take care of themselves.

Dr. Scott said it deeply concerned the poor, as at present persons were able to get diplomas from one or other of the examining bodies who were unable to treat the very simplest case of illness. Surely, it was the interest of the guardians that medical men entering their service should be qualified and able to attend the poor properly.

Mr. Bloomfield said an Act of the kind was very badly wanted in the interest of the poor. The rich can go to any doctor they chose, but the poor had no choice, and should go to the one, no matter whether he was good, bad, or indifferent, and he might be either of the two last, owing to the lowness of the standard of education of the place where he got his diploma, whereas if the prayer of the petition was granted, they would get a much better class of medical men for their dispensaries. He moved the adoption of the petition.

Ald. Redmond seconded the motion.

Captain Power opposed the motion. The more examining bodies they had the better men they would get.

The motion was then put and carried, the voting being—for, 10; against, 9.

MONAGHAN GUARDIANS.

THE PRESS AND POOR-LAW.

THE guardians of the Monaghan Union adopted recently a resolution excluding the representative of the *Advocate*—a local paper—from their meetings, on the ground that it "misrepresented" the acts of the guardians. Thereupon the proprietor appealed to the Local Government Board, who replied as follows :—

Dublin, 8th May, 1878.

The Local Government Board for Ireland acknowledge the receipt of your letter of the 2nd inst., referring to the proceedings of the Monaghan Board of Guardians of Monaghan Union, at their meeting on the 1st inst., when it appears a resolution was adopted excluding the reporters of the *People's Advocate* newspaper; and in reply the Local Government Board desire to state that it is entirely within the discretion of the guardians, whether they will admit any, and if so, what person to be present in the board-room during their meetings.

By order of the Board,

B. BANKS, Sec.

It does not seem to us at all evident that boards of guardians should be permitted any such right as the restriction of the publicity of their proceedings, or should be allowed to make admission to their meetings contingent on praise of themselves and their acts. We are satisfied that it is directly essential to the effectual administration of the Poor-law Service that the public should know all about it, and should be encouraged to criticise the acts and opinions of its administrators; and we, therefore, hold the view that if it be, as stated by the Local Government Board, "entirely within the discretion of the guardians whether they will admit any, and if so, what person to be present," the sooner the guardians are deprived of the exercise of such discretion the better for the taxpayers and the pauper population. It is fortunate, however, that no attempt of guardians to muzzle the press can ever produce any considerable effect in furtherance of that object and must usually have the result of increasing the severity of newspaper criticism. It can hardly be expected by the Monaghan guardians that the editor of the *Advocate* will find any difficulty in ascertaining with minuteness all that goes on in their board-room, or that their attempt to intimidate him will cause him to refrain from expressing the views of his journal upon their conduct. If the proprietor of a newspaper outsteps the proper limits of criticism those aggrieved have their remedy at law (and a much more ready remedy than that afforded in other suits); but they need not hope that they can make editors obsequious or subservient by any such means as those which the Monaghan guardians have used.

THE ABBEYLEIX GUARDIANS.

THE APOTHECARYSHIP.

THE following correspondence was read :—

"Local Government Board, Dublin,
11th May, 1878.

"SIR,—With reference to a minute of the board of guardians of Abbeyleix Union of the 30th ult., relating to the appointment of Dr. Stoney to perform the duties of apothecary to the workhouse, I am directed by the Local Government Board for Ireland to forward herewith for the information and consideration of the guardians, a copy of a letter which they have received from Mr. Thomas Fleming, P.L.G., on the subject. I am at the same time to state that the Local Government Board are not aware that any authority exists which would entitle a medical gentleman to compound the prescriptions of another practitioner, except he was a licensed apothecary, or a pharmaceutical chemist.

"By order,

"B. BANKS."

The Chairman asked the clerk if they were to consider the appointment vacant by the letter that had been read from the Local Government Board.

Clerk—I think so.

Mr. Talbot—On this day fortnight there was a letter read from the Local Government Board suggesting that

Dr. Swan should compound the medicines, as is done in all the unions about. It would be a great saving of expense to the union, and I am now going to propose a resolution which I trust will meet the guardians' acceptance, namely: "That Dr. Swan, medical officer of this house, be requested to continue to compound the medicines used for the patients in the infirmary and hospital, as is done in other unions in this neighbourhood of a similar size, and that the additional payment for same be left to the Local Government Board."

Mr. Caldbeck would rather give £50 a year to support an apothecary in the town than a lesser sum to a doctor.

Clerk—You cannot appoint Mrs. M'Loughlin. You must give the appointment to her assistant if you give it to any.

Mr. Leech anticipated great difficulties from such an arrangement.

Mr. Foster—The neighbourhood is crying out for an apothecary as usual, and as we are about to pay a salary we may as well advertise. I move that we advertise for an apothecary.

Mr. Owen explained that the object in view in Dr. Stoney's appointment was to do away with the office of apothecary, so that when a vacancy would eventually occur in the house, they would be in a position to appoint a doctor who would compound his own medicines.

Captain Bland thought the appointment of Dr. Stoney a very good one. He looked upon the Local Government Board's letter as indecisive and unsatisfactory.

Mr. Owen said if Dr. Stoney was not competent to compound the medicines it would be a different thing.

Dr. Swan was here called into the room. In reply to the chairman, he said Dr. Stoney was fully competent to compound medicines, but by the rules of the Apothecaries' Hall he could be prosecuted if he compounded any one else's prescriptions, and be fined for it.

Mr. Owen—As your assistant, as assistant to the house, would not that cover him from prosecution?

Dr. Swan—He could not be prosecuted for compounding his own prescriptions, but he lays himself open when he compounds mine, and is paid for it.

Clerk—Dr. Stoney was not appointed as apothecary but as assistant.

Mr. Foster—He was appointed for a specific purpose, that was to compound the medicines; and, according to Dr. Swan's statement, he is liable to a penalty for so doing, inasmuch as he receives payment for it, so that I do think he is out of court altogether.

Chairman (to Dr Swan)—In your opinion, do you think Dr. Stoney would be subject to a prosecution?

Dr. Swan—I think so, if anyone chose to prosecute.

Captain Bland proposed as an amendment, "That the question be submitted to the Local Government Board for reconsideration, and that the clerk write to them and explain to them more fully the advantages and economy of the appointment."—Passed unanimously.

RATHDOWN GUARDIANS.

BURIAL OF SMALL-POX PATIENTS.

THE Chairman said he wished to call the attention of the board to the matter of interment of persons dying of small-pox. A young man admitted to the house had recently died, and while a patient he had been attended by one of the pauper inmates. The man was coffined by this pauper, who watched over him, and the body was allowed to remain 36 hours without being interred. The pauper had taken the disease, and, sad to relate, had also died. It appeared to him (the chairman) that it was absolutely necessary to have the parties dying of infectious disease interred at once. He considered they should apply to the Local Government Board for power to inter those persons with as short delay as possible. Mr. Rafferty considered that if the persons were coffined, sent to the dead house, and allowed to remain there for twelve hours, it would be quite long enough, after the parties' friends had got notice, and when they might attend for the purpose of identification. It was then decided to apply to the Local Government Board for the power to make the interment at the earliest possible moment.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May* 11, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MAY 11, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	30	174	183	26	36	12	1	1	1	9	6	4	1	1	59
BELFAST . .	20,687	182,082	25	130	87	13	11	...	...	...	...	1	3	4	...	...	17
CORK .	13,816	91,965	38	40	68	10	16	...	...	...	..	1	2	2	...	3	38
LIMERICK .	8,509	44,209	21	30	18	4	6	...	...	...	...	...	2	1	...	...	8
LONDONDERRY	21,865	30,884	17	27	10	4	...	...	...	...	...	...	...	...	...	...	...
WATERFORD .	17,209	30,626	29	22	17	1	2	...	...	...	...	1	...	1	...	3	7
GALWAY . .	21,358	19,692	16	14	6	2	2	...	...	...	...	...	...	...	...	1	1
SLIGO . .	30,835	17,285	24	12	8	1	1	...	...	...	...	1	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 29, 1878.

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ALCOHOLIC DRINKS: AS MEDICINES, AND AS POISONS. (*a*)

By ALFRED CARPENTER, M.D. Lond., M.B., J.P., President of the Croydon Microscopical Society, Lecturer on State Medicine, St. Thomas's Hospital, &c.

(*Continued from page* 421.)

The principle upon which we propose to cure the habitual drunkard is to restrain him from the use of his liquor, so that he may entirely recover his health and his power of self-control. There are several stages in this process. First, his digestive power has to be restored, a very difficult and a very slow process. Then the deposits which have already taken place in his glandular system, his blood vessels, and nerve centres have to be removed, and altered membrane has to be restored. Simple food with healthy habits of body reduce the alcoholic saturation to a minimum, and enable the patient to get healthy digestive power.

The dyspeptic state must be cured before the alterations in glandular organs can be removed; they must do their duty properly before the nerve tissue can be renovated, and until the whole are restored, any return to alcoholic diet is followed by relapse. It is only by long-continued self-denial that cure can be effected. That I have not overdrawn the picture as to the condition of the nervous system and the seat of disease in such cases, is shown very fully by Dr. Magnan in his work on Alcoholism, which has been translated by Dr. Greenfield. It abounds with instances which prove most clearly that the immediate action of alcohol is to dilate the capillaries of the nerve centres, increasing them to three or four times their ordinary dimensions, and thus paving the way for that atrophic degeneration which is frequently associated with other changes in advanced states of alcoholism. The cases detailed by Dr. Magnan are very instructive, and if taken in conjunction with others, in which, with similar symptoms, the microscope reveals changes which were formerly unsuspected, we cannot doubt at all as to cause and effect.

The hallucinations and delusions, which accompany excess of alcohol even in young beginners, are associated with capillary dilatation, and, as a sequence, there is a pressure on nerve substance which cannot be repeatedly renewed without the risk of subsequent atrophy or degeneration of one part or another of the tissue immediately affected.

Is it to be wondered at that cure in such cases is only to be obtained by long-continued treatment? Is it a fair objection to take to long-continued treatment that relapses are common? Can relapse be considered a reason for not attempting cure, and is it to be endured that, with a knowledge of the capability of cure, we should not have power given to us to attempt it, because the disease is said to be the result of a vicious habit?

What would be thought of our profession if we declined ta cure syphilis when our help was sought by those infected? We ought to have the power given to us to cure the habitual drunkard, especially in those case in which the victim himself, conscious of his own weakness, implores us to take charge of him, and keep him from that which is certain to lead him on to hopeless ruin.

An opinion was expressed to the Lords' Committee on Intemperance that dipsomania is a kind of epilepsy, and that its attacks correspond with the latter disease. I cannot think that there is any foundation for this idea any more than that attacks of asthma or any other recurring disease may be epileptic. That dipsomaniacs often become epileptic is undoubtedly true; but many forms of disease tend to set up epileptiform attacks before a fatal termination arises. Epilepsy will arise in any kind of constitution, but drink craving will only be induced in those who court its advent by taking excess of alcohol.

Another eminent physician, who agreed in the main with Dr. Brunton, expressed an opinion that habitual drunkenness may be cured by punishment, and that if its victims were brought under the influence of good education, and some reasonable punishment inflicted, they might

(*a*) Abstract of the Annual Oration delivered before the Medical Society of London, May 6th, 1878

be trained to good habits. I do not think so unless alcohol is rigorously withheld. Some of the worst cases of dipsomania that I have met with have occurred in highly educated individuals, and it is found, by overwhelming experience in the magistrates' court, that punishment has no deterring effect in preventing drunkenness in those who have been two or three times convicted, and who have lost their self-respect and power of self-control. The inconsistence of such an argument is seen at once, for such cases may be epileptic, and yet they are to be dealt with as criminals, and punished accordingly.

It is true that if the alcohol be withheld, the so-called "epileptoid attack" will not come on, for, like the so-called "sunstroke," it is in a great measure caused by the imbibition of the drink, but it is not consistent with our ideas of justice to punish a man because he has had either of the conditions mentioned, which are undoubtedly diseases. The frequency with which the plea of sunstroke is urged as a reason for mitigation of punishment by the drunkard in the dock of a police-court is not a little remarkable, and although I have never myself allowed that plea to be used in arrest of punishment in those cases in which the free will of the individual was manifest beforehand, yet it did sometimes avail when the individual was not a free agent. The plea set up has satisfied me that there is an intimate connection between the embolism which causes the so-called sunstroke, and the alcoholic soaking in which the victims indulged.

Like to outbursts of passion and to other vicious practices, there is an ability to exercise free will at first, but

Facilis descensus Averni,
Sed revocare gradum, superasque evadere ad auras,
Hoc opus, hic labor est.

The work and labour required to return to the right path is greater than most men unaided by restraint are able to use. The battery of nerve force, in which free will and the higher orders of mental powers are produced, is damaged by the reagent and is unable to set up those actions which are required for the production of self-control and self-respect. Thus that which was a vice in its early stages becomes a disease later on in life.

The man who refuses to exercise his own self-control when he has the power, after a time becomes a nuisance and a scandal to society at large. He is slowly committing suicide and is ruining the happiness and probably the worldly prosperity of his immediate relations. He ought to be deprived of his liberty to do wrong to himself and others, until such time as his tissues are restored to that state in which his power of self-control may be regained.

So far the effect of alcoholic drinks seems to be for evil and not for good, and some persons ask very pertinently why they should be retained at all in the pharmacopœia as therapeutic agents, when other stimulants might be used with as much advantage in those cases in which they appear to be required. But so powerful a means for evil, like every similar thing, may be used beneficially if used aright. There are conditions of the body in which it performs a duty more satifactorily than any other stimulant. It seems to preserve the body from decay, performing a vicarial duty, being sacrificed itself, and so saving the patient's life. It interferes with the normal charges which are required for the continuance of health, and retains the products of tissue change in the blood; but in certain forms of disease, when the blood is rendered impure by the retention of those matters which should be excreted if the retention has not been caused by alcohol, and great heat is developed in consequence of the combustion or oxidation of such matters, alcohol seems to take the place of those of the tissues which are oxidising; it lessens temperature and saves the fabric from death. This effect is seen most frequently in some zymotic form of disease; there is a great tendency to sloughs and bedsores, which tendency is materially diminished in those who have had alcohol administered, as compared with those who have not.

The therapeutic effects of alcohol, when exhibited in certain typical forms of fever, are most marked. The cases which require it are those in which there is a dry tongue and skin, no sickness and no indication of cerebro-spinal lesion. If there is any indication of the latter with a moist tongue, stimulants universally do more harm than good, because the tendency is then to increase the congestion upon which the lesion depends. When a case is benefited by alcohol, there is soon produced a lessened temperature, a slower pulse, a moister tongue, and a quieter condition of system generally.

The beneficent effect of alcohol in such cases supports the theory which I hold that such fevers are the manifestation of an action which is taking place in the blood of a person who is not in a proper state of health. Some foreign material is retained, or some matter, which ought to have been excreted, exists there in excess of its proper quantity, a specific zymotic germ or some molecular matter, in a state of change, finds entrance into the circulation, and, finding a fitting pabulum, the specific substance is reproduced in quantity, being matured out of the impure material which ought not to be there, supplemented by some other tissues of the body. The growth of this produces more heat than is ordinarily developed, rising at times higher than that which is compatible with life. It is produced at the expense of retained excreta combined with some part of the body which is necessary to support life. Alcohol in such cases comes to the rescue, interfering with the rapid tissue change, and is itself consumed, whereby temperature is lowered, and the morbid matter is not produced so rapidly as would have been the case if the alcohol had not been exhibited; oxidization goes on at a lower temperature, there is a decrease of the production of carbonic acid, and less hurtful products result.

In these cases the effect of alcohol has to be most carefully watched, and the moment there is evidence of cerebro-spinal lesion or of alcoholic excess its use must be discontinued. I have seen patients in serious danger, which has been brought about by the wine and spirits which has been too freely exhibited, rather than by the disease itself. There is something so utterly repugnant to all moral feeling for a medical prescription to be the instrument by means of which a man is sent *drunk* out of the world, that I need hardly insist in this assembly upon the necessity of watching for the probability of such a result. But in those cases in which the remedy is beneficial, it may sometimes be freely pushed in a marvellous manner with most excellent results. In these cases no catarrh of mucous membrane is produced, such as appertains to the confirmed toper, and which in the latter case is only relieved by another dose, followed by renewed nausea and more dyspepsia.

(*To be continued.*)

ON ASTHMA.

By J. B. BERKART, M.D.,
Assistant Physician to the City of London Hospital for Diseases of the Chest.

(*Continued from page* 424)

DEFINITION, PATHOGENY, AND ETIOLOGY.

II.—Immediate Causes.

2. *Inhalation of Dust.*—Foreign bodies, of different kinds and in various quantities, are at all times present in the atmosphere. The dust in the open air is composed chiefly of inorganic particles, and amounts, as for instance in the streets of Paris, (*a*) to about one-sixth of a grain in every cubic foot. Indoors it mainly consists of organic substances and more especially of living organisms, whose development and multiplication here meet with favourable conditions. So long as those solid particles are undisturbed and are permitted to follow their own gravi-

(*a*) Tissandier, quoted by Eduard Lichtenstein, "Ein Stückchen öffentlicher Gesundheitspflege, &c."—*Berl. Klin. Wochenshc.* No. 46, 1874.

tation their tendency is to settle on some object, and thus far they are harmless. But when an external moving force returns them into the air, they may be brought within reach of the inspiratory current, and thus made to enter the air passages. Their effects vary according to their nature and quantity. Fragments of coal, of iron, of stone, and of glass lacerate the mucous membrane; hairs, feathers, fibres of wool and of cotton, once impregnated with moisture, firmly adhere to the secreting surface, and produce great irritation. Infusoria, of which fifty-six species have been observed in the air, are raised by the wind from drying waters and carried great distances; and though apparently dead, they begin, in contact with the mucus, to loosen the covers which enclose their withering bodies and probably regain a new vitality. (*a*) Algoid cells and fungi are particularly abundant in ill-ventilated rooms; living, and ready to undergo development on meeting with suitable conditions, they rapidly germinate, or are already germinating, when they are deposited in the air-passages; (*b*) some of them form a mycelium or masses of toruloid cells; others produce their characteristic heads of fructification. One circumstance connected with the life of fungi deserves here, perhaps, a passing notice. On watching Botrytis cinerea, taken from a rotten apple, Rindfleisch found that the formation of its spores took place only at night. Subsequent observation has fully confirmed this exclusively nocturnal growth. The want of light had not the same effect, for the spores kept in darkness did not proliferate. (*c*) But whether the organic substances that accumulate during the night in confined places have any influence upon that phenomenon must for the present remain a matter of conjecture: much less is there ground for supposing that the nocturnal appearance of the dyspnœa is connected with the greater vitality of these fungi at the time.

However, the result of such inhalation is invariably the same—fluxionary hyperæmia, and even inflammation, of the affected portion of the mucous membrane. The *colds* which *draughts* produce arise in that way. It is the current of air that lifts the particles of dust from carpets and curtains, from walls and furniture, and brings them in contact with the lining of the respiratory tract. The serious affections of the lungs which develop themselves from a prolonged exposure to foreign bodies in the air, are exemplified by the diseases to which knife-grinders, masons, weavers, and other operatives are especially subject. Little regard, however, is paid to the "invisible nastiness," as Professor Tyndall (*d*) calls it, which constantly exists in ill-ventilated rooms. The bronchitis so often attributed to "cold" is, in reality, due to the inhalation of fragments of glass and stone (*e*) which on *post-mortem* examination are found in the air-passages, or to the fibres of wool which are seen in the larynx and appear in the sputa. (*f*) Organic substances are even more powerful. The influence of Chætomium elatum and Penicillium glaucum has already been mentioned. (*g*) The accidental inhalation of a small quantity of flax meal has been known to produce intense bronchitis and dyspnœa. (*h*) The dust-like spores of a large puff-ball caused in the same way so great irritation of the air-passages that the patient was confined to his room for several days. (*a*) In isolated instances the appearance of an asthmatic seizure may be directly traced to foreign bodies in the air, such, for instance, as mustard and ipecacuanha powder. In the majority of cases, however, the exciting cause escapes detection. But it is well to remember that asthmatics are particularly susceptible to that kind of irritation. Not only is their respiratory surface always more or less diseased, but the chronic congestion of the nasal mucous membrane, or the presence of a nasal polypus, forces them to breathe through the mouth, and thus deprives them of the important filtering apparatus. When the nose is pervious, foreign bodies do not reach further than the pharynx; but when that canal is obstructed, they readily enter, not only the bronchi, but are found also in the substance of the lungs. (*b*) Pulverulent bodies penetrate even to the bronchial glands. (*c*)

The inhalation of pollen gives rise to the peculiar symptoms known as *hay-fever* or hay-asthma. Ever since attention has been directed to them, their origin has been connected with the hay season, but has been erroneously attributed to the influence of heat and light, or to the odour of certain plants. Mr. Wyman persists in this error, and still maintains that hay-asthma is a purely nervous affection. (*d*) But the researches of Dr. Blackley (*e*) have conclusively established the dependence of the disease upon the presence of pollen in the air. He found that from the end of May to the end of July the atmosphere of certain localities contains pollen grains in varying quantities. A small portion of that substance, even less than one-two-hundredth of a grain in weight, causes, if directly applied to the mucous membrane of the nose, within five minutes, occlusion of the nasal passages with sneezing and lachrymation. The inhalation of a larger portion of it is invariably attended by a sharp attack of asthma. The severity of this abates with the diminished production of the agent, and disappears altogether when this ceases to be generated. This irritating effect is possessed by the pollen of all plants, but more especially by that of the Graminaceæ, or among the cereals by that of rye.

The action of pollen upon the mucous membrane may perhaps be explained by its behaviour in contact with water-vapour, and also with mucus. (*f*) Under the microscope, pollen appears as a simple cell, with granular contents, and a cell-wall, consisting of an outer and an inner membrane. The extine is coated with an oleo-resin, of a rich amber, or, at times, a pale straw-colour, and contains several slits or pores, across which the intine is stretched so as to impede the escape of the granular matter. It does not appear that the oleo-resin has any specific action beyond enabling the grains to adhere to objects to which they may approach. On the addition of fluid, the cell is distended; the inner membrane projects through the slits of the outer in the shape of small mastoid processes, to which the granules are attracted. A further distension causes the membrane to burst, and the granular contents are, with a considerable force, ejaculated into the surrounding fluid. These granules irritate the mucous membrane, especially the mucous glands, and reappear finally in the sputa, resembling zoogloœa masses. (*g*)

(*a*) Humboldt, "Ansicht d. Natur;" quoted by Ehrenberg. "Abhdl. d. Königl. Akad. d. Wissensch." Berlin, 1872, p. 233, et seq.

(*b*) Cunningham, "Microscopic Examination of Air."—"Ninth Annual Report of the Sanitary Commissioners." Calcutta, 1872.

(*c*) "Ueber d. niederen Organismen."—Virchow's "Archiv.," vol. liv. 1872.

(*d*) "Dust and Disease."—*British Medical Journal*, 1870, p. 118 et seq.

(*e*) F. Pouchet, "Recherches sur les corps introduits par l'air dans les organes respiratoires des animaux."—*Compt. Rend.* 1860, tom. l, p. 1121 et seq.

(*f*) Sommerbrodt, "Nachweis einer neuen Ursuche z. Erkrankungen d. Athmungsorgane."—*Berlin. Kl. Wochensch.*, No. 7, 1870.

(*g*) Blackley, op. cit., p. 58.

(*h*) Henry Kennedy, "A Case in which a Disease like Measles arose from an Unusual Cause."—*Dublin Quarterly Journal of Medical Science*, vol. xxxviii., 1863.

(*a*) M. C. Cooke, "Fungi; their Nature, Influence, and Uses." Edited by the Rev. M. D. Berkeley. London, 1875, p. 216.

(*b*) Fournié, "De la pénétration des corps pulvérulents, gazeux, volatiles, solides," &c.—*L'Union Médicale*, 1861, tome xi., pp. 582, 598.

(*c*) Knauff, "Das Pigment d. Respirationsorg."—Virchow's "Arch.," vol. xxxix., 1867, p. 449 et seq.

(*d*) "Autumnal Catarrh."—*Boston Med. and Surg. Journal*, August 19, p. 209, 1875.

(*e*) Op. cit.

(*f*) Fr. Lühe, "Zum Heufieber."—*Deutsch. Arch. f. Klin. Mediz*, vol. xiv., H. III. and IV., p. 426 et seq.

(*g*) Lühe, loc. cit.

b

Dr. Salisbury (*a*) attributes the cause of hay-asthma to the presence of an animalcular organism, the *asthmatos ciliaris*. This parasite is said to inhabit stagnant as well as running waters, and to develop itself also on fermenting organic matter. It is said to be spherical or oval in shape, and to consist of a simple sac, with one or more large nuclei, and many smaller granules of various sizes. The sac itself is armed with cilia, and, between them, with a long proboscis. The young are developed within the parent cell, and are discharged from the end opposite the cilia. Dr. Salisbury's statements, however, have not yet been confirmed by any other observer.

E. Lewy (*b*) observed asthmatic seizures as an isolated affection in 26 out of 1,186 cases of saturnismus. He attributes the dyspnœa to the lead dust, which, from the packing of white lead and the cleaning of type cases, escapes into the air. The inhalation of the lead dust is immediately followed by dyspnœa, palpitation, stitches in the diaphragmatic region, and cough. In from six to seven hours the typical attack of asthma is developed. Lead appears to contract the vessels upon which it acts, while those that escape its influence become congested.

3.—*Thermal Influence.*—There is a widespread belief that "cold," by inducing bronchitis, is a frequent provocative of asthma. Every patient knows instances, where he himself or his friends suffered from dyspnœa, which he could account for only by a loss of temperature. His opinion fully accords with the prevalent doctrine on that point. Clinical observers of the highest repute constantly advert to the danger of a chill, and maintain that, even in well-appointed hospitals, a patient in bed may "catch cold" (Lebert). Indeed, so powerful and so ubiquitous is this agent, that, according to the text books of medicine, it is at the root of almost all diseases, from cerebro-spinal meningitis to diarrhœa; from acute rheumatish and endocarditis to a sneezing fit.

Formerly it was supposed that a chill checked the cutaneous perspiration, and that an excrementitious substance, retained in the blood, produced inflammation of internal organs. The varnishing of animals, and the serious symptoms that generally follow these experiments, unless proper precautions are taken, were supposed to confirm that opinion. (*c*) No poisonous substance, however, was found in the blood, and it was soon admitted that the symptoms of varnishing do not correspond to those of "colds." That theory therefore was abandoned. At present the cause of the disease is sought in disturbances of the economy of heat. Two different views are held on the subject. According to the one, a *sudden* change of temperature, however slight it may be, produces one-sided radiation of heat, and leads through the vaso-motor nerves of the skin to circulatory derangements of internal organs. Professor Pettenkofer insists on the *suddenness* with which the loss of temperature is effected. The difference between the rapid and the gradual abstraction of heat may, in his opinion, be compared, so far as the results are concerned, to a man going or falling down stairs. (*d*) But if one-sided radiation had really such injurious consequences, there could not be a more dangerous instrument than a fan in the hand of a lady. As a matter of fact, it is not so dangerous as alleged; and the reason is that if, adopting the simile, the man were of caoutchouc, or, at any rate, provided with the same elasticity as the regulators of temperature are endowed with, it would be perfectly immaterial, so far as the consequences are concerned, in what manner he descends. Rosenthal (*e*) equally regards the *suddenness* of the changes as the cause of "cold." His experiments led him to conclude that when an overheated animal, in which the cutaneous capillaries are paralysed, is suddenly exposed to a lower temperature, the blood is rapidly cooled, and in that condition it is returned to the internal organs. It then produces inflammation of those parts that are "loci minoris resistentiæ." In man, a *rise* of temperature follows the application of cold to the heated surface, (*a*) and there is little doubt that the same law holds good also in animals. But the *sudden return* of the blood implies a contraction of the cutaneous vessels; and, as their paralysis is essential to the cooling, there cannot be a great loss of heat; or, if the vessels were paralysed to the extent that they have lost their physical property of contracting upon the application of cold, no blood could be returned from the surface to the centre. Without entering upon the questions that are involved in this subject, it suffices to say that over-heated (*i.e.*, febrile) bodies *do not catch cold*. A reduction of their temperature tends to re-establish the healthy balance. The success of modern anti-febrile treatment is based upon that principle, which a thousandfold experience has shown to be correct.

According to another view, "colds" arise from an appreciable loss of temperature, such as is produced by currents of air and copious evaporation from the perspiring skin. (*b*) Hirsch concludes that "colds" are most frequent when the temperature and the dew-point of the air approximately coincide, as in spring and autumn. (*c*) The opinion of Hirsch is, at any rate, based on very extensive statistics; and it is deduced from incongruous facts, which allow no other generalisation. Yet meteorological reports, on however vast a scale, are alone insufficient to solve this obscure problem. At the present stage of civilisation, every individual creates for himself, or otherwise obtains, an atmosphere in which he thrives or decays. The state of the weather will undoubtedly affect, in a different manner, the inhabitant of Belgravia and of Bethnal Green. Both may bestow the same anxious and efficient care to ward off the cold; yet, while the one escapes unhurt, the other catches bronchitis. The influence of the weather would here be very remote. Its injuriousness would be admissible only if it could be shown that those who most expose themselves to the supposed cause, are also the most frequent sufferers of its assumed consequences; and herein statistics not only fail, but prove just the opposite.

These considerations are dictated by what daily experience suggests, and they are decidedly adverse to the prevalent doctrine. It is needless to refer to those well-known instances where delicate as well as strong persons daily sustain, deliberately or unconsciously, considerable losses of temperature. Yet in no single instance has such loss *alone* produced inflammation of an internal organ. The question is not whether cold can, under no conditions, be hurtful. Nobody doubts that, if an animal be kept in a tin box surrounded with ice, the temperature of the body will decrease to 18 or 20° C., and that death may thus ensue from paralysis of the heart and œdema of the lungs. (*d*) These are *experiments* that happily have their counterpart but rarely in practice. But that is not the point at issue. The supposition is that if a few square inches of skin were denuded of their customary covering, and exposed even to the warm temperature of a room, the consequence would be an inflammatory affection of the muscles or of an internal organ. (*e*) Let the worst that may, happen in such a case. Let the blood in that circumscribed space, and even to a certain depth, exchange its temperature with that of the atmosphere. Let the vessels at that spot be contracted, and the mass of blood

(*a*) "Infusorial Catarrh and Asthma."—Hallier's "Zeitschrift für Parasitenkunde," vol. iv., Heft I., 1873.
(*b*) "Seltene Formen d. Bleivergiftung."—"Oest. Zeitsch. f. prak. Heilk.," vol. vi., p. 27, 1870.
(*c*) Edenhuizen, "Zeitsch. f. rat. Mediz.," C. xvii., p. 35.
(*d*) "Beziehungen d. Luft. z. Kleidung., Wohnung und Boden." Braunschweig, 1872, p. 73 et seq.
(*e*) "Zur Kenntniss d. Wärmeregulirung." Erlangen, 1872.

(*a*) Liebermeister, "Ueber Wärmeregulirung u. Fieber;" Volkmann's "Samml.," No. 19, p. 121; Garrod, *Journ. of Anat. and Physiol.*, 1872, No. ix.; Schmidt's "Jahrb.," clxiii., p. 93.
(*b*) Friedrich Falk, "Ueber Entstehung von Erkältungs-Krankheiten;" Reichert u. Du Bois-Reymond's "Arch.," 1874, p. 159 et seq.
(*c*) "Handb. d. histor.-geograph. Pathologie." Erlangen, 1862-1864, Bd. ii., pp. 2-19.
(*d*) Walther, Virchow's "Arch.," vol. xxv., p. 414 et seq.
(*e*) Seitz, in Ziemssen's "Cyclopædia," vol. xvi., p. 232, et seq.

in other organs be correspondingly increased. What can follow from all this? The body produces more heat than it can retain, so that the loss is readily compensated. The increase of the vascular pressure would not sensibly influence even that of the muscles of the extremities, where such differences are generally balanced; and since ligation of the abdominal aorta does not produce hyperæmia of the lungs, it can hardly be expected that the quantity of blood displaced from a few square inches of skin could have that effect. Granted even that a hyperæmia resulted, there is still a wide difference between the temporary turgescence and inflammation. But facts are altogether opposed to that theory. Jürgenssen rapidly reduced the rectal temperature of a man to 33° C.; but this man, neither at the time nor subsequently, felt any inconvenience from the experiment to which he submitted himself. (*a*) Another, having spent a whole winter's night in the open air at a temperature of—6° C., is brought to the hospital with a rectal temperature of 24° C.; and within thirty-six hours he leaves the institution in perfect health (Nicolaysen). Conceding that the favourable issue of both these cases may in a great measure be attributed to individual peculiarities, still it shows not the less that the fatality generally ascribed to cold is greatly exaggerated. There is, of course, the unanimous assertion of almost all patients that they can distinctly trace their disease to the influence of that agent. But much of this opinion is, doubtless, due to the circumstance that the laity and physicians are accustomed to consider the presence of a bronchial affection, more especially, as a cogent proof that the patient *must have caught a cold*. And under these circumstances it is not difficult to recall the occasion when the cooling has taken place. Much, however, is attributable to this, that all inflammatory affections, whether slight or intense, local or constitutional, are ushered in, or are often for days preceded, by chilliness or rigors, while the causes of these (*i.e.*, the local changes) only subsequently appear. No disease is attended by more pronounced constitutional symptoms than pharyngitis; and here the febrile movement, cold followed by heat, is felt for days before the difficulty in swallowing is noticed. Thus the first expression of the disease is often taken for its cause; and this mistake will be readily intelligible from the disagreeable sensation which cold in general occasions.

Is then the economy of heat really disturbed so easily as supposed? Are the regulators of the temperature so powerless towards even a slight disturbance? Surely, the regard to the compensatory forces—the operation of which no organic processes exhibit in so striking a manner as those connected with animal heat—suggests a negative reply. Amidst the most varying external and bodily conditions, the healthy organism preserves its own daily temperature at an average height of 37·2° Cent. Within wide limits every loss of heat is compensated for by an increased production, and every excess of heat is rectified by an increased expenditure. This regulation proceeds from an excito-caloric and a moderating centre, to which thermal stimuli are probably conveyed from the periphery. (*b*) But it is carried out by the cutaneous capillaries, and here it is subject to the physical laws of temperature; cold contracts the vessels of the skin and forces the blood to the centre, or rather into the muscles; heat, on the contrary, dilates the vessels and favours perspiration.

It depends, therefore, upon the energy of the vital functions and the persistence and intensity of the disturbing element, how far the limits of the compensation reach. It is evident that those limits must necessarily vary in different individuals and at different times. Upon the whole, the body is better able to withstand cold than to dispose of its superabundant heat. The living organism produces, irrespective of food, two million calories in twenty-four hours; and this supply may be maintained or increased by various means, so as to meet every conceivable emergency. The difficulty at times is, as already mentioned, to remove the surplus, which, if accumulated in the body, would, in twenty-four hours, raise the temperature to the fatal degree of 48° C. (*a*) The efforts in one direction are invigorating; those in the other have a debilitating effect. The local action of heat and cold presents the same difference, inasmuch as a slight increase of the temperature is destructive of the tissues, while even a considerable reduction of it merely renders their vitality latent. The frozen muscles of the frog retain, when thawed, their electrical irritability (Kühne). A comparatively slight increment of heat, on the contrary, coagulates the myosine of muscles and destroys their vital properties. Similar changes are observed in the blood; extreme degrees of cold are to the life of the red blood-corpuscles far less prejudicial than is even the febrile heat of the body. (*b*) A rabbit's ear may, with perfect impunity, (*c*) be exposed to a temperature of—6° C. for from twenty-five to thirty minutes. Its exposure to a temperature of from + 46 to + 49° C. is attended by œdema of the surrounding tissues, and at + 50° C. the emigration of white blood-corpuscles commences. (*d*) The reaction of a rabbit's ear naturally differs from that of a human lung, and the changes observed in the former allow no such direct inference as those that may occur in the latter. Still, these experiments justify the conclusion that the "cold" to which the lungs are exposed cannot possibly have the noxious consequences usually attributed to it.

Although the injurious influence of cold has been grossly exaggerated, yet it cannot be denied that asthmatics may suffer from dyspnœa, in consequence of a considerable loss of their temperature. Their organs of respiration and circulation would not only be greatly taxed, but might even fail to meet the consequent increased demand for oxygen. (*e*) In what manner the pulmonary surface is, under such circumstances, affected is not quite known. The face and hands of delicate individuals exposed to cold become cyanotic, because the arterioles are contracted, and the veins are gorged. But it is impossible that in the lungs the arteries can be so contracted or the veins so gorged as to produce the same degree of cyanosis. For not only is the inspired air warmed on its passage through the nose, but the bronchial surface is far more vascular than the skin, and much nearer to the centres of the production of heat. (*f*)

Over-heating is a more potent and also a more frequent cause of dyspnœa than cold. It is well known that asthmatics greatly suffer in hot and sultry weather. Trousseau considers asthma as a disease most prevalent in hot climates and in the summer; (*g*) but his observations are not quite to the point, inasmuch as they include also *hay* asthma, which he ascribes to heat and light, instead of the inhalation of pollen. The dyspnœa must be attributed to the imperfect disposal of the superabundant heat when the warm atmosphere is saturated with moisture. The pulmonary surface is probably then in a similar œdematous condition as the skin. The

(*a*) "Die Körperwärme d. gesunden Menschen." Leipzig, 1873, p. 30.

(*b*) Röhrig u. Zuntz, "Zur Theorie d. Wärmeregulation."—"Arch. f. d. ges. Physiol.," Bd. iv., 1871, p. 57 et seq. Riegel, "Ub. d. Einfluss d. Centralnervensystems auf die thierische Wärme."—"Arch. f. d. ges. Physiol.," vol. v., 1872, pp. 629-670.

(*a*) Liebermeister, loc. cit.

(*b*) Manassein, loc. cit., pp. 25-28.

(*c*) Cohnheim, "Neue Untersuchungen über d. Entzündung." Berlin, 1873, p. 54.

(*d*) Cohnheim, ibid., p. 54.

(*e*) Leichtenstein, "Ueber das Volumen d. unter verschiedenen Umständen ausgeathmeten Luft."—"Zeitsch. f. Biolog.," 1871, Bd. vii., p. 179 et seq. Speck, "Untersuch. über Sauerstoffverbrauch," &c.—Virchow's "Jahresbericht," 1871, vol. i., p. 67 et seq.

(*f*) Albert u. Stricker, "Untersuch. über d. Wärmeökonomie d. Herzens u. d. Lungen."—"Wiener Mediz. Jahrbuchen," 29-50.

(*g*) Op. cit., vol. ii., p. 452.

heated blood irritates the centre of respiration, (*a*) and also that of the vagus (Cyon). The volume of the expired air increases, but the exhalation of carbonic acid diminishes, not on account of its deficient formation, but because the oxygen loses, in a ratio corresponding with the rise of temperature from 0° to 37° C., the power of expelling that gas. (*b*)

Over-heating is not a less active cause of asthma in the winter season. There are numerous persons, in all stations of life, who at all times consume more than the necessary quantity of food, who, particularly in the winter, overburden themselves with warm clothing, and spend their time in hot and ill-ventilated rooms at the fireside. That food, and *à fortiori* an excess of it, as well as the products of the faulty digestion, do increase the bodily temperature, has been abundantly ascertained by exact thermometric measurements. Besides, the flushing of the face, the trobbing of the arteries, and the palpitation of the heart, from which those individuals generally suffer after meals, sufficiently indicate a febrile movement. Yet the disposal of their superabundant heat is a matter of considerable difficulty. The loss of the lungs is slight, because the air of the rooms is thoroughly warmed. The skin, even if no thick layer of subcutaneous fat impedes radiation (*c*)—and the obese are the most numerous among that class of persons—is, on account of the great amount of clothing, surrounded by an atmosphere of a'most the same temperature as that of the body. Among th se who seek advice at hospitals, it is often seen that even the robust men are in the habit of wearing in the winter—1, a thick overcoat; 2, a frock coat; 3, a thick waistcoat; 4, a flannel shirt; 5, a flannel vest; and 6, a chest protector or "cat's skin," all these "to keep their chest warm." And the same anxious care is bestowed upon the clothing indoors. Under these circumstances Nature relieves itself by copious perspiration, and thus, by the evaporation of the perspired water, endeavours to reduce the temperature. The disagreeable sensations that are apt to arise from this cooling process, are regarded by the patient as a sure sign that "he must have somehow caught a fresh cold." And such is the vicious circle, that the means which he now adopts to combat only increase the evil. But although the regulators of the temperature succeed in preserving it for a length of time at its normal height, there is little doubt that they ultimately succumb to the prolonged strain upon their energy. This failure will not appear unexpected, if it be remembered that the mainsprings of that regulation are the cutaneous arterioles, or rather their muscular coats, whose continued relaxation would, even in the absence of any other cause, greatly derange their nutrition. If this much be admitted, it is needless to trace the steps that lead to the retention of heat in the body—a truly sub-febrile condition. Now, it is known that in insulation, death is due to the degeneration of all parenchymatous organs, and especially of the heart. (*d*) The danger in acute infectious diseases arises from analogous causes. Experiments on animals, by exposing them to a high temperature for some time (36° C. for thirty-six hours), (*e*) are attended by the same results. Not only the liver, the spleen, and the kidneys, but the entire muscular system, including the coats of the arterioles, undergo fatty or similar degeneration, these changes being then particularly marked in the substance of the heart. (*f*)

(*a*) L. Goldstein, "Ueber Wärmedyspnœ. Verhandl. d. physik-mediz. Gesellsch. zu Wurzburg." "Neue Folge," Bd. ii., 1872, pp. 156-169.

(*b*) Donders, "Le chimisme de la Respiration," &c.—"Archives Neerland," vii., p. 193. Virchow's "Jahresbericht," 1873, p. 161.

(*c*) F. Kluge, "Untersuchungen über d. Wärmeleitung der Haut."—"Zeitschrift f. Biolog., Bd. x., p. 73.

(*d*) Obernier, "Der Hitzschlag.," 1857, quoted by Wagner; "Allgem. Pathologie," 1868, p. 84.

(*e*) Litten, "Ueber d. Einwirkung erhöhter Temperaturen auf den Organismus."—Virchow's "Arch.," vol. lxx., 1877, p. 12.

(*f*) Iwashkewitsch, "Ueber d. pathol.-anatom. Veränd. d. parenchym. Organe unt. d. Einfl. hoher Temperat."—Virchow's "Jahresb.," 1870, vol. i., p. 179.

As such derangements of nutrition are invariably produced by a *high temperature* of only a *short duration*, it cannot be doubtful that the prolonged action of a *lesser* degree of heat must have similar consequences. Indeed, it appears that such is the case in those who most emphatically declare their susceptibility to "catching cold." One acquainted with their habits of life will readily concede that they seldom or never give *cold* the least chance of exerting its injurious influence, but that they suffer from the consequences of overheating. Their vessels are dilated and degenerated; serum, and even white blood-corpuscles, escape on the slightest provocation. A heated room, the irritating gases—the products of respiration and combustion, such as accumulate in the air of a theatre—and the dust which a current of air, *the draught*, raises from the ground: these suffice to produce the supposed effects of "*catching cold.*"

(*To be continued.*)

Clinical Records.

CASES IN PRACTICE.

By JAMES MARTIN, F.R.C.S.,
Portlaw.

DEC. 3, 1877.—I was called to a woman in her fourth confinement. All the previous ones had been natural, except that the last, like the present one, occurred without any assignable cause at the end of the eighth month.

When I arrived, she had been four times in labour. I found the pains so violent and expulsive in their nature, that they brought the os uteri, if I may use the expression, down to the os externum; yet the os was not distended more than the size of a half-a-crown; its edge thick, hard, and tense, the membranes protruding, but no presentation to be felt.

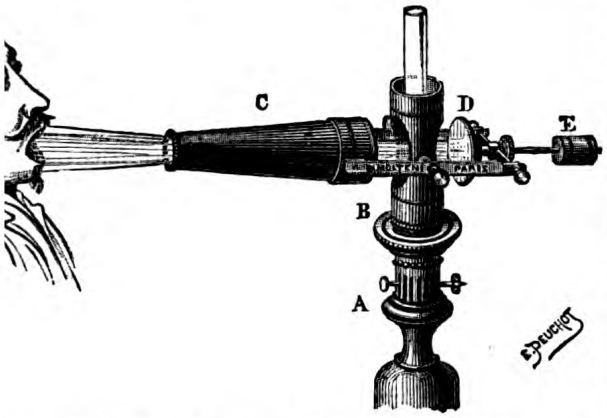
I gave two doses of chloral, three grains each, at intervals of an hour, and after some sleep, the pains again became violent, and ten hours after the os was dilated to double the size, its edge thin, but tense as a harp-string, and still no presentation to be felt. I therefore ruptured the membranes, and at once found that a shoulder presented. The pelvis being roomy, and the vagina soft and cool, I at once introduced my left hand with a view to turning, but finding that the passage of the hand through the os during such violent labour would be difficult, and remembering Dr. Barnes' instructions for the treatment of such cases, I passed my right hand between the patient's thighs on to the abdomen, and found that I could seize the head, and while tilting the shoulder up with the finger of the left hand, thrust it into its normal position in the pelvis; then withdrawing my left hand, I applied the short forceps on the head, and finished the labour in a few minutes. The child, a weakly one, lived 24 hours, and the mother made a good recovery. In a former case, which I saw in consultation, I attempted bipolar version, and though I failed in my effort in consequence of the length of time that the arm was protruded, yet I saw enough to teach me that as yet attention is not sufficiently paid to this easy method of avoiding one of the most distressing and laborious operations in obstetric manipulations.

WILLIAM CAMPBELL, the Scottish giant, died on Sunday last, at Newcastle-on-Tyne, at the age of 26. Campbell had been exhibiting in London at the Egyptian Hall, and returned to Newcastle, intending to stay only a few days. He stood 6 feet 3 inches, weighed 52 stone, measured 96 inches round the shoulders, 76 round the breast, 47 round the thigh, and 35 round the calf of the leg. He was the biggest man in the United Kingdom, and, so far as report goes, in the world.

Novelties.

CADIER'S LARYNGOSCOPE (POLY-ENDOSCOPE.)

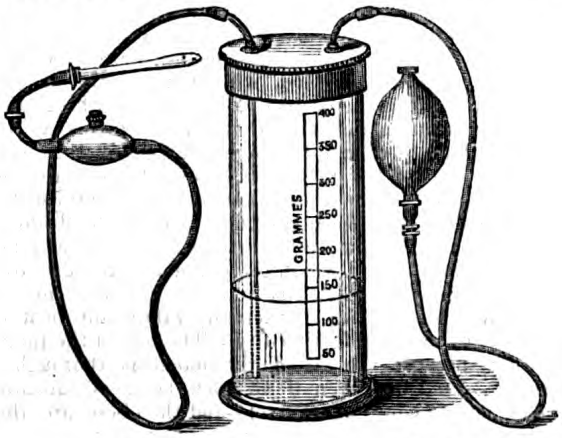
Dr. Cadier, of Paris, has recently introduced a new form of laryngoscope, which he has used with great success. Thanks to the powerful method by which it is lighted, one can see perfectly by its aid the smallest details and farthest points of the larynx. This instrument has been presented to the Academy of Medicine by Professor Peter, whose approbation on such a subject is the best proof the medical public could have of its utility and special advantages of this new instrument. At the meeting of the Academy of Medicine this instrument was presented, its design being to throw to the bottom of the larynx the largest possible quantity of light. That object had been already obtained more or less completely by other apparatus, Drummond's light and the electric light being used. But these machines were very expensive, difficult to be adjusted, and easily put out of order, all of which reasons tend to give the monopoly to the laryngoscope. The idea is to get from an ordinary lamp sufficient light by concentrating all the rays which it emits. This is what has been attempted—and successfully—by Dr. Cadier in his new instrument, of which the essential elements are a reflector and two lenses—one concave, the other convex. This apparatus not only concentrates the light, but is also very convenient, as you can attach it to any lamp or table. It also possesses absolute mobility in a vertical and horizontal direction, so that the luminous pencil can be easily directed upon all parts of the throat. It must also be remembered that with this instrument the observer can stand directly behind the light without being inconvenienced by it. Dr. Cadier's laryngoscope also possesses an advantage which is not to despised, for it causes the patient to stand at a distance, and thus protects the observer from the offensive emanations of a sore throat. For all these reasons—its convenience, is easy adaptability, and its moderate price, Professor Peter considered himself justified in presenting Dr. Cadier's instrument to the Academy, and recommending it to the medical public. This way of lighting the larynx, and the intense light which can be obtained, is equally applicable to other cavities for the exploration of which a strong light is required—nose, ears, and vagina. It may therefore be called a poly-endoscope.



Description :—A, ordinary oil lamp ; B, socket carrying the laryngoscope on two pivots so as to regulate the height ; C, copper tube with lens ; D, reflector ; E, counterpoise. The parts C, D, E are joined by pieces of copper, and balanced on the pivots, which allows it, by the aid of a clamping-screw, to place the light in the wished-for direction.

INJECTION APPARATUS.

At a recent meeting of the Academie de Médecine of Paris, M. Beclard presented, for M. Léard, an injection apparatus without piston or stop-cock. It is constructed, as shown in the adjoining illustration, of a glass receiver,



of a capacity of 500 to 1,000 grammes and graduated ; the upper end is embraced by a metal ring, into which a cap is screwed having two tubulures. Two tubes pass through these openings, to one of them an elastic tube and hand-ball are connected, while the other gives passage to a tube which extends nearly to the bottom of the receiver, and its upper end has a discharge pipe affixed. In the course of the discharge pipe a glass bulb is inserted, having a side opening for the introduction of a medicine to be acted on by the current of fluid.

Compression of the hand-ball creates a pressure of air inside the receiver, and causes a steady flow of fluid through the discharge pipe. By reversing the hand-ball, the apparatus will at once be converted into an aspirator.

UNGUENTUM PETROLEI.—(HOUGHTON AND CO., PHILADELPHIA.)

This is a bland unirritating substance greatly excelling lard for the pharmaceutical purposes to which the latter is applicable. It does not become rancid, and can be used as a vehicle for many materials that require to be employed in the form of ointment. It forms an elegant disinfecting lubricant when mixed with two per cent. of Thymol, and is therefore very useful for obstetrical purposes, as was pointed out by Dr. Wiltshire two or three years ago at the Obstetrical Society. We commend it to the attention of our readers.

Small-pox caused 48 deaths in London, and 21 in Dublin. In the former the epidemic appears to be gradually subsiding, whilst in the latter it is increasing in intensity.

The annual rates of mortality, according to the most recent weekly official returns, were—in Calcutta 43, Bombay 41, Madras 44 ; Paris 25 ; Geneva 21 ; Brussels 25 ; Amsterdam 26, Rotterdam 26 ; Copenhagen 23 ; Stockholm 26 ; St. Petersburgh 66 ; Berlin 29, Hamburg 26. Dresden 23, Breslau 26, Munich 34 ; Vienna 38, Buda-Pesth 42 ; Rome 26, Turin 33, Venice 23 ; Alexandria 43 ; New York 27. The 848 deaths in St. Petersburgh included 190 from fevers.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 29, 1878.

THE NEW MEDICAL BILL.

WITHIN the last week the Duke of Richmond and Gordon has been overwhelmed with medical deputations respecting the Conjoint Scheme and other subjects dealt with in this Bill, but we cannot say that any one of them was successful in exacting from his lordship any such amendments of his Bill as will satisfy those who are bent upon a genuine and radical medical reform. There was a deputation from the Medical Defence Association, from the University of London, from the Royal College of Surgeons of Dublin, and from the Medical Alliance Association; but had there been half-a-dozen more deputations, it is evident they would not have induced the Lord-President to make concession on all the points which the profession was most anxious should be conceded.

With regard to the Conjoint Scheme, the Duke of Richmond and Gordon, who is evidently anxious that it should be tried in England, told the deputation from the University of London that he did not think if there was a Conjoint Scheme for England, comprising all the Universities and corporations, that, therefore, many young men wishing to enter the profession, and not wishing to pass the examination of the Conjoint Board, would take refuge in Scotland, on the ground that they would pass a milder examination than would be exacted from them by the Board, for so long as the Medical Council existed, it had the power and the duty imposed on it of seeing that the examinations were of such a character as they thought they should be, and as would uphold the dignity and credit of the profession. This is certainly a very nice way of getting out of the Scotch difficulty. Have, his lordship would say, a Conjoint Board in England by all means, and the Medical Council will see that the Scotch corporations make the standard of their examinations quite equal to that of the English Conjoint Board. This is, however, a "sop" which is not likely to silence the convictions either of the profession at large, or of those associations above mentioned by which the profession has been recently represented. It would be impossible for the present or any prospective Medical Council to exercise such constant supervision over the examinations of the Scotch examining bodies as would ensure an uniformity of examinations among themselves, much less an uniformity with the examinations of the English Board. We might hope that the self-respect and ambition of our medical students would induce the great majority of them to present themselves before a Board whose very constitution, independently of its examinations, would give a dignity to its licence which would not appertain to any licence granted in Scotland. We could not hope, on the other hand, that the disinterested zeal of the rival bodies in that country in the cause of medical education would prompt them to put their examinations so closely on a par with those held in England as should hold out no hopes of a student obtaining in one country what he could not obtain in the other.

Then, again, if we do not misunderstand what the Lord President told the deputation from the Medical Defence Association, he is willing to make the Conjoint Scheme compulsory in each division of the United Kingdom upon all the corporations, except the Universities. Such a proposal will never be sanctioned by the profession; but as, in our last issue, we entered fully into the reasons why medical reform cannot be accepted on any such terms, we shall now only repeat that such a scheme would be fatal to the very object which the Bill aims at attaining. For not only would there then be a rivalry between these imperfect Conjoint Boards and eleven Universities, but in many cases the standard of the Board's examinations might be lowered through the absence of any representations of those Universities that have been foremost in their endeavours to promote the causes of medical education and to raise the standard of their professional examinations.

But we may ask, why all this talk about the "difficulties" thrown in the way of conjoint examinations by the Scotch bodies? Are these difficulties such that they might not be surmounted by a little timely concession on the part of those bodies? We think they might, and for the following reasons: In the first place, a committee might be formed to elect examiners for a Conjoint Scheme. Secondly, when a candidate has passed the Conjoint Board he still has no title to practise; therefore he must go to one of the present Scotch Examining Boards, and pay the sum charged by that Board for their examination, deducting, of course, the fee previously paid to the Conjoint Board. He then takes their diploma, or more than one, without further examination. Thirdly, the fee above mentioned (say £5) is charged to each candidate, and shall go entirely to pay the expenses of the Conjoint Board. Fourthly, it is here presumed that the conjoint examination will be sufficiently severe to satisfy most of the present examining boards, but should a University

think the Board examination not sufficient, it can, by previous arrangement, give it to be understood that any candidate desiring its diploma or degree, must, in addition to passing the conjoint examination, pass also an examination in certain named subjects at the University before being able to claim that degree. By some such arrangement as this the Scotch bodies would be sacrificing very few of those vested interests which have been so generally supposed to stand in the way of their uniting to form a Conjoint Board. But the question, perhaps, is not so much one of "ways and means" as of the *will* to adopt them. Either through prejudice, or from a conviction that Conjoint Boards are uncalled for and would not fulfil the objects for which they are projected, or from both these reasons combined, the Scotch bodies have evidently, as was seen when the subject was discussed by the Medical Council, entirely set their faces against all Conjoint schemes whatsoever. Wedded, therefore, as Scotland is to the interests of her own corporations, instead of to those of the public and the profession, it is evident that unless compelled to do so she will not lend any support to the Conjoint Scheme, notwithstanding it has received the assent of the General Medical Council, the English Corporations, the British Medical, and other Associations interested in the matter, the great majority of the profession, and the medical press. For this reason, we may be glad that, as the Duke of Richmond and Gordon announced to the House of Lords last Friday, amendments will be introduced into the Bill, which will compel the corporations in the three divisions of the kingdom to form Conjoint Boards. So far the Scotch bodies may be said to be checkmated, but then again, while the "Scotch difficulties" are thus partially removed, there will now be another difficulty in consequence of the Universities being left out of the question. At the same time we would ask, is the whole scheme of Conjoint Boards to be completely shipwrecked because the Universities are to be allowed to stand aloof? We say, certainly not. In our opinion it would be wise if the Royal College of Physicians of England, the Royal College of Surgeons, and the Apothecaries Society were to take independent action in spite of what will now be called the "University difficulty," and whatever may be the fate of the new Medical Bill. To their credit be it said, they have from the very first approved of and done all in their power to promote the Conjoint Scheme. Let them now rely upon the propriety, and, indeed, the necessity, of the proposed change. Let them take the initiative in a movement which is not only made in the interests of the public, but a movement which has been long and earnestly called for by the great bulk of the profession, from whom, too, they will not lack support if, in spite of the obstacles in the way, they have only the moral courage to undertake with spirit and with confidence that task which has been so unworthily shirked in other quarters. They may have, moreover, support and encouragement in one quarter in which, in the opinion of some, they should least expect it, namely, the great and important body of medical students in this great metropolis. We have not such a poor opinion of the spirit and generosity of the gentlemen who fill the lecture-rooms of our medical schools as to suppose they will avoid a Board, in the constitution of which their own individual interests have received no little consideration. There may be, unfortunately there are, a few idle students in every medical school, but we are sure the good sense and laudable ambition of the great bulk of our medical students will prevent them from seeking in Scotland what they could better, and with more dignity, get in their own country. Should a Conjoint Board be formed in England while the Scotch corporations are still open to any candidates who may think proper to apply for their licences, it will be reposing a confidence in the spirit and better feelings of medical students which they will not, in our opinion, be slow to acknowledge. The Scotch bodies will then find that they have gained nothing by their obstinacy. The English bodies will find that they have gained everything by their perseverance and moral courage—the gratitude and thanks of the public and the profession, and the respect of those who present themselves for their conjoint examinations.

EIGHTH REPORT OF THE OPERATIONS OF THE CONTAGIOUS DISEASES ACTS.

Sir Harcourt Johnstone's motion for the second reading of this Bill for the repeal of these Acts was not more successful than on previous occasions. It will be remembered that in July, 1876, there was a great debate in the House of Commons on the subject, but the debate and division were no less satisfactory than those which had preceded them; and the Bill was rejected by a majority of 122 in a house of 326 Members. This time the debate did not lead to a division, but was brought to an abrupt ending by Mr. W. H. Smith talking down the honourable baronet to the time of adjournment. As might have been expected, Sir H. Johnstone had no other facts or arguments to bring forward in support of his Bill than those which have been so often harped upon by the opponents of these Acts. In our last issue we briefly answered most of those "Reasons" for the repeal of the Acts which a certain association has very recently published, and now we will supplement the remarks we made on that occasion by a reference to the last report which has just been made by the sub-committee of the Association for the Extension of the Acts.

With regard to the effects of the Acts upon the army we need not recapitulate the facts which have already appeared more than once in the columns of the Medical Press and Circular, but we are reminded by the report before us that the reduction which is recorded does not represent the whole advantage derived from the Acts, and which would result from them were their operation further extended. For, at the protected stations the ratio is often increased, because a considerable proportion, sometimes as much as half of the men under treatment contract their disease outside the district; and the rate is also continually augmented by the influx of diseased men from unprotected stations, while in the returns the latter stations get all the advantage of the constant transfer to them of men with a low rate of disease. This fact has been very disingenuously taken advantage of by the oppo-

nents of the Acts, who, by ignoring the conclusion to which it inevitably leads, have rarely put before their supporters the bare statistics; which, unless the allowance above referred to is made, represents the Acts in a comparatively unfavourable light.

With respect to the Navy, the effect of the Acts has been well shown by a return moved for by Sir Harcourt Johnstone in July, 1877, which gives the ratio of venereal disease in the crews of ships stationed at five home ports under the Acts, and at five ports not under the Acts, from 1860 to 1875. The result as regards the diminution of the more important form of disease, syphilis, corresponds very closely to that obtained in the army. Thus, in the years 1860-63, before any Acts were passed, the average annual ratio of syphilis was 75·02 per 1,000 at the five ports since placed under the Acts; and 70 05 per 1,000 at the five ports not placed under the Acts. In the years 1870-75, with the Acts in full operation, the average annual ratio was 43·52 per 1,000 at the protected, and 96·37 per 1,000 at the unprotected stations, so that, latterly, the amount of disease at the former has been considerably less than half that recorded at the latter. The ratio fell 31·45 per 1,000 at the one, but rose 26·32 per 1,000 at the other. The cause of this rise at the unprotected stations, whatever it may have been, was, probably, also in operation at the others, and would have shown itself in them, had it not been kept in check by the influence of the Acts, which should be credited, therefore, with the prevention of the rise as well as with the positive diminution. The difference, therefore, comparing the two sets of stations before and after the Acts, amounts to 57·77 per 1,000 in favour of the protected stations.

As regards gonorrhœa the result is not so satisfactory, for there has been a considerable rise in recent years; but this increase is explained by the Director-General, Sir Alexander Armstrong, by the fact that previous to passing of the Acts, it was not the custom to place cases of gonorrhœa, unless severe ones, on the sick list; and thus the majority of cases were not recorded. This apparent increase of gonorrhœa has been made the most of by the opponents of the Acts, who either pass over the decrease of syphilis altogether, or keep it in the background as much as possible, and take full advantage of the aggregate increase obtained by lumping the two diseases together. We might notice other illogical calculations or misleading statements that Sir H. Johnstone has made, but we must pass on to another subject, namely, the influence of the Acts on the women in the subjected districts.

As we pointed out last week, one argument of the opponents of these Acts is that while they fail to check disease they also encourage vice, and degrade the women of the districts in which they are in operation. But what do the official reports say? In the first place, the Annual Report of the Assistant-Commissioner of Metropolitan Police, for 1877, states that the women have attended the periodical medical examinations with even greater regularity than in previous years; and that the orderly working of the Acts has been obtained without undue interference with personal liberty is shown by the fact that not a single complaint of excess or violation of duty on the part of the police has been reported. Again, we are informed that wherever a chance exists of reclaiming a woman every effort is made before she is brought under the operations of the Acts. In proof of this statement we are referred to the number of young women who, being found in bad company or in houses of ill-fame, were restored to their friends. By this means, 183 women, 75 of whom were between 12 and 18 years of age, were so rescued in 1877. In addition to these, 134 having commenced an immoral life, abandoned it on being cautioned by the police. Thus, 317 young women were saved from a shameful career without being in any way subjected to the regulations of the Acts. Besides these, 867 others were restored to their friends or were admitted to refuges after having submitted to the regulations for a longer or shorter period. By these means the proportion of prostitutes in the districts under the Acts is kept far smaller than by any voluntary system hitherto adopted, while juvenile prostitution, so rife when the Acts were first put in force, has been almost stamped out.

The significancy of these facts is apparent enough, and may they not also partly account for the circumstance (which Sir H. Johnstone admitted in the House of Commons) that the respectable inhabitants in the towns to which the Acts applied were in favour of them, on the ground that they kept the towns more quiet? This is the more probable when we consider that while "there were 1,694 houses of ill-fame open when the Acts came into force there were only 526 in 1877."

Indeed, so immeasurably stronger are the reasons for the retention and extension of these Acts than the "Reasons" for their repeal, that we are surprised that their opponents are so blinded by prejudice and sentimentalism as to persevere in opposing the measures that the State has thought proper to take for the purpose of preventing these contagious diseases, and the evils resulting from them. We were, therefore, pleased to see that Mr. W. H. Smith expressed his regret that Sir. H. Johnstone had thought it necessary to bring "this most painful question" before the House. He had in his official capacity made personal inquiry as to the operation of the Acts, and come to the conclusion that they had proved beneficial to public morality and advantageous to the State.

COMPARISON OF THE ARMY SERVICE WITH THE CIVIL MEDICAL SERVICE.

THE replies of the various teaching bodies in Ireland to the request of the War Secretary for their opinions as to the causes of the abstention of students from entering the Army Medical Service, would seem not to have satisfied the authorities, even yet, that a change of system is inevitable, and they have accordingly entered upon an inquiry which is intended to afford them a comparison between the money earnings of a medical man in the army and one in Civil practice. It does not seem to us that any such comparison is *ad rem* in the present difficulty, because the refusal of students to enter the Queen's Service has not been at any time in any great degree a question of money. However, here is the letter of the War Secretary.

War Office, April 27th, 1878.

Sir,—In considering the valuable reports which have

been received from the several teaching bodies on the circumstances which tend to deter eligible candidates from coming forward for the Army Medical Service, the committee appointed to inquire into the subject would be greatly helped if they had before them a trustworthy estimate of the average earnings, under ordinary circumstances, of medical practitioners in civil life. I am, therefore, directed by Secretary Colonel Stanley to request that, on behalf of the Royal College of Surgeons in Ireland, you will favour him, as soon as possible, with an estimate on the enclosed form of the average earnings in question.

I am, Sir, your obedient servant,
RALPH THOMPSON.

Estimate of the Average Earnings of a Civil Medical Practitioner.

1.	2.	3. Charges of a professional nature which have to be met out of the earnings shown in col. 2.
Period of Career.		
1 year after obtaining Diploma.		
10 years after do.		
20 years after do.		
Age 50.		
Age 60.		

General Remarks.—To this letter the Council of the Royal College of Surgeons in Ireland sent the following reply :—

Royal College of Surgeons, May 2nd, 1878.

Sir,—In reply to your letter of the 27th ult., I am desired by the President and Council of the Royal College of Surgeons in Ireland to state that they have no data upon which to ground an opinion as to the entire professional incomes of the medical men of Ireland at their varying periods of life.

I am directed, however, to inform you that the civil appointments usually sought for by young men on first entering professional life in this country are those under the Local Government Board, and from inquiry made this day of the Medical Commission of that Board, they find that the average amount received by each medical man holding a dispensary workhouse or other poor-law office is £145 per annum. This source of income is, of course, quite independent of all private practice and that derived from other professional appointments. The Council regret their inability to give any further information in reply to the queries furnished, but it must be apparent that no means exist by which this College could ascertain the incomes received from private practice by individual medical men, and direct inquiries upon this head would be considered inquisitorial on the part of the College.

I am, Sir, your obedient servant,
JAMES STANNUS HUGHES,
Secretary to Council.

The inquiry submitted by the War Office manifests a very regretable want of appreciation of the feeling of the profession on the subject, the causes which have led to the dearth of candidates for the service, and also of the remedies to be applied. Those who are acquainted with the growth of the "strike" amongst students which has placed the Government in its present difficulty, are aware that if the present rate of pay were to be doubled it would not even begin to remove the causes of discontent. Men might, it is true, be bribed into joining an unpopular service, but they could not be bribed into satisfaction with their position when they had entered it, and as long as a student is aware that in entering the service he is trusting himself to any alteration in his tenure and term of office which the authorities see fit, in their caprice, to make, and that in any case he is only making a temporary arrangement for a few years, he will, we presume, have the sense to prefer permanent occupation in civil practice, with the expectation of "bettering himself" as he goes on, instead of serving Her Majesty on a short lease and capricious eviction.

The inquiries put by the War Office are even somewhat foolish, for that institution might be supposed to know that the variations in professional earnings are so great that nothing like an average could be struck which would represent the circumstances of medical men all round. In Ireland the professional earnings of doctors in the large cities varies from *nil* to £3,000 a year, and in the provinces from the dispensary salary to £1,000 or £1,200. Age has not very much to say to the matter, for in large cities there are many practitioners who work hard through life and never make more than £150 a year, while there are others who realise a practice of £1,000 or £1,200 within the first few years of practice. The chances of a young man in practice depend altogether on his opportunities and his capacity, and these are elements which cannot be compared in any respect with the professional advantages of army medical men.

The army authorities need not occupy themselves asking questions. They know perfectly well what they ought to do, what the Service requires, what can be done to meet the difficulty without great expense, and what is reasonable and just towards their medical officers. They would carry into effect these changes to-morrow if they could humiliate themselves to go back of the policy of keeping down the medical officers which they have pursued for so many years—if they could divest themselves of the jealousy which causes them to regard every concession to the doctors as an infringement of the rights of the combatants. This they might do, and thereby remove very many of the grievances of which medical officers complain, and that without costing the country a shilling, yet with every advantage to the service. Until it is done army doctoring can never be acceptable to the gentlemen of the profession.

MR. GLADSTONE ON CHILDREN'S HOSPITALS.

As will be seen in another part of this journal, Mr. Gladstone presided last Thursday at the anniversary festival of the East London Hospital for Children and Dispensary for Women at Shadwell. Mr. Gladstone made a long and excellent speech, in which he drew attention to the unfortunate and yet unavoidable divorce which has of late years subsisted between the rich and the poor of London. "The East-end of London," said the

speaker, "is, to many of those who live in the West-end, a mystery and an unknown land. To most of them— if, indeed, there are many of them who have got so far—it may be considered that the station in Shoreditch is the end of the world, and that to go beyond it would be an adventure hardly to be entertained unless under the most grave inducements. It would seem to them almost like a new voyage of Christopher Columbus in search of a continent beyond the ocean. . . . . We must not conceal from ourselves that, under the conditions of modern life, and with the vast magnitude to which the capital of this country has attained, there are many peculiar causes at work which are tending to separate locally, and in respect to all the material circumstances of life—I mean by material external and visible—one class of the community from another. That is a very grave fact and a very great calamity. It is the duty, I think, of every sensible and prudent, not to say of every Christian man, to endeavour, if he can, to counteract those causes by such means as may be at his command."

Among the causes to which Mr. Gladstone refers are the facts that the wealthy quarters of the town are becoming more and more exclusively the habitations of the wealthy alone, and *vice versa*, while also there is the daily increasing practice of nearly the whole of the middle class seeking, "and very naturally seeking, after the exertion of their busy days, retreat, refreshment, fresh air, health, and renovation—not by their firesides, after the fashion of other generations, but in those beautiful suburbs with which so many points of London have been surrounded and adorned." There can be no doubt that the circumstances to which Mr. Gladstone refers have caused a sort of tacit estrangement between the wealthy inhabitants of the West and the poorer inhabitants of the East end of this huge and overgrown metropolis —an estrangement which would be more complete than it is were it not for the number of people belonging to the middle classes who, engaged in various occupations of business, or of religion or of charity (clergymen, doctors, sisters of mercy, &c.), form a sort of connecting link between those who live in the humble lodgings of the East and those who live in the sumptuous residences of the West. And with regard to our East-end hospitals and other charities, one effect of this estrangement is that they do not always meet with that amount of patronage and support which they probably would get were the benevolent and the rich living more among or nearer that class which stands so much in need of their assistance, and having, through not being so far removed from the East-end, the opportunity of witnessing the poverty, and squalor, and disease that so plentifully abound in that region of the metropolis.

Fortunately, the public press, and the publicity given to such an occasion as that on which we are now commenting, from time to time remind the richer classes that, notwithstanding all our boasted civilisation, and all that is done to maintain the order and well-being of modern communities, society is much the same now as it was in those days when Jesus Christ said to His disciples, "The poor ye have always with you." We feel sure that the more the rich realise this fact, the more inclined they will be to assist by their liberal donations and even their personal co-operation "those laborious and devoted men— clergymen, medical men, and others"—whose sphere of usefulness and whose good work are increased in proportion to the support given to the East-end Hospital for Children and other similar institutions. Before, however, concluding our remarks on this interesting event, we may observe that it should be a matter of regret that there is not more provision made for the treatment of children's diseases at all those hospitals to which medical schools are attached. It is a well-known fact that children constitute half the patients that come under the care of the general practitioner, and yet as regards the diagnosis and treatment of their diseases, a large proportion of our medical students are, through the little opportunity they have of seeing this class of diseases, but ill-prepared to pass an examination on the subject, much less to enter upon practice. This is of course owing partly to the lack of accommodation at most of our hospitals, and partly to the special institutions attracting to themselves patients who would otherwise be treated at the general hospitals. This circumstance is certainly to be regretted, but cannot be easily altered, and all we can do is to advise the medical student who intends to practice generally, to avail himself as much as possible of the opportunities afforded by such institutions as that over whose annual festival Mr. Gladstone has lately so ably presided.

Notes on Current Topics.

The Voice of the Profession respecting Medical Reform.

We stated some time since our opinion, or rather our certainty, that the vote of the ten representatives of Scotch and Irish Colleges in the General Medical Council who voted against conjoint examination was the expression of the money interests of their own colleges, and not only did not convey the feeling of the profession, but was diametrically opposed to that feeling, and we argued therefrom that it was obvious that the direct representation of the profession was most urgently needed when it was found that nearly one-half that body was ready to vote point-blank against the strongly pronounced desires of medical men. Our apprehension of the sentiments entertained by our brethren is completely borne out by the response given to the queries circulated by the British Medical Association. Up to the 18th instant the replies received were as follows :—

	For.	Against.
Direct representation . . .	5,075	. . 121
Conjoint examination . . .	4,910	. . 264

These figures ought to convince anyone of two facts— *first*, that almost every medical man in the United Kingdom considers that the General Medical Council does not fairly represent his views ; *second*, that nineteen-twentieths of the profession are animated with indignation at the petty money-getting policy of the lower class of Licensing Corporations, and desires that those bodies should be forced to do what is right to secure competency in the profession. Medical men might, perhaps, be said to have a personal interest in obtaining a voice in the government

of medical matters, but, as regards conjoint examination, it cannot be said that they have any personal interest in its favour. On the contrary, it is distinctly their interest to make all the money that can be got out of students, and make the road for their ingress as easy as possible. Nevertheless, medical men feel that the licensing of semi-competent persons is a crying sin, and it is well worthy of note that the clamour for improved education comes not principally from the public, who should feel the want of skilful medical attendants, but from the profession, which seeks—at a sacrifice of its own interests—to secure to the community medical advisers of a first-class medical and social grade.

The Irish Medical Association and Medical Reform.

THE following is the memorial addressed by the Council of the Association to the Duke of Richmond. The sense of the memorial was represented verbally to His Grace by Dr. Grimshaw, chairman of the Council of the Association, who was deputed to wait on his Grace in co-operation with the deputation from the British Medical Association.

To the RIGHT HONOURABLE HIS GRACE THE DUKE OF RICHMOND, K.G., *Lord President of the Council, the Memorial of the Council of the* IRISH MEDICAL ASSOCIATION :

HUMBLY SHEWETH,—

That the Council of the Irish Medical Association view with satisfaction any attempt at legislation which may tend to improve medical education and medical examinations, and to remove the present unsatisfactory state of the qualifications which entitled their holders to admission to the *Medical Register*. That the Council have carefully considered the provisions of the "Medical Act (1858) Amendment Bill," introduced into the House of Lords by your Grace, but the Council regret that they cannot regard the Bill in question as sufficiently fulfilling the foregoing objects, for the following reasons—

1stly. That the constitution of the General Medical Council is not affected by the Bill: the General Medical Council, as as present constituted, only directly represents the Government and the Corporations, but scarcely at all the great bulk of the medical profession. That while it is owing to the failure of the Corporations to adopt conjoint examinations, and the omission of the General Medical Council to enforce uniformity of education and examination, that the proposed legislation has become necessary, yet the regulation of examinations is to be almost altogether vested in the representatives of the licensing bodies.

2ndly. That the Bill does not make efficient provision for uniformity of examination, and still leaves the nineteen portals open for admission to the *Register*.

The Council of the Irish Medical Association therefore humbly pray that provision should be made in the present measure for the direct representation of the great body of the profession in the General Medical Council, each division of the United Kingdom being duly and separately represented. The Council further pray that, as experience has proved that a majority of the medical authorities are indisposed to unite for the promotion of conjoint examination schemes, there being in consequence no prospect of a single examining body being formed for each division of the United Kingdom, some power of compelling united action on the part of the said medical authorities should be provided in the bill.

And your Memorialists will ever pray.

The Wholesale Poisoning by Violet Powder.

WHILE this case is still pending it would be premature to say anything with regard to all the circumstances under which these extraordinary cases of poisoning took place ; but we may make a few remarks on the particular and almost unique manner in which the poisonous effects of arsenic proved fatal in these cases. Poisoning by arsenic generally takes place through that metal being taken into the stomach, or inhaled by the lungs, and so seldom has this poison proved fatal through its application to the skin that our text-books of toxicology are almost silent on the subject. Serious symptoms, and even one or two fatal cases, have occurred among people engaged in making artificial flowers, &c., but in these the aceto-arsenite of copper (or "emerald green") was the poisonous preparation, and not arsenious acid itself, besides which the poisoning was caused as much by the inhalation as by the handling of the metal. Cases, however, are on record in which arsenic itself was criminally administered through very extraordinary channels. Thus Fodéré mentions an instance it which a lady was poisoned by arsenic which had been administered in enemata, while Dr. Mangor (quoted by Christison) related three instances in which three women were killed by the administration of arsenic in a still more outrageous manner than that just mentioned.

Applied, however, to the *sound* skin, arsenic has generally very little effect unless it be rubbed upon it, or be applied in the form of ointment, liniment, or paste. In the latter case, and even when used in the state of a fine powder, the application of arsenic has given rise, as Sir R. Christison has shown, to serious local and constitutional symptoms. The form of poisoning which is just now attracting so much attention is remarkable, and almost unique, from the fact of the poison being contained in an article which is used in every household, from the extent to which it was distributed, and the havoc it caused among the children on whom it had been applied. In 28 cases where the violet powder was used no less than 12 or 13 deaths resulted. In most of the cases under consideration the victims were young infants, in whom the delicacy of the skin and the activity of the function of absorption at that period of existence would doubtless aid the operation of the powder, were there no other circumstance calculated to make the use of such a powder extremely perilous. But in many cases, probably, the skin was more or less abraded, or, at all events, not in a healthy condition. Indeed, one of the witnesses stated that the skin of her infant's face was very red, and broke out all over the face and neck, "and the more the redness and soreness increased, the more the powder was used." As regards the symptoms, they were much the same as might have been expected from the application of an irritant like arsenic to the delicate and, perhaps, unhealthy skin of a young infant. Redness, pimples, blisters, sores, "whiteheads" or pustules, a black or bruised appearance of some parts of the body, were the chief external symptoms noticed by the mothers of the children. We have very little information with regard to the constitutional effects of the poison, and altogether this part of the evidence will not be complete until the medical witnesses have been examined.

Counter Prescribing and its Defenders.

As it is evident that the druggists of England hope to break down by force of money and legal delay the attempt which the Medical Defence Association is making to put a stop to the illegal and improper assumption of medical functions by members of the trade, we have to appeal to the profession to aid the Association to meet these tactics by the only means in which they can be met, *i.e.*, by contesting every effort of the druggists to sustain this abuse of their trade functions. At the annual meeting of the chemists and druggists' trades-union last week, it was decided (although the Union had £500 at its bankers) to raise a special fund of £2,000 to fight the medical profession. The speakers declared that "it was the unanimous desire of the trade to fight out the question of counter practice to the very end, even to the House of Lords if necessary, and this would entail a very heavy expenditure." This intention is quite natural, inasmuch as the trade has been making a very handsome income by assuming to do that which the law and common sense strictly forbid them to do, and which, with every respect to them, they are, as a whole, totally incompetent to do; and it is to be expected that they will not yield so profitable a part of their business without a violent struggle?

These gentlemen express unbounded confidence that the feeling of the public and of Parliament is all in their favour. Why then do they not spare their £2,000, and, instead of attempting to sustain their alleged rights by special pleading on a legal quibble, meet the question fairly and finally, by introducing a Bill into Parliament to assert their privilege to act as medical practitioners. They well know that such a bill would have no chance of ever getting a second reading, and they therefore feel that their whole dependence is on the possibility of lawyers differing as to the present law, and on the likelihood of their being able to protract the law proceedings, and mystify the judges until the Medical Defence Association surrenders in sheer weariness.

From the energy of its proceedings hitherto, we may be quite sure that the Association will do nothing of the sort if it is encouraged and supported by the profession. Surely, to put the matter on the lowest ground, it ought to be worth the while of the general practitioners in England to invest a few shillings each to defend themselves against the competition of some tens of thousands of druggists throughout the country who, if established in their illegal practice, will take tens of thousands of pounds each year out of the pockets of the general medical practitioners. Surely, from a public point of view, it is worth something to protect the uneducated masses from the therapeutic eccentricities of traders whose notion of doctoring is seldom confined to the conventional and usually inoffensive purge and cough bottle.

The Dublin Mortality and the Small-pox.

The bill of health of the city of Dublin for the week ending the 18th of May—the latest date for which the Registrar-General has a return—is a most alarming document. The death-rate has increased to 36·5 per 1,000 of the population, which is not much less than double that of the English and Scotch cities quoted, London being 20·1, Glasgow 22·9, and Edinburgh 17·8 The deaths for the week (221) re one more than one-half greater than those of the same week of the previous ten years (147). From these 74 extra deaths, may be deducted 14 caused by the Hamond Lane boiler explosion, but the remaining 60 lives were lost over and above the usual mortality of this, one of the most unhealthy cities in the United Kingdom. The small-pox epidemic cost 21 lives, but even deducting these, the death-rate is still above the average, and monstrously above the rate for large cities similarly situated. The deaths from small-pox for the last weeks were respectively 15, 9, 21, 17, 12, 21. The cases in hospital have increased from 254 to 270 within the week, and the new cases admitted to hospital (106) were 16 in excess of those admitted in the previous week. Under the auspices of the Public Health Committee of the Corporation, dirt and sanitary neglect continue to reign supreme.

In Belfast there was, within the week, one death from small-pox, 5 from fever, and 2 each from measles and diarrhœa. In Limerick there were 2 deaths from fever, and 1 from diarrhœa.

The Beginnings of Medical Men.

It is frequently remarked by those who, dipping no farther than the outer crust, form their views of the future medical man from the boisterousness of those medical students who occasionally make themselves unfortunately prominent in our police courts, that the initiatory characters of such are not likely to develope into respectable practitioners. Sir James Paget has answered these opinions with statistics. At the distribution of prizes to the successful students in the medical department of King's College Hospital last week, Lord Carnarvon, in the course of his address, said he had asked himself the question whether those who had distinguished themselves that day were likely to follow up their work in after life. Upon that point Sir James Paget had referred him to statistics, which showed that out of 1,000 students 23 had achieved distinguished success, 69 had achieved what might be called considerable success, and 507 had achieved fair success. That he reckoned to be a larger proportion than any other of the higher professions could boast. The opinion of Sir James Paget in reference to the medical profession was that as a man began so he continued, and so he ended.

The New Journal "Brain."

No doubt one of the "current topics" of conversation among medical men will be the advent of a new quarterly journal devoted especially to the functions and diseases of the brain and nervous system. Judging from the first number, it bids fair to be a first-class periodical, the contributors to which are alone sufficient guarantee of the great value and originality of the articles it contains. Among these contributors we notice the names of Drs. Clifford Allbutt, McCall Anderson, Bastian, Lauder Brunton, Brudenell Carter, Lockhart Clarke, Klein, G. H. Lewes, Burdon Sanderson, and the editors, Drs. Bucknill, Crichton-Browne, Ferrier, and Hughlings-Jackson. The first number contains several good original articles, amongst which we specially mention those on

"Motor Feelings and the Muscular Sense," by G. H. Lewes; "On some Symptoms of Organic Brain Disease," by Dr. W. R. Gowers; and "On Brain Forcing" by Dr. T. Clifford Allbutt. There are also critical digests and notices of books, clinical cases, and abstracts from British and foreign journals. Some of these articles we shall notice more at length hereafter; in the meantime we may congratulate the editors on the promising character of this new undertaking.

Treatment of the Vomiting of Pregnancy.

THE vomiting of pregnancy is so often rebellious to treatment that any new remedy for this troublesome complaint cannot fail to arrest our attention. Two remedies have been recently vaunted in the pages of two American journals, one the bromide of potassium, the other ingluvin (*ventriculus callosus gallinaceus*). Dr. Samuel Pusey, of Washington (*Amer. Jour. of Med. Sci.*, Jan. 1878), administers in the form of enemata from thirty grains to a drachm of the bromide in beef-tea, every four hours, until the vomiting has ceased; and he says that this treatment has never failed in any case that has fallen under his observation. The use of this medicine in the vomiting of pregnancy was first tried by Dr. Girabetti, who gave it in increasing doses, beginning with 92 grains the first day, 120 the second, 150 the third, after which the doses were diminished. In another journal (*New York Med. Record*, quoted by the *Practitioner*) we read that Dr. Charles G. Frowert, of Philadelphia, has had a case of obstinate, vomiting in which, after the failure of other remedies, Warner's ingluvin proved very successful. Doses of 5 or 10 grains not appearing to have much effect, the quantity was increased to 15 grains, three times a day, or every three or four hours; the attacks were effectually controlled, the symptoms ceasing entirely in four or five days.

Treatment of Glandular Engorgements.

FOLLOWING the example of Nélaton, Dr. Quinart, a French surgeon, counsels the application of blisters not only on enlarged glands, but upon those in which pus has already formed, and he says that, by this method, he has succeeded in obtaining the resolution of inflamed glands which have already contained many ounces of pus. When the perforation of the skin is imminent, he punctures the tumour at its most depending part, and as soon as the pus has been discharged, he covers it with a blister which is extended to a margin beyond its limits. The next day the blistered surface is dressed with mercurial ointment, and a new blister is applied as soon as the first surface begins to dry up.

Reason v. Tradition in the Treatment of Certain Injuries to the Wrist Joint.

DR. L. S. PILCHER, M.D., in a communication to the Med. Soc., King's Co., America, considers that Colles fracture is caused by the action of the anterior ligaments, the fragment being torn off. It partakes more of the character of a sprain than of a fracture, and when reduced by proper manipulation requires no splints to keep the fragments in place; indeed, the splints are hurtful. Massage, pressure and motion are required after the first few days. The New York *Hospital Gazette* says this is an original paper, and except that some of the author's views are a little too exclusive, it is sound. Probably nothing has been contributed which throws so much light upon this obscure subject since Vollmier and Robert Smith wrote.

The Tincture of Ergot in Hypodermic Injections.

M. SUTON, in a paper read before the Société Médicale de Reims, advocates the use of a tincture of ergot for hypodermic administration. We have, he says, on another occasion, discussed the question as to the best preparation of ergot for the above purpose, and we have given the preference to the normal alcoholic tincture, rejecting the solutions of the substances called *ergotine*, *ergotinine*, &c. This tincture is a reddish liquid, limpid, and of a not disagreeable odour. Its contact with the tissues causes no inconvenience, and it is not more painful than ether, chloroform, or chloral. The pain felt at first is immediately followed by a sensation of heat, which, in its turn, soon passes off. Provided the injection is carried sufficiently deeply beneath the skin of a part abounding in cellular tissue, there is no fear of sloughing, or of an abscess forming. The dose of the tincture varies from fifty centigrammes, or a gramme, to two or three grammes. The average quantity required is a gramme, representing twenty centigrammes of powdered ergot. Not to mention the application of this tincture to the treatment of puerperal and other hæmorrhages, all the therapeutical and physiological properties of ergot are secured by a preparation which, unlike the *soi-disant* ergotine, contains all the active principles of the drug. There is, says M. Luton, no occasion to show that ergot acts chiefly upon the organic muscular fibre of the abdominal viscera—the uterus, bladder, rectum, &c. We wish to show the special application of that drug to the treatment of retention of urine of a functional or paralytic nature. The efficacy of ergot in such cases was strikingly shown by an observation recorded in *Le Mouvement Médical*, for while that drug was being administered in a bad case of typhoid fever, with the view of arresting an intestinal hæmorrhage, accompanied with distressing meteorism, the bladder, which was paralysed and very much distended, was, at the same time, freely emptied. It is not in one case merely, but in several cases, that this treatment has been successful, the urine being generally passed about half-an-hour after the injection. It is particularly serviceable in retention of urine of a simple paralytic nature, and especially in cases of adynamia, coma, profound prostration, &c.

Pharmaceutic Ignorance.

AN American court, recently disposed of a suit for damages instituted by a lady against a druggist. It was proven that the lady sent a small boy to the apothecary's for some arsenic, which she had been in the habit of taking for neuralgia. Soon after swallowing the usual dose of the material sent her by the druggist, the plaintiff became seriously ill, and was near dying in convulsions. She swore that these symptoms have since recurred on several

occasions. The medicine was proved to be strychnia instead of arsenic. A verdict of damages awarded the plaintiff the amount of 1,050 dollars. Such, says the *Chicago Journal*, is the just recompense for the ignorance of a man who, in order to sell liquors, pursued the business of a druggist, and who, when upon the witness stand, *could not tell how many ounces made a pound of apothecaries' weight.*

Treatment of Headache.

Among the remedies recently recommended by Dr. Eugène Dupuy, of New York, for that form of headache called migraine, is irritation of the peripheral nerves by throwing a jet of carbonic acid gas against the nasal mucous membrane. He also recommends the bromide of potassium added to the potion of Riverius, which consists of an effervescing mixture of citric acid and the bicarbonate of potash, and taken so as to allow the effervescence to take place in the stomach. "The mode in which these means act is the removal of irritation from the tract of the middle encephalon, where the roots of the fifth nerve have their origin." We are, however, inclined to doubt both the efficacy of the remedy and its supposed *modus operandi*. Arsenic is another remedy in which Dr. Dupuy places much confidence. Given to such an extent as to produce slight œdema of the lower eyelids, it will sometimes remove the attack for a long time. Cannabis indica has also "a strong curative effect" upon this form of headache.

Narcotics in the Treatment of the Insane.

In the last annual report of the Stirling District Lunacy Board Dr. James Maclaren says that in the individual cases where any mental excitement occurred little reliance was placed on narcotics or other so-called soothing medicines. "It has struck me," he adds, "very forcibly that in attacks of acute mania the recovery has been more rapid and the intellect much clearer and brighter where these have been avoided. They undoubtedly may produce temporary quiet, but the condition in many cases seems rather one of stupefaction than anything else. The dull, hazy, muddled condition in which large doses of chloral and other similar drugs leave a patient is certainly often not a very hopeful state as regards the ultimate recovery of nervous tone; in fact, it has often seemed to me that the combined effect of acute excitement and large doses of narcotic medicines has been something bearing a strong resemblance to a complete wreck. Tonics have been very largely had recourse to, and special attention has been paid to the proper dieting of recent cases." We need scarcely observe that this is not the general opinion of the profession with regard to the value of narcotics in the treatment of certain cases of insanity. Many eminent authorities, both living and dead, might be quoted in favour of the use of morphia, chloral, or bromide of potassium in some cases where want of sleep and excitement are prominent symptoms. Nevertheless, such experience and such an opinion as that we have just cited will act as a wholesome check to a practice which is no doubt in many instances abused or carried to excess. It is, moreover, by occasionally withholding certain reputed remedies at times when their administration is considered a matter of course, that we can judge whether their therapeutical value is as great as is generally supposed. For this reason we should be glad to hear from Dr. Maclaren of his further and more detailed experience on this question of the utility of narcotics in the treatment of those symptoms of insanity for which they are so commonly given.

A Novel Literary Distinction.

According to Lieutenant de Corbigny, literary men in Annam are known by the dimensions of their nails, which sometimes attain a length of twenty-five centimetres. The nail of one finger, however, is cut short, to enable its possessor to scratch himself—a laborious undertaking in all classes of that country.

The mortality in most of the large cities of the United Kingdom last week was exceedingly low, Dublin excepted, where the death-rate reached the very high figure of 37 per 1,000 of the population; whilst London returned but 20; Edinburgh, 18; and Glasgow, 23 per 1,000.

Dr. Burdon Sanderson will be the Harveian orator this year. The oration will be delivered at five o'clock on Wednesday, June 26th, at the Royal College of Physicians of London.

LITERARY NOTES AND GOSSIP.

An institution has just been started at 26 Suffolk Street, Pall Mall, called the London Athenæum, as a central general reference library for professional men. Such an institution will doubtless be much appreciated by country practitioners, as being a *rendezvous* for meeting friends, receiving letters, &c., when visiting the metropolis. There is no entrance fee for the first 500 members, the annual subscription being one guinea for country members, two guineas for town members.

* * *

It is not often that a purely philosophical work arrives at the distinction of an eighth edition. Such, however, is the case with Hartmann's "Philosophie des Unbewussten" published during the past few days.

* * *

We understand that the second volume of Roscoe and Schorlemmer's "Chemistry," and the second edition of Dr. Semple's "Aids to Chemistry" are in the press. Dr. Alleyne Nicholson's "Manual of Zoology" has just gone into a fifth edition. The MS. of Dr. Morell Mackenzie's new work "On the Throat" is now in the printer's hands. A third edition of Dr. Prosser James's "Sore Throat," and a small brochure by Dr. Julius Pollock, "Notes on Rheumatism," have also been published during the past week.

* * *

The second thousand of Surgeon-General Gordon's little work "The Soldier's Manual of Sanitation" is announced. This little work will probably become—if it does not already occupy that position—the pocket text-book for officers and men of the regular and volunteer forces, on account of its practical and common-sense nature for prompt aid to the wounded pending the arrival of a medical attendant. The Government would do well to distribute this very freely throughout the regiments, and thus assist both the military surgeons, and the men themselves in the immediate care of the wounded.

* * *

Some very interesting experiments have been conducted at the Paris Academie des Sciences, during the past few days, by some literary and scientific celebrities, resulting in intelligible sounds being passed through a single-wire telephone, by a derivation of current from other systems through wet ground.

An interesting lecture "on the Chemical Aspects of Vegetable Physiology," at the last meeting of the Chemical Society, gave rise to an animated discussion on the evolution of oxygen, and the formation of starch grains. The conclusions of Liebig and Mulder were denied so far as relates to the formation of vegetable acids, and the composition and functions of chlorophyll left to future speculation as heretofore.

* * *

Messrs. F. W. Lowndes and A. Bernard, surgeons to the Liverpool Seamen's Dispensary, have issued a supplementary report which will be of special interest at the present moment, when opinions are so diverse of the Contagious Diseases Acts, and Parliament is engaged in a debate thereon. This supplementary report is published separately, as it was thought by the committee that the details with which it deals were not such as should be included in the general report which is circulated amongst the public. It being printed for private circulation, those of our readers who feel sufficiently interested in the subject will probably be able to get a copy from either of the above-named gentlemen.

Correspondence.

ON BLOOD-LETTING AS A THERAPEUTIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your article of May 15th upon the value of blood-letting in an emergency, so full of anxiety to all concerned in puerperal convulsions, is most interesting to the *accoucheur*. But next to him it has a mission to the physician and the surgeon also, as it tends to open the way to long-neglected and almost forgotten paths in the practice of their profession.

Thirty years ago—if no later—a *grinder* would have considered his pupil to have taken a good edge, and to be in a fair way of cutting through the examiners to the profession, if he could, to the question of how to treat most diseases, common and uncommon, promptly reply, *Bleed, blister, and give calomel!* The examiners also satisfied as to his competency when *ground* so, "let loose" the candidate; but as soon as this occurred, he, wiser than both grinder and examiners, turned his back upon his friends, and if he ever mentioned those at all, it was only to laugh at them. No doubt he had his reasons for this, especially if he was naturally a sharp fellow, as a remedy which cures everything is often found upon trial to be not much of a cure for anything. Besides, having seen—probably under his teachers—the "bleed, blister, and calomel" method carried to a mischievous extreme, he therefore, with an excess of caution in his wisdom, resolved to have none of it. Novelty, too, which fashions everything—our garments, our food, our pleasures, and wherefore not our physic?—had moreover something to say to it, and thus has arisen a new order of practitioners to whom the very name of bleeding is an abomination.

Deeming myself not an extreme man—professionally, at least—I consider the modern school to be as faulty in principle as its predecessors were, whose one aim appeared to be to outrun even the great Sangrado himself; and with your permission I now proceed to give reasons for my belief, but lest they be insufficient, I will try to mix them well with facts. ("Masters!" says J. J. R., "but little talk; give your lessons in examples, and be ye sure of their effects.")

While a student, not wishing to be puzzled by very fine points of physiology, I always sought to follow the teachings of moderate masters, and when those told me that in such diseases as sthenic pneumonia I *might* bleed, but, at any rate, I *must* leech, I was satisfied that this teaching came to me fortified by experience. In like manner, when they assured me that in such diseases as phrenitis, puerperal convulsions, pleuritis, iritis, and sometimes peritonitis, I *must* bleed, I was also satisfied and resolved to make a mental note of this, so that it would regulate my future practice. In a practice, therefore, extending over some ten years, I have deemed it necessary, in view of my instructions, to bleed from the arm about two dozen times, and to leech fully and frequently, and in no case but two was this venesection followed but by recoveries the most successful; and the same assurance has reference to the much more frequent leeching. The successful cases of bleeding were pneumonia, pleurisy, peritonitis, puerperal convulsions—the latter occurring to a plethoric lady approaching the age of forty, two days after a "hard" delivery, and whose liver and kidneys had been congested for some time before parturition—and even acute and subacute rheumatism. The two unsuccessful cases were apoplexy and pleuritis, with convulsions. In the former I was not permitted by the friends to bleed—according to my judgment—enough, and was otherwise hampered in the treatment. In the latter the bleeding was done *too late*, I not being within reach of the patient for nearly twenty hours after the seizure. This being my experience of bleeding, I have now to speak of leeching, which I have found, and still find, to be most satisfactory also. It would be wearisome to enter into a detail of the latter, as certainly no month elapses without my having to prescribe it for some one; but I may mention the kind of cases in which I do prescribe it. These are pneumonia, rheumatism—articular and muscular—hepatitis, nephritis—idiopathic, or from scarlet fever—peritonitis, orchitis, severe sprains, and even at times in such a case as compound fracture. In all the above, benefits the most marked followed it, and in some the single word marvellous would be the one word most appropriate. Nor am I deterred from resorting to it by the cry now in fashion that in this adynamic age people want blood pumped into them instead of being deprived of it. I have, in a case of puerperal peritonitis in a weakly girl, applied twelve, and the next day following, other six leeches—eighteen in all—and followed this treatment by a fly blister, nine inches by six, while I gave calomel, opium, and quinine, and claret intermittingly, and yet the patient did not die, as some would express it. In a case of rheumatic synovitis of the knee-joint, when a delicate female enjoyed not a minute's rest day or night for six or seven weeks, I have, as soon as called in, applied eighteen leeches, six every alternate day, with other active treatment, and in less than three weeks the patient was able to walk about, although she was so weak when leeched that she fainted at the third leeching. And equally successful have I found leeching in nephritis, after that most debilitating disease, scarlatina.

While such have been my observations upon bleeding and leeching, I have not failed also to observe cases and their termination in which one or other of them, or both, were omitted. I have seen scores of children die from dropsy after scarlet fever, who, in my opinion, might be saved by timely leeching. I have seen pleuritis followed by empyema, and the abscess at last bursting externally, so that there could be no mistake about the case then, when neither bleeding nor leeching had been ever thought of. I have seen rheumatic synovitis of knee-joint end in white swelling and amputation at last, for the want of leeching; and in a similar case which had been freely leeched *too late*. I have seen anchylosis end it, so that, to sum up, this cry of want of blood, is, in our day, a most idle and vicious one.

A doctor, more than any other man, should be a student of Nature as well as human nature, and if he would note carefully the cases in which a timely attack of epistaxis, hæmatemesis, melæna, or hæmorrhagia, especially in people turned forty years, and of full habit, has saved a patient's life from apoplexy or paralysis, when the liver had been allowed to get disordered and blocked up, this outcry against bleeding would not ride on him.

I am, sir,

Respectfully yours,

J. O'Flanagan, L.R.C.P. Edin.

Houghton-le-Spring, Durham.

ANNUAL MEETING OF ROYAL COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There are many friends of Mr. Wm. Adams who would be glad to vote for him at the Fellows' annual meeting at the College on the 4th July next, and he has been urged to offer himself as a candidate, but as Mr. Gay is a friend and colleague, Mr. Adams is afraid that his candidature would imperil the chance of Mr. Gay. Mr. Adams has therefore very generously declined to be nominated, and he hopes that Mr. Gay may be elected to a seat in the Council, for which he is so well qualified.

I am, your obedient servant,

Henry Harris.

Redruth, 21st May, 1878.

UNION HOSPITALS AND COUNTY INFIRMARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Thompson reminds me strongly of a certain small English statesman whom *Punch* described as first writing something on a wall and then running away in terror from the consequences of his own act. Dr. Thompson informs your readers that he does not consider it necessary to enter into further discussion anent his reflections on union hospitals, but with all respect to that gentleman he cannot be permitted to execute his graceful retreat without further molestation from the enemy. Compilers of hospital reports must be prepared for the same measure as that accorded to every other writer, and they consequently must be prepared to have the plain English meaning put in plain English words. You, Mr. Editor, with a chivalrous boldness which I had thought quite extinct in these degenerate days, rushed to the defence of your friend in your issue of April the 24th. You stated, and Dr. Thompson, in his last letter, declares your opinions are his, "that no reflections were intended to be made on the skill of the officers of workhouse hospitals, but that the disadvantages under which their patients labour in the scientific treatment of their medical, and especially of their surgical diseases, arose from the fact that grave surgical cases, instead of being aggregated in the small compass of a single hospital, are interspersed up and down in half a dozen workhouse hospitals among the mass of workhouse sick." Now, Mr. Editor, I have no wish to be hard, nor does indeed the matter call for it, on Dr. Thompson, who is, he will permit me to say, a credit to his institution; but as I am accused of jumping to hasty conclusions without making myself acquainted with facts, exhibiting an unbecoming professional jealousy, thereby displaying small-mindedness, &c., I must be allowed again to quote the exact words used by Dr. Thompson. It is impossible to deny that they convey the most obvious insinuations against the skill of workhouse surgeons. Here are the words:—"I briefly pointed out the disadvantages the patients laboured under as compared with county infirmaries in the scientific treatment of medical, especially surgical diseases. I endeavoured to point out the necessity for a central hospital in each county for treatment of severe (reader, mark the words!) medical and surgical cases, and I drew attention to the irreparable loss the medical profession would suffer by the general closure of county infirmaries." He states further down that he was obliged to refuse admission to fifty applicants who were either incurable or unsuitable—trivial cases, of course—for admission to the worknouse. Now, sir, there is but one meaning to be put on all this, and it is the meaning that I and not you have put on it. I am glad that in his last letter Dr. Thompson has done justice to his own high character by gracefully withdrawing all aspersions on the skill of workhouse officers. And now, Mr. Editor, when your ideas as to the disadvantages patients labour under in workhouse hospitals are confined to the fact that grave surgical cases are in them diffused mid a crowd of lighter ones not concentrated in one seething mass, allow me to remind you what perhaps before you had not thought on, that this very dispersion is the one thing called for by the universal scientific professional opinion of the day.

Truly yours,
THOMAS LAFFAN.

[We do not think it necessary to notice Dr. Laffan's communication further than to say that he entirely misconstrues what both we and Dr. Thompson did say.—ED. M. P. & C.]

Medico-Parliamentary

CONTAGIOUS DISEASES ACT REPEAL BILL.

IN the House of Commons, on Wednesday last, Sir H. JOHNSTONE proceeded to move the second reading of the Bill, submitting that the returns which had been laid before Parliament afforded a convincing proof that the continuance of the Act was not justified by the circumstances of the case. The hon. member was entering into a variety of details in illustration of his argument, when

Mr. MOORE moved that the ladies' gallery be cleared, this was put to the House, and lost, and

Sir H. JOHNSTONE resumed his speech, remarking that on the part of many of the towns of this kingdom, which protested against these Acts, he was bound to say that the very construction of them was a direct interference with the powers and privileges of municipal authorities. The idea of making policemen the special guardians of public morality was in itself so absurd that he would not waste time in dwelling on that topic. If there was one woman who three and twenty years ago made great personal sacrifices for the good of the soldiers of England, that woman was Florence Nightingale, and she had been the first to sign the petition he had presented that day, feeling sure that a system of Government regulation and examination was contrary, not only to the rights of women, but to the general liberty of the State. He was convinced that year after year would bring conviction to the minds of those still undecided that it was impossible to maintain these Acts in the face of the public feeling of the country, which, whether rightly or wrongly, was persuaded that they had not done any great amount of good, while they had outraged the public feeling of this country to a most terrible extent.

The Right Hon. W. H. SMITH, who rose at twenty-five minutes to six o'clock, expressed his great regret that the hon. baronet should have thought it necessary to bring this most painful question before the House. It was one of the most painful subjects that could be debated in the British House of Commons. He was very far from calling in question the motives of the hon. baronet, and of those who took an interest in the subject, but he could not help feeling that they took but a very partial view of it, and one which it was not unnatural men should take who were not able themselves carefully and thoroughly to study it. From experience and examination he had come to the conclusion that these Acts were beneficial to the public morality, to the persons who were principally affected by them, and to the State.

It was now a quarter to six o'clock, and the debate, in accordance with the standing order of the House was adjourned.

THE MEDICAL ACT AMENDMENT BILL.

In the House of Lords on Friday last, the Duke of RICHMOND and GORDON said that in consequence of the amendments he found himself compelled to insert in this Bill he should not ask their lordships to go into Committee on the Bill that night, but to allow him to commit the Bill *pro forma*, that all his amendments might be reprinted, so as to enable their lordships to discuss them with greater convenience. When he introduced the Bill he gave a considerable period of time between the second reading and going into Committee, in order that the Bill, affecting as it did the public and the medical profession in a great degree, they might have ample time to consider its provisions, and that he might have the advantage of ascertaining the opinions of those interested in the subject, which might enable him to put the Bill in as satisfactory a state as possible. That had been responded to. Various deputations had waited on him on the subject, and he had received numerous letters from m dical men from all parts of the country, and also of the metropolis, in reference to the provisions of the measure. He stated when he introduced the Bill that the best mode of dealing with the subject would be by establishing a uniform minimum standard of examination. No doubt that would be the best mode of securing the best qualified persons to become medical practitioners, to be arrived at by a conjoint board of the three Kingdoms, but that instead of its being permissive it was proposed that it should be made a compulsory board, formed of all the medical corporations of the three countries, leaving it to the Universities to come into the arrangement if they thought fit to do so. The communications he had received since showed that it met with the general approval of the profession of the three countries, and he had reluctantly come to the conclusion that he must ask their Lordships to allow him to amend the Bill so as to make the conjoint board a compulsory one. He proposed to amend the Bill in that respect, and therefore he asked their Lordships to allow the Bill to pass through Committee *pro forma*, and to postpone any discussion until some day next week.

Viscount POWERSCOURT said he was glad to hear that the noble Duke had consented to the change.

The Marquis of RIPON thanked the noble Duke for the change he proposed to make in the measure. It was most desirable in the interest of the public.

Earl GRANVILLE said that he congratulated the noble Duke

on the change he had made in the Bill, and said that he had no doubt it would be a great benefit to the medical profession and the public at large.

The Bill then passed through Committee *pro forma*.

LIMERICK LUNATIC ASYLUM.

In the House of Commons on Friday last Mr. Butt called attention to the order in Council removing the Mayor of Limerick from the Governorship of the Lunatic Asylum, Limerick; and had given notice of his intention to move, "That, in the opinion of this House, it is expedient in orders in Council appointing governors of lunatic asylums to observe the old practice of appointing the mayors of cities." He said he did not consider the subject one on which it would be necessary to put the House to the trouble of a division, even if the rules would have permitted him. It was, however, one in which a great deal of interest was taken in the city he had the honour to represent. It was an illustration of a form of government too common in Ireland. It related to the removal of the mayor and certain other persons, in the most unaccountable and arbitrary manner, from the places they had long occupied on the Board of Governors of the Limerick Lunatic Asylum. These asylums imposed heavy taxation on Ireland, and yet in their management there was no single particle of representation of the ratepayers.

Mr. J. LOWTHER said that the Government had no desire to throw difficulties in the way of municipal institutions, and they fully recognised the importance of appointing proper persons as governors of lunatic asylums. He should have been content to allow the matter to rest until it could be brought forward in a proper manner; and he should take an early opportunity of conferring with the Lord-Lieutenant on the subject. He could assure the hon. and learned gentleman that the Government had every desire to remove any grievance which might be found to exist.

After a few words from Mr. O'SHAUGHNESSY and Mr. MURPHY, the subject dropped.

THE CASE OF MR. DODWELL.

In reply to Dr. Kenealy, Mr. CROSS said that Broadmoor Asylum, so far as insane male persons were concerned, was filled only with those who had been acquitted on the ground of insanity; that was the present rule. When this gentleman was found to be insane by the verdict of his countrymen (for shooting at the Master of the Rolls) he was sent in the ordinary course to Broadmoor. As he stated some little time ago, letters were received at the Home Office from Dr. Forbes Winslow and Dr. Winn, and they were sent on the 15th of April to the authorities at Broadmoor, with the intimation that when those authorities were able to report that it would be consistent with the safety of the public and of Mr. Dodwell himself, either absolutely or conditionally, that he should be at large, his case would then be considered, and not till then. No report had yet been received.

Obituary.

Dr. JEPHSON, Leamington.

AT the ripe age of 80 years has passed away, in the person of Dr. Henry Jephson, a physician who at one period may be said to have had the largest and most lucrative practice in the United Kingdom. Deceased was born at Mansfield, Nottinghamshire, in 1798, and early in life showed great aptitude for scientific pursuits, especially in experimental chemistry. Once during his experiments he nearly lost his life by an explosion of fulminate, which carried away two of his fingers. After passing, he went to Leamington as an assistant to a practitioner of some reputation in that town, to whose practice he afterwards succeeded. He subsequently went to Glasgow and obtained the M.D. degree of that University, returning to Leamington at the urgent request of his patients and friends, where he practised for twenty years as consulting physicion. So great was his popularity that it is said patients came from all parts of the country, and even from the colonies, for his opinion, until his professional income was swelled to over £20,000 per annum. But this constant and unceasing wear of body and mind eventuated in loss of health, and ultimate blindness, necessitating his retirement into private life in 1848. With his wealth he was mosi generous, and apart from his professional acquaintances, he had a host of sincere and admiring friends. Dr. Quain, of London, and Dr. Heslop, of Birmingham, were in attendance upon him in his last days, and everything that skill could devise was therefore at hand, but Nature was exhausted, and he gradually and painlessly sank a few days ago, leaving behind him a memory which will be long cherished by all who knew him.

Dr. ALLISON, Barrow-in-Furness.

AN old and much respected inhabitant of Barrow-in-Furness has just passed away, at the age of 60, in the person of Dr. Joseph Allison. In early life deceased was in medical charge of Government troops viâ the Cape to India. He went to reside in Barrow 23 years ago, and was for many years the only medical man in that town, where his skill and kindly disposition were much appreciated, and he was elected to all the local and many neighbouring clubs. He was also one of the honorary surgeons to the North Lonsdale Hospital. He was one of the oldest members of the local volunteer force, and joined the ranks as a private at the first swearing in. Subsequently, on the occasion of an accident occurring during a review at Holker, by which a volunteer's finger was shot off, his services were fortunately available, and Lord Hartington, the then colonel, requested him to take a commission as surgeon to the battalion. This he held to the time of his death, having attained to the grade of surgeon-major. He was also a member of the Town Council, and held the appointment of medical officer under the Corporation. For many months his friends have noticed his health failing, but he was slow to recognise it himself, and he continued his practice up to a few weeks before his death, the immediate cause of which was softening of the brain. His remains were followed to their resting-place by a numerous gathering of volunteers, the leading gentry and tradesmen of this now populous town, who testified by their attendance and bearing the esteem in which deceased was held.

Medical News.

Royal College of Surgeons, of England.—The following gentlemen having passed the required examination, received the diploma of M.R.C.S. of the College at meetings of the Court of Examiners on May 21st, 22nd:—H. Edward Ambler, Hemel Hempsted; J. Henry Barnard, Fulham; John Bibby, Preston; W. Price Biden, Peckham; J. Maunday Biggs, Dallington, Sussex; Ernest Blacker, L.R.C.P. Edin., Bath; E. Collins Bousfield, Bedford; W. George Clements, Rochester; W. Henry Copley, Melton Mowbray; F. Henry Corbyn, L.R.C.P. Edin., Cheltenham; F. Samuel Cowan, Bath; H. Edward Davies, Llanddulas; George Davis, L.R.C.P. Lond., Blackheath; D. Henry Dowsley, M.D., Clinton, Canada West; E. Napoleon Drought, Winchmore Hill; A. Samuel Faulkner, Liverpool; G. H. William Flower, Stafford, Dorset; F. Nalder French, Over, Cheshire; L. Henry Fuller, Bath; H. John Gover, M.B. Clapham; W. Wollaston Groome, Monks Soham; W. Frederic Haslam, Reading; C. Henry Hough, Cambridge; G. Henry Jackson, L.R.C.P. Edin., Liverpool; G. Frederick, Jackman, Beaulieu, Southampton; W. Thomas Jackman, Stoke-Newington Road; R. Dennett Jones, Conway, North Wales; G. Alexander Macdonald, Hull; G. Thomas M'Keough, M.D., Chatham, Canada; A. Charles Morton, L.S.A., Aylsham; A. Joshua Newman, L.S.A., Watton, Herts; T. Henry Parke, Tideswell; J. Henry Pettinger, Manchester; W. Smith Porter, Sheffield; J. James Powell, Weybridge; J. W. Leonard Russell, Sheffield; C. Guthrie Stein, Cape Town; H. Ogilvy Stuart, L.S.A., Woolwich; W. Henry Walter, Sydenham; H. Langley Webb, L.S.A., Cheadle; Dawson Williams, Burnby, near York.

East London Hospital for Children.—The annual festival of this institution was held on Wednesday evening last in a large handsome tent erected for the occasion at the back of the hospital. From the last annual report it appears that the total number of patients treated during the financial year of the hospital, viz., from the 1st May, 1877, to the 30th April, 1878, including new out-patients, in-patients, and casualty cases was 7,463; and the number of attendances of out-patients and casualty cases, old and new, amounted to 23,793. Of the 7,463 patients treated within the year, 6,230 were new

out-patients, 588 were new casualty cases, and 645 were in-patients. After the usual loyal and patriotic toasts were duly honoured, the Right Hon. W. E. Gladstone, chairman, in rising to propose the toast of the evening, "Success to the East London Hospital for Children," received quite an ovation from the assembled guests. In a speech of nearly an hour's duration he dwelt upon the beginnings of the institution by Dr. Heckford, who, sacrificing personal ease, society, and all his private means to start a small hospital for children in the midst of that dense population at the East End, died just as his labours and anxieties were beginning to bear fruit. He passed on to notice the inestimable value the hospital had become in the hands of an able staff, paying, at the same time, a flattering eulogium to the medical profession, which was ever foremost in the relief of suffering humanity; and concluded by an eloquent appeal for funds. Mr. Norris, the treasurer, gave an account of his stewardship, and in an eloquent and impressive speech dwelt upon the claims such an institution had upon the west, as well as the east, of London, paying, at the same time, a well-merited tribute to Mr. and Mrs. Gladstone for their presence, and for the assistance Mrs. Gladstone afforded in taking their little convalescents into her Home at Woodford. Dr. Andrew Clark, in replying to the toast of the visitors, said, as they had inflicted upon him an after-dinner speech, he would retaliate with his private opinion of their chairman. He said that ever since it was his good fortune to become acquainted with that illustrious statesman he had never met him without extreme pleasure, and never parted from him without having learned much. Whatever might be their opinions politically, there could be but one entertained of Mr. Gladstone in his honesty of purpose, in the courage of his opinions, in the sacrifice of popularity for the sake of those opinions, and his readiness at all times to give his time and great talents for the welfare of the poor. Even if he had not the honour of a personal acquaintance, he would rejoice that he had lived to listen to such a profound speech on behalf of the suffering poor. Dr. Clark then passed a high compliment on Mr. Ashton Warner, the indefatigable secretary, to whose labours the hospital owes so much of its success. It was impossible, he said, to come in contact with zealous men like Mr. Warner without feeling that their zeal was infectious, and he hoped to carry away with him a portion of the zeal which seemed to characterise the whole of the staff. Mr. Arthur Cæsar, F.R.C.S., responded on behalf of the medical staff, and Mr. Warner announced subscriptions to the amount of £1,160.

Central London Throat and Ear Hospital.—On Wednesday evening last the annual ball in aid of this institution was held at Willis's Rooms, and proved a great success, both artistically and financially. Although fancy dress was not imperative, the licence to appear in evening dress was not extensively availed of, most of the gentlemen wearing either uniform or some costume. By 11 o'clock the rooms had become tolerably full. About 400 guests were present during the night, dancing being kept up till about four in the morning.

University College Hospital.—The annual dinner of this institution was held last week under the chairmanship of Mr. J. Eric Erichson, F.R.C.S., consulting surgeon to the hospital. In asking his hearers to drink the toast of "Prosperity to the Hospital" the chairman said at no period in its history had it stood more in need of the support of its friends and the public. The number of persons relieved by an hospital was not always a criterion of its value, as it might be stated that University Hospital in the last year, with its 2,131 in-patients, showed a percentage of 13·3 per bed, as against 9·2 of the whole unendowed hospitals of the metropolis. This was an evidence of remarkable medical and surgical activity. The secretary, at the close of the evening, read a list of subscriptions amounting to nearly £900.

Royal Hospital for Incurables.—The twenty-first anniversary dinner in aid of the funds of this institution took place last week under the chairmanship of Mr. R. N. Fowler, presiding. The number of inmates of the hospital are at present 187, whilst the society contributes to the support of no less than 389 individuals, regarded as pensioners, each of whom receives £20 a year, and these recipients are not confined to the metropolis, but are scattered over the United Kingdom. The chairman, in proposing the toast of the evening, pointed out this was a class of disease the end of which was not speedy death, and it was only reasonable to expect that each pensioner would remain upon their books for an average of twenty years. During the evening the Secretary read out the list of subscriptions, which amounted to £2,500.

NOTICES TO CORRESPONDENTS.

MEDICAL BENEVOLENT FUND OF IRELAND.—This Society will hold its thirty-sixth annual meeting on Monday next at 4 p.m., at the King and Queen's College of Physicians. Dr. Gordon, President of the College, will occupy the chair.

ERRATUM.—In the annotation headed "Morphine Mydriasis," in our last, "the sub-maxillary band" should read *gland*.

DR. OFFENBERG, Prussia.—Our Reports on "Rabies or Hydrophobia" were republished in book form about a month since. It forms a crown 8vo volume of 286 pages, and is published at 5s. by Messrs. Baillière, Tindall, & Cox.

PROF. BISCHOF.—Your letter, in reply to one in our last, came to hand as we were going to press. It will appear next week.

DR. P.—Your personal interest in the establishment is not a sufficient inducement for us to insert an article editorially which few of our readers would care to read. It is plainly an advertisement, and as such only can be inserted in our columns.

OBSTETRICAL SOCIETY OF LONDON.—Wednesday, June 5, at 8 p.m., Specimens: Extra-Uterine Fœtation, by Dr. Hayes; Hand-behind-Head Presentation, by Dr. Bryden; Drawings of a Living Double Monster, by Dr. Wiltshire. Papers: Dr. Aveling, "The Curves of the Forceps, their Origin and Use;" Dr. Matthews Duncan, "The Revolutions of the Fœtal Head in passing through a brim contracted in the Conjugate Diameter."

VACANCIES.

Limerick Union Workh ouse.—Resident Apothecary or Pharmaceutical Chemist. Salary, £100, with furnished apartments. Election, June 5.

London Fever Hospital.—Resident Medical Officer. Salary, £200 per annum. Applications to the Secretary on or before June 10.

Radcliffe Infirmary, Oxford.—Surgeon on the Staff. Testimonials, &c., to the Secretary on or before June 5.

Somerset County Lunatic Asylum.—Assistant Medical Officer. Salary commencing at £120, with board. Must have double qualification. Applications to the Medical Superintendent at the Asylum, Wells.

Southam Union.—Medical Officer. Salary, £40, with fees extra. Applications to the Clerk of the Board, Union Offices, Southam Warwick.

Tralee Union, Brosna Dispensary.—Two Medical Officers. Salaries, one at £60, and one at £90. Election, May 30.

Limerick Union Workhouse.—Resident Medical Officer. Salary, £200, with furnished apartments, &c. Election, June 5.

APPOINTMENTS.

BRIGHAM, H. G., L.R.C.P.Ed., M.R.C.S.E., Resident Medical Officer to the Royal Pimlico Dispensary.

CONNOLLY, W., L.R.C.S.I., Visiting Physician to the Waterford District Lunatic Asylum.

DREWITT, F. G. D., M.R.C.S., House Physician to St. George's Hospital.

HARDIE, D., M.B., C.M., Assistant Medical Officer to the Inverness District Lunatic Asylum.

HUGHES, J. R., M.D., M.R.C.S.E., Medical Officer of Health for the Denbigh Urban Sanitary District.

JONES, R., M.R.C.S.E., Certifying Factory Surgeon for Flint.

PARKER, R., L.A.H.D., Apothecary and Registrar to the County Infirmary, Roscommon.

TWEEDY, J., L.R.C.P.L., F.R.C.S.E., Ophthalmic Surgeon to the Great Northern Hospital.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major A. Thomson, M.D., from half-pay to be Surgeon-Major; Surgeon A. P. Green resigns his commission.

Births.

DUFFEY.—May 23, at 30 Fitzwilliam Place, the wife of G. F. Duffey, M.D, of a daughter.

JEFFERSON.—May 19, at Lisburn, the wife of Dr. Jefferson, of a daughter.

MAPOTHER.—May 17, at 6 Merrion Square, Dublin, the wife of E. D. Mapother, M.D., of a daughter.

Marriage.

BUSH—POLE.—May 22, at St. Leonard's Church, Streatham, R. Hake Bush M.D., to Emily, eldest surviving daughter of Sir Wm. E. Pole, Bart., of Shute, Devon.

Deaths.

ATKINSON.—On May 11, at Sunniside, Sunderland, George Atkinson L.S.A.L., aged 67.

EALES.—On May 17, at Camden Road, William Penn Hele Eales, M.R.C.S.E., aged 68.

HAINES.—On May 9, at Littleworth, Gloucestershire, William John Haines, M.R.C.S.E., aged 22.

JACKSON.—On May 21, at his residence, Wallgate, Wigan, Lancashire, John Jackson, L.R.C.P.Ed., &c., aged 36.

MILLER.—On May 8, at the Lunatic Asylum, Powick, Reuben Zaccheus Miller, M.R.C.S.E., aged 40.

RUTTLEDGE.—On May 5, at Salonica, of typhoid, T. E. Ruttledge, of Ingatestone, Essex.

SCAIFE.—On May 19, at Sydenham House, Low Harrogate, Christopher Scaife, M.R.C.S.E, aged 58.

VICKERS.—On May 3, at Holywell, Flintshire, Thomas Vickers, M.R.C.S.E., aged 72.

WHICHER.—On May 21, at the Royal Naval Hospital, Malta, James Whicher, M.D., Deputy Inspector-General of Hospitals, aged 53.

WILLIAMS.—On May 21, at Redland, near Bristol, John Williams, F.R.C.S., Surgeon Major, Army.

IRISH POOR-LAW INTELLIGENCE.

DROGHEDA UNION.

PAYMENT TO TEMPORARY MEDICAL OFFICERS.

MR. M'KENNA mooved that in future in case of a medical officer requiring a substitute for more than one week, he should pay him himself and not levy the expense on the union. In moving the motion he had no animosity at all to any of the gentlemen who might be affected by it. It was their business to see that when they appointed doctors they do the duty they are appointed for. He did not want to apply his remarks to any present cases at all, but in future they should adopt a different rule and prevent an abuse in the way in which they allowed matters to be conducted.

Chairman—Is there any one to second it?

Mr. Everitt—I will second it, but with this limitation. I don't go to the sweeping extent of Mr. M'Kenna's resolution. I hold, and I am sure so do the greater number of the gentlemen I am addressing, that if a medical officer, or any other officer in our employment, happens to get incapacitated from duty while in the discharge of the duties of his office, every consideration is due to him, and we are not only bound, but will take care to see to his recovery. In legitimate cases of that sort I would spare no expenses, but in other cases certainly I fully agree with the spirit of the resolution.

Mr, Eagar referred to the instructions as to the duties of dispensary committees and the power given to medical officers to appoint substitutes.

Chairman—But there surely should be some limit as to the time that a substitute can act.

Mr. Mangen—According to Mr. Eagar's reading a substitute can be employed from one end of the year to another.

The motion, with Mr. Everitt's limitation, was adopted.

We may appropriately call the attention of the Drogheda Guardians and of Poor-Law Medical Officers to the letter of the Secretary of Council of the Irish Medical Association on the subject, which appeared in our supplement for May 15.

The Council direct attention to the fact that—in the terms of this Regulation—the duty of a dispensary medical officer, in case of his being "temporarily incapacitated by illness or other cause," is strictly confined, firstly, to his "immediately, if practicable, communicating with the chairman or honorary secretary," and "*recommending*" a duly qualified *locum tenens*. He is not authorised to appoint his substitute, and the committee has full discretion to act upon his recommendation, or to disregard it if they see fit. He has not any authority whatsoever to make arrangements with the *locum tenens* as to his remuneration, nor would any promises made by him be in the least binding either on the committee or the board of guardians. He is simply directed to suggest to the committee the name of a medical man who possesses the qualifications required by the regulations, and in doing so he will, of course, act rightly in recommending a practitioner who can conveniently and effectually discharge the duties for the advantage of the sick poor.

On the other hand, the practitioner who acts as *locum tenens* should underitand that his doing so is irregular until he has had a definite appointment from the responsible officer of the dispensary committee, and that he has no claim whatever for remuneration except on a definite arrangement on the subject with such officer. He will, no doubt, in circumstances of urgency, act upon the request of the medical officer *ad interim*, until the secretary or chairman of the committee can be communicated with, but he will distinctly understand that by so doing he acquires no claim—noral or legal—upon the medical officer. He should remember also that if he omits to obtain, at the hands of the committee, or its responsible officer, a definite appointment and a definite understanding as to payment, he does so at his own risk, inasmuch as it is the regulation that the guardians "shall, subject to the approval of the Local Government Board, determine the amount of remuneration (*if any*) to be paid to the temporary substitute," and it is therefore quite open to the guardians (and boards have frequently availed themselves of the power) to refuse to pay anything for such services unless they have previously contracted with the *ocum tenens* for a suitable remuneration for his services.

We particularly ask the attention of Mr. M'Kenna and his brother guardians to the following observations:—

The council also desires to point out that the dispensary medical officer who complies strictly with the terms of the Regulations, as above referred to, is entitled as a matter of right to receive his salary during the continuance of his illness, and it is not within the power of the guardians to refuse payment, or to make any deduction from the amount, either for the remuneration of the *locum tenens*, or for any other purpose, unless a special arrangement to that effect shall have been previously made between them and the medical officer for that particular occasion.

It is not within the authority of a board of guardians, by any resolution made at the time or previously, to alter the provisions of the Regulations, or to create a rule having such effect; and in case of their refusal to pay the *locum tenens*, the dispensary medical officer is not bound in honour or in law to make good such payment, unless he has implied or expressed understanding with the *locum tenens* to that effect.

SEQUESTRATION OF DISPENSARY SALARY.

A LETTER was read from the Solicitor to the Board, instructing them, in reply to legal information asked of him, to pay certain cheques drawn on account of Dr. Kealy, to the official assignee, Mr. James. Another official document to the same effect was also read.

Mr. Everitt considered it a very hard course; the poor man was to be deprived of his labour; this amount was due to him for his salary, and he considered that Dr. Kealy was entitled to receive it at their hands.

Mr. Leech considered that the money should not be paid to the official assignee in such a case. Dr. Kealy was entitled to his salary at their hands.

Mr. Everitt referred to a similar case before the courts in Dublin, where it was held that a current salary could not be attached in that way.

Mr. Matthews—It is a matter of law, not of sentiment. You ask a legal gentleman his opinion, and he gives it to you. I am afraid you must ultimately be guided by what he tells you.

The matter was ultimately, after much consideration, referred to the Local Government Board.

The following resolution of the committee was read:—

"That our hon. sec. be requested to represent to Dr. Kealy that, although most anxious to meet his views, they cannot continue longer to pay a substitute, more especially as his, Dr. Kealy's, salary has gone into another channel."

BOYLE UNION.

ASSISTANTS AT AN OPERATION.

THE following was read :—

SIR,—The L. G. B. acknowledge the receipt of the minutes containing a minute requesting approval of the proposed payment of a fee of two guineas to Dr. Walsh for assistance rendered by him to the second M. O. of the Workhouse in a surgical operation; and the L. G. B. have to state that some explanation appears to be called for, as to the necessity of Dr. Walsh in this case, there being two medical officers for the Workhouse.

By order of the Board,

B. BANKS, Secretary.

The Clerk then read the following from the medical officer's report :—

"The operation at which Dr. Walsh assisted was amputation of the thigh close to the body, and as it was done under chloroform, two medical men (at least), exclusive of the operator, were required, one to administer the chloroform, and one to tie the arteries."

The note made on it was :—"Dr. O'Farrell's explanation considered satisfactory."

CONVEYANCE OF SMALL-POX INFECTION.

NAAS UNION.

THE master reported that a young woman named Jane Wilson, a native of Punchersgrange, in the Naas union, had been sent into the workhouse hospital, labouring under small-pox of a most virulent type. She had been servant in the employment of a gentleman residing on the Rathmines Road, Dublin, whose daughter died of small-pox, and she was put to wash the clothes belonging to the deceased young lady, and consequently contracted the disease, and was sent to her home, from where she was sent to the house by Dr. Sale, the medical officer of the workhouse.

Chairman.—The case is one of the worst type. If death does unfortunately follow, it would be as well to have inquiry into the truth of the girl's statement.

The Master.—She said she did not know what the young lady died of when doing the washing, but found it out after. The medical officer of the workhouse said it was one of the worst cases ever in the house.

Clerk.—Or how can we tell she had the disease when she left the doctor's house?

The Master.—She says she came home ill.

The subject then dropped.

Dr. Sale wished the board to make an order to have her father's house disinfected, and the clothes and bedding burned.

The board made an order accordingly.

SLIGO GUARDIANS.

THE PAYMENT OF SUBSTITUTES.

Mr. KERRIGAN, hon. sec. to the Carney dispensary, asked that a resolution should be passed directing that Dr. Roe should be paid six guineas for acting as *locum tenens* in Cliffoney, between the date of his retirement and the apppointment of his successor, Dr. O'Neil.

Mr. Collery asked why should the ratepayers pay £4 and £6 to this doctor, when the fact was he only went from one district to another to better himself? It was £10 thrown away for nothing. It is a monstrous thing that £10 should be paid away in this manner; and it is not since I became a member of the board I looked on such payments as ridiculous.

Mr. Kerrigan.—Dr. Roe, being appointed to Carney dispensary, sent in his resignation on the 19th February; and the committee could not make a new appointment till March 19, and in the meantime they appointed Dr. Roe to do the duty as *locum tenens*. The dispensary could not be left without a doctor, and Dr. O'Neil was then appointed, but he did not take charge till the 1st of April, and Dr. Roe had to be continued during that fortnight.

Mr. Hunter.—And Dr. Hamilton was paid as *locum tenens* in the other district, while he was getting his superannuation allowance.

Chairman.—Were two doctors paid at the same time?

Mr Collery.—It seems so.

Mr. Kerrigan.—Dr. Hamilton's superannuation allowance only took effect after he ceased to act as *locum tenens*.

Chairman.—If Dr. Roe actually resigned, and was afterwards employed to do duty, he should be paid.

Was it not in consequence of Dr. Hamilton's resignation Dr. Roe went to Carney, and was he not paid for acting in Carney and Cliffoney at the same time for ten weeks?

Mr. Kerrigan said that the appointments did not clash Dr. Hamilton was paid as *locum tenens* for Carney district up to the 19th March. Then Dr. Roe was appointed. This left the Cliffoney district without a doctor, and Dr. Roe was appointed *locum tenens* at two guineas per week, no other doctor being paid at the same time.

Chairman.—The simple question is, ought Dr. Roe to be paid for acting for those three weeks, being appointed by the dispensary committee?

Mr. Collery.—Two salaries were certainly paid for the fortnight, as Dr. O'Neil was appointed on the 19th of March, and yet Dr. Roe is paid for doing his duty for a fortnight after.

Mr. Kerrigan.—But Dr. O'Neil's salary only commences from the time he took charge.

Clerk.—That is just the question. You will have to settle whether he is to be paid from the time he was appointed or from the time he took charge.

Mr. Kerrigan pointed out that it was usual for dispensary committees to ask a newly-appointed doctor when he would be able to take charge of his district, and a fortnight or three weeks was given him to do so, a substitute being appointed and paid in the interim. If, however, the incoming doctor was not paid only from the time he commenced to discharge the duties, there would be no substantial loss to the ratepayers, and it was well Mr. Collery raised the point.

The resolution was passed sanctioning the payment of three weeks' salary to Dr. Roe, and the matter dropped.

ATHY UNION.

THE SANITARY CONDITION OF STRADBALLY.

THE following communication was laid before the board :—

"SIR,—In the case of J. Kelly, the magistrates refused to make an order to force him to make a sewer from his premises to main in street, believing that the section (10th of 29 and 30 Victoria) under which the summons was brought, applied only to houses and not to yards or premises, to which latter my report referred. I am still of opinion that the yard or premises of every house should have a proper sewer attached to it, and I beg to be informed how I am to proceed.—I am, &c., W. PERCIVAL, Medical Officer."

Clerk.—The magistrates held that the yard is not a part of the house.

Chairman.—But surely the Legislature ment to include yards, for the principal nuisance exists in the yards attached to the houses.

Mr. Salter.—The nuisance in this case is caused by the surface water flowing from the yard on to the street. It emits a very foul smell.

Mr. O'Brien.—If a nuisance exists you have ample powers to compel it to be abated without any reference to the sewer at all.

Mr. John M'Laughlin.—I would suggest that the case be brought on again, and that our solicitor be instructed to attend, as a solicitor appeared against the board in the present case.

Mr. O'Brien, P.L.I.—The premises attached to any house must certainly be considered part of that house; any other presumption would be absurd.

ENNISKILLEN GUARDIANS.

MEDICINE CONTRACT.

MR. WILSON said that as there were a number of medicines not in the ordinary authorised form for tenders, which were specially ordered by the dispensary doctors, they should be included in the contract.

Dr. Bagot said there was little doubt that the present authorised list was a perfect farce. He believed there

were medicines on it were not ordered for the last 20 years.

The Clerk said that he had been keeping a list of extra medicines ordered from time to time by the House and dispensary medical officers with a view of making a supplemental list of the ordinary contract.

The Board approved of this course.

IRISH MEDICAL ASSOCIATION.

QUARTERLY REPORT OF THE PROCEEDINGS OF COUNCIL FOR THE TERM ENDING MARCH 31, 1878.

THE following is the continuation of the correspondence with the Commissioners of Metropolitan Police respecting the duties of the police to give information to the coroner as to the medical attendant of the deceased person on whom an inquest is held.

Metropolitan Police Office,
Dublin Castle,
13th February, 1878.

SIR,—I am directed by the Chief Commissioner of Police to acknowledge the receipt of your letter of the 7th inst., and previous communication, expressing the hope of the Irish Medical Association that instructions might be issued to the police in future, "when giving notice to the coroner concerning a sudden or violent death, at the same time to inform him of the name and address of a medical practitioner (with a view to his being summoned as medical witness at the inquest)."

In reply, I am instructed to state that it would afford the commissioner much satisfaction if it were in his power to promote the object in view, but he regrets to say he is not in a position to take any step, as the law gives the police no discretion in the matter.

In Dublin the established practice appears to be to have a medical man specially set apart to act as medical witness at inquests—an arrangement which, it is understood, has been approved by the proper local authority.

I am, Sir,
Your obedient servant,
J. A. CONOLLY,
Assistant Commissioner.

Irish Medical Association,
Royal College of Surgeons, Dublin,
21st February, 1878.

To Colonel Conolly, V.C.,
Assistant Commissioner,
Dublin Metropolitan Police.

SIR,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter of the 13th in which it is stated "that it would afford the Commissioner much satisfaction, if it were in his power, to promote the object in view; but he regrets to say he is not in a position to take any step, as the law gives the Police no discretion in the matter;" but the 9th and 10th Vic., cap. 37, sec. 22, enacts "that the constable or subconstables acting in and for the place where such dead body shall be found, or such death happen, shall give, or cause to be given, immediate notice thereof to the coroner of such district, *together with such information as he or they shall have been able to obtain touching* the finding of such dead body, or *such death;*" and the Council are of opinion that the name and address of the legally qualified medical practitioner (if any) who was in attendance upon the deceased shortly before, at, or immediately after the occurrence of death, is "*information touching the death*" *which could be obtained by the police, and should immediately be communicated to the coroner.* By referring to my letter of the 11th December, 1877, it may be seen that this is the first part of the request made by the Council; the second part of which hangs upon the 33rd section of the same Act, which directs that the medical witness shall be "a legally qualified medical practitioner, being at the time in actual practice at or near the place where such death happened."

In your letter of the 13th inst. it is also stated that, "in Dublin, the established practice appears to be to have a medical man specially set apart to act as medical witness, an arrangement which, it is understood, has been approved by the proper Local Authority." Although it is the fact that the practice referred to (though an illegal one) has existed, it is not the function of any "Local Authority," by its approval or otherwise of any practice, to controvert the letter and spirit of the law; and by referring to the copy of the report of the judgment delivered by the Court of Queen's Bench in Ireland, on the 19th November, 1877, in the case of "The Queen at the prosecution of Jacob v. Finlay," which I forwarded on the 12th December last, you will observe that the Court ruled that *that practice is illegal and contrary to the policy of the law*, as defined by the 33rd section.

The Council therefore trust that the Commissioner may reconsider the matter, in the hope that he may see fit to comply with their request; the question involved being an important one as regards public and professional interests, as well as due observance of the law.

In conclusion, I may again observe that the Inspector-General of Royal Irish Constabulary has already adopted the suggestion of the Council.

I am, Sir,
Your obedient servant,
JOHN H. CHAPMAN, Hon. Sec.

Metropolitan Police Office,
Dublin Castle,
23rd February, 1878.

SIR,—I am directed by the Chief Commissioner of Police to acknowledge the receipt of your further letter of 21st inst., and in reply again to express regret that it is not within the province of the Commissioner to interpret the law in the manner you have pointed out, and to instruct the police to act accordingly.

The present practice in regard to medical evidence at inquests in Dublin having been settled and approved by the proper competent authority, and not by the Commissioner of Police, he is precluded from altering or modifying the arrangement in any degree.

All that the Commissioner of Police can do is to assure you, for the information of the Council of the Irish Medical Association, that, in the event of the present system being altered by the proper local authority, so as to meet the views of the Council, the Commissioner will not fail to carry out the new arrangement.

I am, Sir,
Your obedient Servant,
J. A. CONOLLY,
Assistant Commissioner.

Irish Medical Association,
Royal College of Surgeons,
5th March, 1878.

To Colonel Conolly, V.C.,
Assistant Commissioner,
Dublin Metropolitan Police.

SIR,—Your letter of 23rd February last having been submitted to the Council of the Irish Medical Association, I am directed to observe that the interpretation of the law, as pointed out in my previous letters, is that which the Council have obtained from their law advisers (Messrs. Purcell, Q.C., and R. O'Brien Furlong), and as *that reading of the law was confirmed by the Court of Queen's Bench* on the 19th November last, in the case already referred to by me, the Council beg to suggest that the Commissioner of Police should obtain the opinion of the law

adviser of the Department on this matter, which is too important to be dealt with in an off-hand manner; the subject of this correspondence rests altogether, so far as Council are aware, on the 22nd and 33rd sections of the 9th and 10th Vic., cap. 37, viz., "The Coroners' (Ireland) Act." The Council have directed me again to point out that there is no *local* authority competent by its settlement and approval to legalise the present practice in regard to medical witnesses at inquests in Dublin, and request that you will have the goodness to inform them what local authority you referred to in your letters of the 13th and 23rd February, as having, and also whereby it is so vested with such powers. The Council are under the impression that the power of pointing out the duties of the police, and especially those defined by Acts of Parliament, is vested in the Commissioner; and that no *local* authority has any power to interfere with him in the exercise of the duties of his office.

The Council never implied that the Commissioner of Police arranged the present practice in regard to medical evidence at inquests in Dublin, but protest against his recognition of it, because it is a practice which has very recently been decided by the Court of Queen's Bench in Ireland to be an *illegal one*, and as no legislation bearing on the subject has since been enacted, the Council hope that the Commissioner of Police will take the earliest opportunity of obtaining competent advice in order that he may be thoroughly satisfied with regard to this matter.

I am, Sir,

Your obedient servant,

JOHN H. CHAPMAN, Hon. Sec.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 18, 1878.

Total registered deaths in Dublin and suburbs* ...	221
Ten years average of same week	147
Excess of mortality above average	74
10 weeks ratio of deaths Rathmines	25·3 per 1,00
„ „ „ Donnybrook†	24·1 „
„ „ „ Blackrock	12·3 „
„ „ „ Kingstown	16·6 „
„ „ Entire Dublin District	36·5 „
COMPARATIVE RATIOS—London ...	20·1 „
„ „ Glasgow ...	22·9 „
„ „ Edinburgh ...	17·8 „

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week was 57, being 28 over the average for the twentieth week of the last ten years. They comprise 21 from small-pox, 3 from fever (1 typhus and 2 typhoid), 12 from whooping-cough, 4 each from measles and diarrhœa, 2 from diphtheria, &c. The deaths from small-pox registered during the last six weeks have been respectively 15, 9, 21, 17, 12, and 21. Of the 21 recorded last week 6 are chargeable to the North City Districts, 14 to the South City, and 1 to Donnybrook. The number of cases of this disease under treatment in the Dublin Hospitals (including the temporary hospitals in connection with the union workhouses) on Saturday last was 270, against 254 on the preceding Saturday; 106 cases were admitted during the week, being 16 over the number in the previous week; 73 patients were discharged as cured, and 17 died.

Bronchitis caused 26 deaths, pneumonia 5, pleurisy 2, and lung disease, unspecified, 1. These 34 deaths are 8 over the average mortality from diseases of the respiratory organs in the corresponding week of the last ten years.

Eleven deaths resulted from heart disease, 5 from apoplexy, 4 from paralysis, 1 from brain disease unspecified, 1 from nephritis, and 2 from kidney disease unspecified.

Twenty-nine persons died from phthisis, three from hydrocephalus, 2 from scrofula, 1 from mesenteric disease, and 6 from cancer.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May* 18, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MAY 18, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	37	199	221	30	39	21	4	...	2	12	3	4	20	22	73
BELFAST . .	20,687	182,082	32	166	113	12	22	1	2	...	...	...	5	2	2	3	26
CORK .	13,816	91,965	11	87	20	3	2	...	...	...	..	...	1	...	...	...	2
LIMERICK .	8,509	44,209	26	19	22	4	7	...	...	...	...	...	2	1	...	...	7
LONDONDERRY	21,865	30,884	24	13	14	4	3	...	...	...	...	...	...	...	1	1	6
WATERFORD .	17,209	30,626	34	19	20	4	5	...	1	...	...	1	...	...	...	1	3
GALWAY	21,358	19,692	32	24	12	1	8	...	...	..	...	1	1	...	...	...	3
SLIGO . .	30,835	17,285	18	19	6	...	2	1	...	..	...	...	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 5, 1878.

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ON ASTHMA.

By J. B. BERKART, M.D.,

Assistant Physician to the City of London Hospital for Diseases of the Chest.

(*Continued from page* 444.)

DEFINITION, PATHOGENY, AND ETIOLOGY.

II.—IMMEDIATE CAUSES.

b. Collateral.—As the collateral hyperæmia is always the necessary consequence of an ischæmia of the lungs, respiration is thus at once impeded, both by the diminution of the blood in one place, and its corresponding accumulation in another. Intense dyspnœa may, therefore, be produced by—

1. *Meteorismus.*—Asthmatics suffer, as a rule, from the severer forms of dyspepsia. The venous congestion which, as previously pointed out, spreads in the course of time also to the intestinal mucous membrane, in consequence of the impeded circulation through the lungs, is the fruitful soil of catarrhal inflammation, so that derangement of digestion becomes as constant a symptom of asthma as the dyspnœa itself. If the quantity of the food is too large, or if its quality is unsuitable, the abnormal fermentation which now takes place gives rise to a copious generation of carbonic acid and of hydrogen, besides other gases. In this way the intestines may be so greatly distended that the diaphragm is pushed upwards to the fourth and even third ribs, and compresses in that position the bases of the lungs. Ancient and modern literature contains the record of cases in which extreme flatulence proved even the immediate cause of death. (*a*)

Some articles of food, as sugar and those containing saccharine matter, and fermented liquors, are particularly obnoxious, on account of the readiness with which they are decomposed into carbonic acid and hydrogen in contact with putrifying albuminous substances. Old and decaying cheese has, more or less, the same effect. It appears that the fungi which it contains, harmless though they are to a healthy digestion, excite fermentation when the gastric juice has lost its antiseptic properties.

Constipation is an equally frequent cause of meteorismus. Even in the healthy there is, according to Fabius, (*a*) a considerable difference in the volume of the expired air before and after defæcation—a difference that would, for obvious reasons, be still greater in the asthmatic.

2. *Embolism of the Pulmonary Artery.*—In the feeble, and cachectic asthmatics of all ages, circumstances are unusually favourable for the formation of thrombi. In the dilated veins most distant from the centre, as the femoral and saphenous, and in those also of the abdomen, as, for instance, the uterine plexus, the blood readily clots in consequence of its slackened current and of the weak action of the heart. If a thrombus is once formed, portions of it may be detached and impacted in the pulmonary artery or its branches. A slight muscular effort, or an excitement of the circulation, suffices for this purpose; but, occasionally, an embolic obstruction is produced without appreciable cause even during sleep. (*b*) The consequences vary according to the size of the occluded vessel. (*c*) If this is one of the subordinate branches, the circulation of the territory which it supplies is readily re-established, and respiration is not disturbed. But when the embolus enters, as it most frequently does, the second or third subdivisions of the pulmonary artery (Paget and Virchow), occluding a considerable space, it generally gives rise to intense dyspnœa. (*a*) Much depends, as regards the origin and persistence of the dyspnœa, upon whether the cardiac action is energetic

(*a*) Bamberger, "Krankh. d. chylo-poietisch. System." Virchow's "Handb.," Bd. vi., Abth. 1, 1864, p. 212.

(*a*) Wintrich, loc. cit., p. 100.

(*b*) Gerhardt, "Der hæmorrhagische Infarkt." Volkmann's "Sammlung," No. 91.

(*c*) B. Cohn, "Klinik d. embolischen Gefässkrankheiten." Berlin, 1860, pp. 270-273.

enough to propel a sufficient quantity of blood through the adjoining capillaries, by which alone the circulation in the obstructed part is maintained. (*b*) At best, however, this is only a slow process. Meanwhile, the collateral hyperæmia of the pervious portions of the lungs is accompanied by œdema, since the causes that favoured the production of the clot equally facilitate the passage of serum from the vessels under the increased pressure. Occasionally, the œdema is the consequence of a hydræmia, as in the case of parenchymatous nephritis. In this case a thrombus extends from the hilus of the kidney into the inferior vena cava (*c*), and not infrequently the embolism of the pulmonary artery is the first indication of the renal disease.

c. Reflex Paralytic.—Violent emotion is, by some writers, mentioned as a provocative of asthma. Most of the cases, however, related in support of this view allow also of another construction as regards their causation. (*d*) It is a matter, therefore, for future observation, whether or not mental excitement possesses the alleged influence. Should the present supposition be confirmed, the dyspnœa can arise solely from a hyperæmia of the lungs. The flushing of the face from psychical irritation suggests the possibility that a similar process may take place in the bronchial arteries, (*e*) a paralysis of the pulmonary vessels being precluded by the absence of a tonus. Or the excitement of the cardiac action may lead to congestion of the lungs, in consequence of the diminished resistance of their vessels. But all this, it must be admitted, is at present very obscure.

II. *Bronchitis.*—The bronchitis of asthmatics is, as a rule, merely an acute exacerbation of a similar chronic process, and this circumstance explains not only the facility and frequency of its occurrence, but also the absence of marked constitutional disturbance. Insidious in its approach, its sole manifestation is intense and suffocating dyspnœa, which often lasts, with more or less perfect intermissions, for days and even weeks, long after the vascular engorgement may be reasonably supposed to have completely subsided.

The origin and persistence of that dyspnœa have, on account of the seeming inadequacy of the attendant physical signs, always been the subject of much speculation. But the apparent obscurity on those points admits of a ready solution, if it be remembered that the impediment of the respiration arises, not so much from the inflammatory process as from the inflammatory product. There can be little doubt that the textural changes of the mucous membrane, peculiar to asthma, are not without their influence on its function. Even such differences as normally exist in the linings of the larger and the smaller air-tubes affect, in an appreciable manner, the chemical constitution of the secretion; (*f*) for, as the number of the mucous glands decreases with the diameter of the bronchi, (*g*) their specific activity cannot altogether be replaced by that of the epithelium alone. Thus it is that in the atrophic emphysema and bronchiectasis, the inflammation of the *anœmic* mucous membrane produces, even when its glandular apparatus is intact, only a scanty and relatively dry exudation. To this cause the "catarrhe sec" mainly owes, as is well known, its distressing symptoms, and it scarcely needs to be mentioned that these symptoms must be even more aggravated in the case of asthma. In the hypertrophous form of the disease the exudation is, on the contrary, very abundant; for the vascularity of the mucous membrane supplies a large quantity of blood, the constituents of which may easily escape through the altered walls of the vessels. But, as here the mucous glands are either destroyed or otherwise incapacitated in their function, the exuded material therefore retains, in a great measure, its original character. The serum and white blood-corpuscles, instead of being converted into mucus, coagulate and obstruct the bronchi. Essentially, this form of inflammation is a fibrinous (croupous) bronchitis; and Leyden consequently holds that this is in all probability the anatomical basis of the asthmatic seizures. (*a*) Leyden founds his opinion on the nature of a peculiar kind of crystals, which, evidently derivatives of white blood-corpuscles, (*b*) may be frequently observed in the sputa of asthmatics. Fibrinous bronchitis would thus appear to be far more frequent than is generally supposed. Indeed, the current belief as to its rareness ill accords with the fact that the fibrinous is merely an exaggerated condition of the catarrhal inflammation. But there are grounds for suspecting that the presence of the affection may be, and frequently is, overlooked. Its diagnosis depends altogether on the characteristic sputa. (*c*) When arborescent casts are expectorated, it is difficult not to recognise the nature of the disease. Yet in some cases the coagula are rolled up into pellets of the size of a pea, of a bean, or of a hazel nut, and are covered with mucus or streaks of blood; (*d*) so that their structure is discernible only when they are examined in water. In others, again, the plastic exudation is, for a time, retained within the bronchi, and here it is converted into mucus or into a puriform detritus, as it is in croupous pneumonia, (*e*) or in the thrombus of a vessel. The exhibition of an emetic may thus unexpectedly reveal the presence of a bronchial cast. (*f*) If, however, the process is allowed to proceed, the sputa may be deprived of their diagnostic aspect. Still, even then there are many instances of "catarrhal" bronchitis where flakes of fibrine and pseudo-membranes are found in the midst of the muco-purulent expectoration. (*g*)

Besides, at the time when the disease is as yet called asthma, the bronchial mucous membrane is often the seat of destructive processes, which profoundly modify its secretion. There are not only superficial excoriations (catarrhal ulcers), but, in bronchiectasis more especially, a necrobiosis extends to the bronchial muscles, (*h*) and may successively involve even the different layers of the bronchial wall, so as to convert it into detritus. (*i*) In the sputa of the cases that Leyden describes as asthma, he always found tubular, contorted structures, which seemed to consist of a substance resembling coagulated mucus. Their surface exhibited an obliquely spiral delineation, and was studded with mucous corpuscles. A narrow homogeneous-looking thread ran along the axis of each of those structures, and terminated with a few spiral twists. (*k*) Those formations seem to be exfoliated glands. They were seen in the case of a patient who applied at the Victoria Park Hospital in December 1872. The patient, aged 34, a tailor by trade, was a native of Poland, but had been resident in this country for more than twelve years; at the age of 16 he had typhoid, and at 21 he had malarial fever, which lasted for one year and six weeks. Since then he had been frequently subject to colds, but did not suffer in any way so as to be unable to follow his employment. In 1871 he noticed a glandular enlargement in the right axilla, and similar swellings soon appeared

(*a*) Conf. p. 61.
(*b*) Cohnheim und Litten, "Ueber die Folgen d. Embolic d. Lungenarterie." Virchow's "Archiv," Bd. liii., p. 99 et seq.
(*c*) Virchow, "Gesammelte Abhandlungen, &c., p. 233.
(*d*) Germain Sée, loc. cit.; conf. p. 81, et seq.
(*e*) Comp. Dieffenbach, mentioned by Virchow. "Handbuch," &c., Bd. i., p. 145.
(*f*) Andral and Ch. Robin, article "Crachats," in "Nouv. Dict. de Med. et de Chir.-prat.," t. x. p. 70.
(*g*) F. E. Schulze, loc. cit., p. 467.

(*a*) Loc. cit., p. 329.
(*b*) E. Neumann, quoted by Leyden, loc. cit., p. 326. "Brondegeeat Centralblatt," 1871, No. 9. F. W. Zahn, "Untersuch. üb. Thrombose." Virchow's "Archiv," Bd. lxii., p. 81, et seq.
(*c*) Biermer. Virchow's "Handbuch," &c., Bd. v.
(*d*) Lebert, "Klinik d. Brustkrankh.," Bd. i., p. 119.
(*e*) Rindfleisch, "Lehrbuch," &c., 1871, p. 313.
(*f*) Fauvel, "Sur la bronchite capillaire." "Mémoires de la Société Médicale d'Observation," t. ii., pp. 561-573.
(*g*) Rilliet and Barthez, "Traité des Maladies des Enfants." Paris, 1853, t. i., p. 410.
(*h*) Thierfelder, "Atlas," plate iii., fig. 2.
(*i*) Rindfleisch, "Lehrb." &c., p. 355.
(*k*) Loc. cit., p. 349.

in the left axillary and in the cervical and inguinal regions. For the last six weeks he had nocturnal attacks of dyspnœa, which aroused him towards midnight, and contined with unabated intensity for hours, until, after a very painful cough, he expectorated a quantity of a greyish white and very viscid sputum.

The patient is of middle height and well built. His complexion is very dark, and his visible mucous membranes are very anæmic. He is greatly disfigured by a chain of glandular enlargements along the sterno-mastoids, varying in size from that of a chestnut to that of a small orange. They were moderately hard, movable, and irregular in shape. The glands in the armpits were much larger. The spleen was not enlarged, and repeated examination of the blood showed no increase of white blood corpuscles. The thorax was broad, but flat, and its antero-posterior diameter was rather contracted. Respiration was abdominal, and not accelerated. Percussion of the thorax gave on both sides, front and back, a tympanitic note, and there was very feeble respiration, especially so on the right side. The heart was covered by the lungs, its sounds were feeble but clear. The pulse was small, soft, and frequent.

The sputa were about four tablespoonfuls in quantity. They were of a greyish-white colour, embedded in a frothy mucus, and very viscid, so that they could be handled with knife and scissors. Thrown into water they exhibited band-shaped masses of a pearly whiteness, and small pellets of the same colour. The former consisted of pus corpuscles, arranged in rows, and contained as it were in a fibrillar stratum. Besides large quantities of woollen and cotton fibres, and of what seemed to be zooglœa masses, there was an abundance of pavement epithelium, the octahedral crystals (fig. 1) repeatedly mentioned, either entire, or the fragments in close apposition, the structures above described (fig. 2), and, apparently, casts of the smallest bronchioles (fig. 3.), resembling almost those of the renal tubes, and studded with epithelium.

The origin and the persistence of the dyspnœa may thus be readily accounted for. The exudation itself causes obstruction of the bronchi, and the freedom of respiration can be re-established only when the obstacle is removed. But not all the sputa that are formed in the course of an inflammation are expectorated at the same time. A quantity of them remain behind, firmly adhering to the bronchial wall. So long as they are in the larger tubes, they do not interfere with respiration. The superficial breathing produces no stenotic sounds, and as the current of air is not sufficiently strong to separate the plug from the mucous membrane, there are consequently no ronchi. But when the tenacious mucus gradually softens, it loses its adhesion to the surface, and may then be readily detached from this by brisk respiratory movements, such, for instance, as laughing. In that case, following its own gravity, the mucus falls downwards and occludes a portion of the lungs.

Its separation and impaction are greatly facilitated during sleep, for here respiration is slow but deep; and in the recumbent posture, moreover, the smaller bronchi form, with the larger, an inclined plane, as it were. (*a*) Those portions of mucus act like ball-valves; they descend and rise with inspiration and expiration; and not unfrequently they are, by the efforts at expulsion, forced beneath the cartilaginous plate, which projects like a spur, at the place where the bronchi subdivide. The dyspnœa lasts as long as the obstruction, and its intensity is directly proportional to the number and the calibres of the occluded tubes. Relief is obtained only when the obstacle is removed, either by expectoration of the mucus, moulded in the shape of pellets, or by its displacement into a larger bronchus, where for a time it is harmless.

III.—*Stenosis of the Bronchi.*—The term stenosis is generally applied to the obturation of the bronchi, which is chiefly produced, not, as in the cases hitherto described, by a fluxion or inflammation of the mucous membrane, but by pressure, internal and external. In some instances the stenosis, with its consequences, is only one of a series of symptoms, and amongst these comparatively unimportant, as, for, instance, in aneurism of the thoracic aorta In others, again, the intermittent attacks of dyspnœa are the sole and most conspicuous results of such pressure, and thus tally with the definition of asthma as above given. The stenosis may be caused by—

1. *Foreign Bodies.*—Foreign bodies of various sizes and of different kinds may, unperceived, pass the larynx, and penetrate to the bronchi. This occurs most frequently from inattention to the act of swallowing, or when food or other articles are present in the mouth whilst deep inspirations are taken, as during coughing and laughing. Children seem to be most liable to such accidents. Amongst the 170 cases collected by Aronssohn (*a*) there were 95 children under 10 years, and 16 at the age of from 10 to 15 years, so that more than 65 per cent. of all cases were children under 15 years. Professor Hirsch, of Berlin recently reported the case of a girl 9 years old, who was brought to the hospital suffering from intense dyspnœa and cyanosis. She was perfectly well until the previous evening, but became restless during the night, and towards the morning the present symptoms manifested themselves. The physical examination of the chest showed the organs to be healthy. On her return home from the hospital she began to vomit large quantities of undigested food, among which were specially noticeable *pieces of a hard-boiled egg*, which, as subsequently ascertained, she had *hastily swallowed the night before.* After the vomiting she had a good night's rest, and the next day the freedom of respiration was completely restored. (*b*) Professor Henoch thinks that the hard egg irritated the gastric filaments of the vagus, and caused a bronchial stricture. But it is at least as likely that the dyspnœa was caused by a bronchial obstruction.

It appears that some emphysematous are greatly exposed to that cause of the dyspnœa on account of the uniform dilatation of the larynx and trachea which accompanies the dilatation of the bronchi and alveoli. (*c*) Patients of this class are frequently seized with an attack when they are spoken to during meals; but they remain free from oppression at the time when their attention is not diverted from the business in which they are engaged. Hamburger lately recorded a very instructive case, which, although its symptoms differ from those peculiar to asthma, yet bears upon the present question. An old farmer complained of indefinite ailments, which the doctor whom he consulted attributed to some derangement of the nervous system. The patient's only daughter had recently got married, and it was supposed that his indisposition arose from a feeling of loneliness. Various means were tried, but none brought relief. As the patient constantly grew worse a visit to his daughter was proposed, with the view of remedying the evil at its root. But the result did not answer the expectations. Shortly after his arrival at his daughter's house the patient became worse—so much so that he was forced even to keep his bed. When Hamburgher was sent for the case seemed to be one of cerebral hæmorrhage. But it struck him that the right side of the chest lagged behind in the respiratory movements, and though the percussion was perfectly normal, there was, nevertheless, complete absence of respiratory murmur. There was no evidence, nor even a suspicion, of a tumour compressing the main bronchus of the right side. The presence of a foreign body in it could not be so readily excluded, and this view gained ground on remembering the fact that a cause which produces dyspnœa in the adult leads to a comatose condition in the aged. After much hesitation Hamburger at last decided to administer an emetic. He gave instruction that if vomiting took place the matter should be kept

(*a*) Traube, "Gesammelte Abhandl.," &c., Bd. ii., pp. 17-23.

(*a*) "Des Corps Etrangers dans les Voies Aériennes." Strasbourg, 1856, pp. 64-68.

(*b*) "Ueber Asthma dyspepticum."—*Berl. Klin. Wochensch.* No. 18, 1876.

(*c*) Rokitansky, op. cit., Bd. iii., p. 6.

for his inspection. In a few hours he returned, but great was the surprise when the patient, whose fatal end, it was feared, might be accelerated by the emetic, was sitting up in bed overwhelming his deliverer with gratitude. The sputa contained a green pea, enormously swelled with moisture. The patient remembered that on gathering peas he had eaten some, but he had never noticed that one had entered the air passages. (*a*)

2. *Compression.* — Mediastinal tumours of various descriptions are the most common cause of bronchial compression. But though accompanied by attacks of asthma, they do not properly come within the limits here assigned to asthma for this reason—that the origin of the dyspnœa in those cases is readily discernible from the physical signs and the other attendant symptoms. It is different, however, with regard to the simple hypertrophy of the bronchial glands. Participating, as they do, in all the changes that take place in the surface or substance of the lungs, their volume increases when an abnormally large quantity of exudation is pressed into the radicles of the lymphatic vessels. In the catarrhal pneumonia of measles and whooping cough the inundation of the pulmonary parenchyma with serum and white blood corpuscles always leads to a considerable enlargement of the bronchial glands. (*b*) But though this enlargement diminishes with the cessation of the inflammatory process, yet it seldom entirely disappears. The glands which accompany the bronchi to their third and fourth subdivisions are normally of the size of a lentil or of a pea (*c*); but especially in scrofulous patients, they are readily enlarged by even the slightest irritation to the size of a bean or of a hazel nut. Cruveilhier repeatedly found such glandular hypertrophy deep in the substance of apparently healthy lungs. (*d*) Thus, the bronchial tubes are flattened without being actually obliterated. Yet every fluxion or inflammation, while diminishing the calibre of the air tubes, simultaneously increases the size of the lymphatic glands, and thus produces a complete obliteration of the bronchi. For a time this glandular enlargement was supposed to be peculiar to childhood and infancy, and the intermittent dyspnœa at that period of life was correctly ascribed to it (*e*); but recent researches have shown that the asthmatic seizures of adults may also arise in the same way. (*f*)

ALCOHOLIC DRINKS: AS MEDICINES, AND AS POISONS. (*g*)

By ALFRED CARPENTER, M.D. Lond., M.B., J.P., President of the Croydon Microscopical Society, Lecturer on State Medicine, St. Thomas's Hospital, &c.

(*Continued from page* 440.)

The cases in which the temporary administration of alcohol may be useful are those in whom the surface of the body has been chilled, and in whom the powers of life are weakened in such a manner that the heart is unable to do its work of propelling the blood to the capillaries with its usual ease. The action of alcohol in these cases is like taking off the pendulum of a clock. The spring is able to work so much easier and to get over an extra amount of detail in the same space of time. Internal congestion, irregular circulation so to speak, fullness in one place, with unfilled cutaneous capillaries, are cases in which alcohol may be exhibited with immediate advantage. The tension of the capillaries being overcome, there is a diminution of the impediment to the flow of blood and, as a sequence, a possible diminution of the internal congestion. So if the action of the heart itself is too weak to overcome the tension of vessels, we may induce a kind of paralysis to enable it to do its work more easily for the time being and get over a passing difficulty in that way. How far it is prudent to push this for any length of time is another matter, as a continuance of it must lead to the first stages of tissue change, which then becomes itself of primary importance.

It appears that we may use alcohol with advantage, in moderation only, in cases of prostration from shock, and the prostration which follows acute diseases after such have expended their force, but that its continuance as a remedy is fraught with danger to those who take it.

There is a class of persons to whom alcohol may be useful even in comparative health. When the powers of life begin to decay, when the force of the heart is not enough to transmit the blood to the extremities of the body, and the aged person easily feels the influence of cold. The blood scarcely passes through the unfilled cutaneous capillaries. By dilating them and diminishing their tension the heart is relieved and the functions of the skin and other organs are more efficiently performed. A moderate dose of alcohol taken with food is always beneficial to an old person under such circumstances, and I cannot see any reason why it should not be administered. Again there are conditions sometimes present in youth, in which alcoholic drinks also are useful; no other kind of stimulant acts so equally and so satisfactorily; there are a few cases, and a very few only, in which they may be administered in middle-age; taken as a whole, a weak heart with unfilled cutaneous capillaries will be always found in those cases in which it is likely to be beneficial. The stethoscope most clearly reveals them, the impulse of the heart and the general rhythm of the pulse not at all corresponding.

So long as alcohol is taken only in such quantities that it becomes utilised at once in the equalisation of animal heat, no harm can result, but if there is more than sufficient to do this, and its specific action is produced on the blood itself, mischief sooner or later results. In this it differs from fat, with which it seems to be allied as a diet, which, if not used up, may be stored in its proper place out of the way, but the changed matter which arises from an excess of alcohol is always deposited in the tissue of an organ. Thus its effects may find a home in the capillaries themselves, interfering with their elasticity, or it may be laid down in muscular tissue, and there is then a decrease of power and so-called rheumatic pains are produced. If nerve tissue is the seat, there is interference with the power of thought, with volition, self-control, and other mental actions, the effect of which is to render the patient a weak-minded and unstable character. In health it does not prevent the waste of tissue, whilst its does prevent the discharge of effete products. There is a decrease of the formation of carbonic acid, and in this is probably found the reason why there is a decrease of temperature. It stands in the way of more beneficial actions unless it be at once used up. If there is no muscular exercise going on, or no extra mental labour called for, and no action at all required except that which keeps up temperature to a normal standard, it is hurtful; work which is kept going by continual doses of alcohol always ends in a break-down. If it is taken for the purpose of increasing muscular exertion, ultimately there is great loss of muscular power, as athletes well know. If mental exertions are kept going by alcohol, there is mental break-down, as the lunatic asylums testify; whilst it is quite impossible for organic life to be performed in a healthy manner if alcohol is habitually used to promote digestion. The evidence which was afforded by the Abyssinian and Ashantee campaigns and the Arctic expedition help to prove this, whilst the unanimous opinion of those who are competent to judge informs us that in the Russo-Turkish war the temperance of the Turkish soldiers enabled them to bear

(*a*) *Berlin Kl. Wochensch.*, 1873, Nos. 28 and 29.
(*b*) N. Gueneau de Mussy, "Etudes cliniques sur la Coqueluche."—*L'Union Médicale*, Nos. 81 and 85.
(*c*) Becker, "De glandulis thoracis lymphaticis atque thymo." D. J. Berol, 1826.
(*d*) *Traité d'Anatomie pathologique*, t. iv., 1862, p. 640.
(*e*) Rilliet et Barthez., op. cit., t. iii., p. 647, et seq.
(*f*) Noel Gueneau de Mussy, "Adenopathie bronchique."—*Clinique Médicale*, tome i. Paris, 1874, p. 569 et seq.
(*g*) Abstract of the Annual Oration delivered before the Medical Society of London, May 6th, 1878

injuries with impunity, whilst similar injuries easily caused the Russians to succumb.

It has been argued by some experts that it is unwise to leave off alcoholic drinks at once, that it is better to do it by degrees. I never could see any reason for this. The experience of all gaol surgeons is in accord with my idea, that no evil, but real good, results from immediate and total abstinence. I am satisfied that when mischief is arising from its use, it is best to immediately desist from it. If mischief then results it is because it had already commenced, and not from the abstinence; although when a man has been accustomed to his daily dose of alcohol for a long series of years, and his constitution has become acclimatised without evidence of tissue change, he should not abandon its use. I could not advise an old man to give it up; such a change would certainly do harm, not good.

I cannot leave the subject of nerve disturbances produced by alcohol without referring to the connection which exists between intemperance and crime and lunacy. Statistics are not to be depended upon, because they are not drawn up with scientific accuracy, neither are they usually based upon similars. Yet there are some facts which are something more than coincidences. There is an undoubted increase in the consumption of alcohol per head of the population. The report of the Select Committee of the House of Lords on Intemperance tells us that the consumption per head in the United Kingdom of the following articles in 1876, as compared with 1861, had increased :—

	1861.		1876.
British Spirits ...	0·68 gals.	...	0·91 gals.
Foreign Spirits ...	0·18 ,,	...	0·35 ,,
Wine	0·37 ,,	...	0·57 ,,
Malt	1·61 bus.	...	2·02 bus.

The increase was progressive year by year.

The same progressive increase was observed with regard to crime :—

	1861.	1871.
Committals for Drunkenness ...	83,196	... 203,986
Committals for Assaults	85,448	... 122,913

There is also a rise in the number of lunatics which the increase of population does not account for. In 1861 there were 39,645 under the supervision of the Lunacy Commissioners, whilst in 1875 they had increased to 63,793; and out of 39 medical attendants of lunatic asylums who were consulted by Canon Ellison, 32 replied that, in their opinion, there was a distinct connection between an increase of drinking and lunacy as either cause or effect.

The Chief Inspector of the Metropolitan Police shows us that 251,125 persons were charged at the various Police Courts in the metropolis with drunkenness in the ten years ending 1876. That more than a quarter of a million of persons had within ten years recklessly thrown away their liberty of action in the eye of the public by rendering themselves slaves to a vicious habit, is a fact which must make men thoughtful as to the future of our people.

The poisonous nature of alcohol in large and continuous doses has never been doubted, and no one can study is effects on the death-roll of this country or read Dr. Magnan's work on alcoholism without being thoroughly satisfied on that point. Dr. William Farr, in his supplement to the 35th annual report to the Registrar-General, tells us that those who supply the community with drinks, food, and entertainment in inns and beerhouses are shown to suffer more from fatal disease than any known class. He says also that the majority of the publicans and the greater part of the wine merchants are comparatively temperate, yet, as the mortality of the whole trade is high, the mortality of the intemperate among them must be excessive. In the same report the deaths amongst those engaged in the sale of stimulants is returned at 2,538 out of 74,367 persons so occupied, which gives a death-rate of 30·4, whilst 1,988 blacksmiths are registered out of a gross total of 108,939, a death-rate of only 18·2 in the 1,000; that of men in all industrial occupations was 19·9. The report tells us, not only that the poisonous effect is undoubted, but that the effect is progressing in an increasing ratio. Thus we find that in the year 1857 323 deaths were reported in which the verdict of a coroner's jury was death through excessive drinking; in 1875 the number had increased to 516. It also tells us that, whilst in 1857 294 deaths were directly attributed to intemperance, 569 were so registered in 1875. The deaths from *delirium tremens* also reached the number of 485. Thus in one year, 1875, we actually have 1,566 deaths, in England alone, directly caused by alcoholic poisoning—not one-hundredth part of those which are hastened by alcohol. But supposing 1,566 deaths had occurred from hydrophobia or serpent bites, or had happened to passengers on the railways in the kingdom, commissions and edicts and proclamations from Privy Council would have been issued, and Acts of Parliament would have been rapidly passed to provide against the continuance of this wholesale slaughter. Not so, however, with the poison of alcohol; it works its way, in a great measure, unheeded by the Legislature, except so far as it is made to be a means for increasing revenue by increasing the sale of the poison itself.

I have endeavoured to prove the truth of the proposition by statistical data obtained from the Registrar-General's publications, attested by the returns of the census commissioners; but, unfortunately, they do not refer to the same districts and are not based upon exactly the same foundations, so that the data do not correspond. There are, however, some striking points made out. Thus, taking the "England tables," the mortality in the year 1871 among ministers of religion was 666; of these 464 lived to be over 45 years of age, or 69 per cent. Taking the number of deaths among gardeners, men much exposed to vicissitudes of climate, 1,949 died, and of these 1,335, or 68·2 per cent., lived more than 45 years. Then, passing to the other end of the death roll, I find, out of 725 brewers who died in the same year, 294, or 41 per cent., only reached the age of 45, and of 2,728 publicans and eating-house keepers who died, only 49 per cent., or 1,330, were over 45. These facts show that the occupations which bring men into contact with the sale of alcoholic drinks materially shorten their lives.

When we come to deal with the character of disease which causes death, statistics do not help us. I have waded through an immense mass of figures without satisfactory result; upon this point statistics prove nothing. A reference to the physiological effect of alcohol easily explains why this is so. I have shown that its effects may fall upon any one of the excretory organs or upon any part of the nervous system. It follows that a very large number of persons may die from disease induced by a too frequent application to alcoholic drinks without the remotest suspicions in the minds of themselves or their friends that such is the case. Disease of brain, heart, lungs, kidneys, stomach, indeed of every organ of the body, may have its first origin in alcoholic excess, although the person so affected may be a temperate man and have never been drunk in his life. I have, therefore, been reluctantly compelled to put statistics aside. I have also looked carefully into the reports of the National Temperance Hospital, and have compared it with reports of similar institutions in which stimulants are freely used; but as the results, as based upon the reports, are fairly open to objection I do not use them here. The difficulty of obtaining the life history of a given case renders all hospital returns unsafe and unsatisfactory as bases upon which to found a basis for the treatment of disease. That temperance does promote length of life is a truism which even the intemperate are ready to grant, although we have not much statistical proof of its soundness. I may, however, support my statement by a return which has been kindly given me by a director of the Temperance Provident Life Office; being a statement of mortality from 1866 to 1877. The insured lives are divided into the sections, teetotal and general. The temperance section gives, as the result of twelve years'

working, 1,619 claims expected, the actual number made were 1,156, whilst in the general section 2,846 claims were expected, 2,807 were made. The claims in the temperance section were 28·5 per cent. below the expectation, whilst in the general section they were 1·4 per cent. below only. This return is a clear proof of the commercial value of abstinence.

In concluding my subject, I have only to remark that alcohol in any of its forms may be a good medicine, but is a bad diet, and that its action as a poison is visible among all ranks of society. It is our duty as medical men to advise our patients accordingly.

ON PRESSURE WITHIN THE EYE, AND THE PHENOMENA CONNECTED WITH IT.

Analysis of a communication addressed to the "Gazetta del Cliniche," of Turin, by Dr. LOUIS GIROLA.

Translated by ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.,
Formerly Ophthalmic Surgeon to the City of Dublin Hospital, and to the Dublin Eye and Ear Infirmary.

THE pressure which the liquids contained in the eye-ball exercise by means of their tension, the laws by which this pressure is controlled, and the beneficial or harmful results produced by it, have appeared of so much importance that some of the most eminent specialists, such as Donders and Coccius, have deemed it necessary to invent special instruments, to which the name of Ophthalmometers has been given, for the purpose of appreciating the effects of this pressure.

This statement need cause no astonishment, for as Dr. Louis Girola has remarked, in a well-digested dissertation, published by the *Gazetta delle Cliniche*, of Turin, the study of intra-ocular pressure embraces a wide area, whether considered from a practical or from a theoretical point of view. It extends, in fact, from the simple physiological movements of which it is the cause—as for example, the trembling of the eyelids in the cardiac systole—to the phenomena which abnormal pressure causes; as, for example, in glaucoma. Girola describes with much force and clearness, the general phenomena of intra-ocular pressure, and the serious disturbances of which it is the cause in certain pathological cases. On several points, however, the author has appeared too much inclined to generalise on the results of the observations, which have been made up to the present day; at the same time, it cannot be denied that these observations are of such value as to merit close attention, it is certain that they will become the starting point for new discoveries, forming at the same time data useful in practice for the relief and cure of an organ so essential as that of vision.

Girola has divided his work into two parts. The first contains general considerations on intra-ocular pressure; in the second, this pressure is examined with reference to: Firstly, the circulation; secondly, the phenomena, so called, of accommodation; thirdly, the muscular system; fourthly, innervation; and fifthly, the physical condition of the ocular tissues.

The eye, lying in a cavity entirely closed and full of liquids, the pressure, according to the laws of physics, increases in proportion to the compression of the liquids, or to any diminution in the capacity of the ocular cavity.

There will be increase of intra-ocular pressure, either in consequence of some exterior pressure, or from the accumulation of liquid in a greater quantity, as in glaucoma, and in serous iritis.

This increase may be relative to certain points; this is what occurs in cases of ulcers of the cornea; at those points where the resistance diminishes, the pressure increases in force.

There will be diminution of intra-ocular pressure; firstly, if the quantity of liquid decrease, as in paracentesis of the cornea in cases of atrophy of the eye; secondly, if external pressure be withdrawn, as for example on the removal of bandages.

If we consider, further, the state in which the liquids contained in the eye are found, we will quickly recognise that they must exercise, by the mere fact of being enclosed in a cavity, a dilating force on the membranes which surround them. Now, this pressure, according to a principle established by Pascal, acts equally in all directions. In its normal condition, the eye has not the form of a perfect sphere, being slightly elongated in the antero-posterior direction, in consequence of the prominence of the cornea; it is in reality a spheroid; nevertheless, in cases of excessive intra-ocular pressure, the eye becomes a perfect sphere. In fact, as may be proved by solid geometry, it is in this form that a cavity without change of superficial area, attains its highest degree of capacity. It may then be established as a principle, that when the walls of the ocular cavity have a uniform power of resistance, the eye becomes a perfect sphere. In support of this argument, the author cites as examples: firstly, that which occurs in cases of glaucoma, when the slight prominence which existed in the normal condition at the point of junction of the cornea and sclerotic, is found to have entirely disappeared; secondly, the fact that the injection of water into the eyes of dead bodies, causes them to assume a perfectly spherical form.

It may be remarked, however, in certain pathological cases, that the spherical form is not the only one produced in cases of extreme tension. The reason of this being that the covering is not equally resisting at all points.

There are certain parts capable of distention which yield, especially when disease is present. This is the reason, says Girola, that in cases of ulcers of the cornea, softening taking place, the intra-ocular tension augments in the parts attacked, with development of keratocele, and of staphyloma, of which the progress becomes more rapid as the resistance decreases.

The author then passes in review the different envelopes of the liquids of the eye; he examines the power of resistance of each. The sclerotic, the real skeleton or framework of the eye, in which the transparent cornea is fixed, presents in its superior part a thickness of 1 millim.; in its anterior part of 0·9 millim.; at its equator of 0·4 millim. Formed of a supple and fibrous tissue, it is endowed with a certain amount of elasticity, and can be distended to a certain extent, thus permitting the eye to contain a greater quantity of liquid than usual, and preventing, in this manner, a stronger compression of the internal membranes. With regard to this elasticity, the sclerotic may regain its former size; this change can, however, only take place under certain restrictions, and on condition that it has not suffered from a too prolonged action, for it must not be forgotten that we are considering a condition of imperfect elasticity. At its posterior point, the sclerotic gives admission to the optic nerve; it is penetrated at this point by numerous passages which the ciliary arteries traverse; by reason of this, even in its normal state there is less resistance. At its equator, the sclerotic is protected by the straight and oblique muscles; nevertheless it here meets with intermuscular, yet resisting spaces. The cornea itself is thicker at the edges than at the centre, but since its upper part is sheltered by the superior eye-lid, in case of disease, it gives way with greater facility at its centre or lateral parts than at the upper.

The choroid which adheres to the internal surface of the sclerotic, the retina which lines the posterior part of the choroid, give way as easily. In the first place the choroid is a vascular membrane, and, secondly, between the choroid and the retina the adherence is slight. There is only the pigmentary layer placed between the choroid coat and the cones of the retina; the latter may be considered as being kept in its position against the choroid by the peripheral pressure of the intra-ocular liquids. If an eye be opened in such a manner as to allow the vitreous humour to escape, in part, at least, the retina will become detached, and will curl up like the flower of the convolvulus, while the choroid will continue to adhere to the

sclerotic. Consequently, the liquids which are situated between these membranes can easily detach the retina, and then form an accumulation in the lower parts, in such a manner that in many cases where the intra-ocular pressure diminishes, the retina, from the fact of a less dilating pressure being exercised, must lose its connection with the choroid.

The absence of protection for the posterior part of the eye-ball and the summit of the cornea causes the intra-ocular pressure to be concentrated, especially towards the middle of the cornea, and towards the posterior part of the eyeball. This occurs more particularly during contraction of the straight muscles.

(To be continued.)

THE INNER LIFE AND ECONOMY OF A LOCK HOSPITAL IN INDIA. (a)

By Surgeon-Major W. CURRAN,
Army Medical Department.

Finding no allusion to the subject of lock hospitals in India in any of the books or periodicals to which I have access, and having experienced some difficulty in compiling a report of the institution of which I have been in charge here since April, 1877, it occurs to me that an account of the manner in which such establishments are organised or managed may be acceptable to other than local readers. I am induced, with this view, to prefix some explanatory matter to the report in question, to enable it to appear in an intelligible form in this journal; and I hope to be able to add to it such further information respecting the inmates as may appear to me to call for record or preservation. The report itself—which is somewhat curtailed of its original proportions to avoid unnecessary detail or technicality—is conceived in this spirit, or so constructed, as though addressed to a particular hospital or audience, to be susceptible of a general application; and its perusal may, perhaps, prove more instructive or interesting at home than it could hope to do in a government cover out here. It may further help to throw some additional light on the troubled question of the licensing and registration of prostitutes, or tend to strengthen the hands of those who, like myself, seeing no other mode of escape from a greater evil, desire to regulate or restrain the vice of prostitution, in the hope of controlling or diminishing, through such restraint, the ravages of a most subtle and dangerous disease. From this standpoint only do I undertake to deal with the question. I speak as a sanatarian, or a physician, rather than as a moralist, or a legislator. Yet do I recognise no alternative or *via mediæ* in the case, and I have no sympathy at all with the squeamishness which turns up its eyes in horror at the very mention of the practice, or which affects to ignore an institution that has flourished so long—that, in short, is known, "ubique et ab omnibus."

But though the objections that are so frequently and persistently urged against the registration of public women in Great Britain scarcely apply out here, yet it is desirable to take some account of them in the interests of the soldier and the State; and with this view a glance at the status and surroundings of the Indian Cyprian will be necessary. Be it known, then, that little or no reproach attaches to the practice of this profession in India, and that many of these women are brought up to it almost, it may be said, from their cradles. Some of them have, as we shall see further on, children for whom they can scarcely hope to provide in any other way. Others are drawn into the vortex through want, or at the instigation of their parents; and the Hindoo religion lends a certain amount of encouragement to their existence, by sanctioning their presence at some of its ceremonials. This may be inferred from the "Prem Sagur," one of the sacred books of this creed, as well as from Mills' "History," (a) or Moore's "Hindu Pantheon" (b); and English readers may, perhaps, remember the horror with which the heroine of Meadows' "Taylor's Tara" contemplated the possibility of her becoming a "murli," or dancing girl, at the tempie. They take no shame to themselves, or express no remorse for the life they are obliged to lead under the contingencies just described. Prostitution is, in a word, almost as much a matter of necessity with these women as is the trade of the washerwoman, or the nurse, to their more virtuous sisters; and such being notoriously the case no degradation can be possibly entailed on them, by a "simple process of surgical manipulation." (c) They would laugh at the idea, for they well know that the gradations of caste oppose insuperable barriers against their employment in any other sphere, and they know nothing or care less for those guarantees of public liberty, or personal freedom, of which so much capital has been made by the opponents of these enactments everywhere. What they object to is the restraint which the cure of their ailments sometimes entails; but this resentment is as often, or oftener, due to the damage this confinement does to their business than to any sense of injury or feeling of injustice or oppression. The *Civis Romanus* cry is never heard amongst them.

Again, the system now in force is little more than a prolongation—a legal one if you so prefer—of the old plan, whereby a certain number of these women was attached to corps "under regimental arrangements." (d) They were told-off for duty, like their neighbours the sweepers, the punkah-pullers, or the dooley-bearers. They marched with the regiment from one encampment to another; they accompanied it to the camp or in the field, like their sisters in the Spanish army under Alva. (e) They were housed in the Bazaar, and examined once a fortnight or so by a Native or European subordinate, at the discretion of the medical officer. Though they were, of course, at liberty to object to this, or even to go away altogether if they chose, they rarely availed themselves of either privilege. Their bread, in short, depended on their compliance; and the government knowing all this, knowing also that opposition on its part would not only be fruitless but positively injurious, wisely determined to take the bull by the horns, and deal with the matter on the broad basis of necessity

(a) It may be necessary to explain, for the benefit of those who do not understand Hindoostani, that the word "purka" means, in reference to a well, wall, or building, masonry, as distinguished from clay; while the words "dhai," "chowkedar," and "bhistie," mean respectively a nurse, a watchman, and a water-carrier.

(a) "The History of British India." Vol. i. Pp. 365-7.

(b) "The Hindu Pantheon." Pp. 199-422.

(c) These phrases are taken from the prejudiced but able work of Mr. Sheldon Amos—"Laws for the Regulation of Vice, &c."—who holds that "this unremitting surgical manipulation of women for the direct purpose of ever-renewed vice cannot fail to degrade them generally in their own eyes and in the eyes of others;" and whose arguments in that direction I had, at first, intended to combat. But these assume a civilisation, or a refinement, such as is quite unknown out here. They also assume an amount of cultivation on the part of the home prostitute, which her Indian sister does not possess; and the moral standard or social surroundings are too different to admit of any comparison being made between. Holding with Mr. Lecky, that the prostitute—especially so the Indian prostitute—"is ultimately the most efficient guardian of virtue!" I have clearly no common platform with Mr. Amos; and this being so, any further discussion or definition of his views would be irrevalent or useless.

(d) See this system well described in the book just referred to, viz., "Laws for the Regulation of Vice." Pp. 168-91.

(e) Describing the advance of a Spanish army under the Duke of Alva towards the Netherlands in 1567, Mr. Motley says: ("The Rise of the Dutch Republic." P. 340) that "with an army thus perfect on a small scale in all its departments, and furnished in addition *with a force of two thousand prostitutes, as regularly enrolled, disciplined, and distribut d as the cavalry or the artillery*, the Duke embarked upon his momentous enterprise . . . at Carthagena;" and this, too, for a quasi religious purpose. Froude confirms this ("History of England." Vol, viii., p. 431), whereat he says that "he (Alva) took with him ten thousand soldiers, complete in all the essentials of an army, *even to two thousand courtesans*, who were under military discipline"—in other words, who were required to submit to the "simple process of surgical manipulation," that is so much objected to by Mr. Amos and his followers.

and common sense. Hence the system now in force, and which this report is intended to elucidate as far as it goes. The results already achieved by it are such as to leave no doubt of its value from a sanitary point of view ; and it is quite within my own personal observation that primary sores and sloughing buboes were much commoner in military circles when I came to India, seventeen years ago, than they are at present. Indeed, they are now the exception rather than the rule ; and the head-quarters' wing of the regiment to which I have been attached since February, 1876, and which has averaged a strength of 408·18 men during that time, has had very few of either. Out of 175 venereal admissions 32 only were of the former description, while there were only 9 cases of bubo, or simple inflammation of the inguinal glands ; and I have no doubt at all that had we access to the statistics of the same corps, or of any other similarly constituted body of Europeans, of the soldier age and class in former times, we would have a very different story indeed to tell.

Whether this system deserves encouragement on other grounds is not for me to determine. It is more a question for the theologian or the law-giver than for the medical jurist or the statistician. Sumptuary laws have, however, ever been bad laws, and it is now, I believe, generally acknowledged that the efforts heretofore made for the suppression of this vice have produced worse effects than those they were intended to combat. It was so under Puritanism in England, as well as under Presbyterianism, as that is painted by Mr. Buckle, in Scotland. A king of France used its indulgence or its abuse as a lever to destroy a powerful religious order ; while a king of England turned a similar imputation to good account in his dealings with the monasteries ; and it would be hard to decide, in the present day, between the morality that is inculcated in the "Fruits of Philosophy" and that which is practised by some of the societies described by Mr. Dixon. So strong is the sexual passion in most men, says Dr. Parker, that "it often leads them to defy all dangers and risk all consequence ;" and Juvenal described practices in Rome, in comparison with which Indian prostitution is purity itself—

> "Sed jacet aurato vix ulla puerpera lecto
> Tantumartes hujus, tantum medicamina possunt,
> Quæ steriles facit atque homines in ventie Neandos,
> Conducit."

The hetairai (*a*) of Athens played a part in the days of Pericles which influenced the civilisation and the policy of Greece, and through these, of the world ; and it is clearly the duty of the State to watch over the safety of those who serve it. This, doubtless, was the view the Government took of the situation. 'Tis certainly the view I take of it ; and bad as this system undoubtedly is, nevertheless it is better than none at all, or than its equivalent, the old weak system or spirit of connivance and compromise. It has already deprived the disease, as I have shown within, of much of its sting—it is rendering the British army in India yearly more efficient than it was, and if the Government will only persevere, or even enforce the authority it already possesses, it will in time rob syphilis of its virulence in this country, and possibly minimise its consequences throughout the world.

(*a*) "Very different from the social position of chaste women was that of the hetairai (of Athens, &c.). We are not speaking of the lowest class of unfortunates, worshipping Aphrodite Pandemos, but of those women who, owing to their beauty and grace of conversation, exerted great influence even over superior men. We only remind the reader of Aspasia. In the graces of society the hetairai were naturally superior to respectable women, owing to their free intercourse with men ; for the hetairai did not shun the light of day, and were not restrained by the law, only the house of the married man was closed to them."—"The Life of the Greeks and Romans." By E. Guhl and W. Koner. P. 195. And though the poor unfortunate creatures to whom I refer can lay no claim to the accomplishments here indicated, yet do they bear a considerable resemblance to their more favoured or fortunate sisters ; and the situation is otherwise so much alike in both cases as almost to admit of our saying of it in the latter—
"Mutato nomice de te fabula narratur."

Annual Report of the Lock Hospital at Sitapur for the Year 1877.

Hospital Accommodation, Inspection, and Establishment.—The building used as a lock-hospital in this station, was formerly the hospital of a native infantry regiment, which has been repaired and adapted for its present requirements, at the cost of the cantonment funds. It is conveniently situated in rear of the European barracks, and within easy reach of the sudder and regimental bazaars, capable of accommodating a much larger number of diseased women, than we are likely to be burthened with, under the restrictions that are now imposed on the diffusion of vice in this cantonment, it is quite sufficient for our local wants, and a considerable portion of the building remains virtually unoccupied. As regards the occupied parts, which consist of two airy and well ventilated wards, that might receive, without any fear of over-crowding, from 16 to 20 women, these are surrounded by a clay wall of some eight or ten feet high, which separates them entirely from the outer world, and the enclosure in which they stand is provided with a good "pucka" well and "rear," as well as, with a cook-house and lumber-room of the same construction. Owing to the fractiousness exhibited by, or the even suicidal threatenings, with which some of these women resent their detention, a grating has been placed, at my request, over the mouth of the former, and the dry-earth system of conservancy is, as far as possible, enforced in the latter.

Examination Room and Sub-Committee Office.—The examination-room and hospital office, the latter also being used as a dispensary, &c., though outside the enclosure, are yet under the same roof, and there is a separate masonry "rear" for the use of the servants, &c., of the establishment hard bye. These several structures are under the control of the resident Dhaï and Chowkedar, they are visited daily by the native doctor on duty, and I can testify from frequent personal inspection, that, the general surroundings and economy of the building are in a good sanitary state.

A sub-committee of the standing station board of which the deputy commissioner is an *ex officio* member, visits the institution once a month, when, any representations I may consider it my duty to make, are considered or recorded, and the following table so fully describes the accommodation available for hospital purposes, as to preclude the necessity of my going into further detail on the point, in this place.

Table No. 1.—*Being a return showing the Measurements of the Wards, &c., of the Lock Hospital at Sitapur.*

Wards.	Length, in feet.	Breadth, in feet.	Height, in feet.	Area, in feet.	Cubic contents, in feet.	No. of Beds.	Remarks.
Main Ward	47	20	14¾	940	13,865	10	There are also two attached compartments, in which as many tubs are kept for ablutionary or other purposes ; and these are not included in the measurements submitted herewith.
Ward at north end	22¾	20	14¾	455	6,711	6	

Establishment.—The establishment at present entertained consists of

1. A Medical Officer on Rs. 50 per mensem.
2. ,, Native Doctor ,, ,, 10 ,,
3. ,, Bhistie & Cook ,, ,, 10 ,,
4. ,, Sweeper ,, ,, 4 ,,
5. 4 Dhais on 6s. each ,, 24 ,,
6. A Chowkedar ,, ,, 4 ,,

Funds for the payment of the establishment were heretofore provided out of local sources, but these having failed or become so much reduced by the long continued drought of the last summer, as to be no longer sufficient, an application had to be made for aid, through the mili-

tary authorities, to the Government of India, to supply the deficiency, and this has been recently afforded. The wages, &c., that were in arrears, since September last, have been received by me, through the station staff officer, and duly paid up to the 31st December last inclusive.

Police Control and Medical Superintendence.—Three police detectives are specially told off, for the purpose of preventing secret or unlicensed prostitution, whose duty it is to look out for and arrest such villagers or vagrant women as they may find out, at unseasonable hours, in the jungle or under trees, or as they may have reason to suspect of irregular practices elsewhere. The barrack-police are also warned in the same direction, and speaking generally, I may say that the police control or supervision has been, on the whole, efficiently carried out during the year. Cases of hardship or improper arrest do, doubtless, sometimes occur, but these are disposed of by the cantonment-magistrate, and so lax or ill defined are the relations between many of these women, and their paramours, that it is not always easy to draw the line between actual prostitution and mere concubinage. Some of them undoubtedly ply their vocation promiscuously, while living nominally, under the protection of some sawar or other native official, others say they cannot be diseased, inasmuch as they confine their favours to some individual or within a very narrow circle. But I find that one class is just as liable to disease as the other, and so make the rule in regard of an examination absolute, unless indeed, I am told officially, that such or such a person is entitled to exemption, on the score of her being married or otherwise provided for.

Medical Officers.—The medical officers who held charge of this hospital during the past year, were surgeon Carter, M.B., A.M.D., Surgeon Major Ellis, M.D., civil surgeon, and myself, and the following was the morning-state of the same, as this was prepared on the occasion of the deputy surgeon general of the circle's inspection thereof, on the 27th of December last. It must speak for itself.

TABLE No. 2.—*Being the Morning State of Sick in the Lock Hospital at Sitapur on the 27th December*, 1877.

Diseases.	Total.	Remarks.
Abrasions ..	3	This may be regarded as, on the whole, a fair representation of the character and classification of the prevailing diseases. It is, however, somewhat under the average as regards amount, &c. Cases of ulceration of the cervix are rarely admitted, as it is found that they do not spread infection; and they are, moreover, very intractable to treatment. The women themselves are often quite unconscious of its presence, and it rarely gives rise to any local irritation or discharge.
Gonorrhœa ..	2	
Leucorrhœa ..	5	
Ulcer of os uteri	1	
Total ..	11	

Amount of Disease and Mode of Examination.—The venereal disease noticed by me during my tenure of office as medical officer to this Lock Hospital, were of a mild character, and such as were susceptible, for the most part, of speedy cure. They consisted chiefly of leucorrhœa of the cervix and abrasions of the os. Next in point of frequency is gonorrhœa, and fortunately so, for this is a very intractable malady, when it occurs in a virulent form in the female. And women, especially so, young women suffering from it have often to be detained for weeks together under treatment to insure immunity on their part against a relapse. Relapses do occur, however, frequently, in spite of all endeavours to the contrary, but this discharge, rarely, if ever produces much disturbance, constitutional or otherwise in these women, and I have not yet seen a bubo in any of them, as a consequence of this or any form of venereal. Neither is primary syphilis common amongst them, and they do not appear to suffer at all, anyhow, not so frequently or so severely from the sequelæ of this disorder, as do their sisters of the same craft in the cooler west. I have looked in vain at, or questioned to no purpose, the older prostitutes of this class who come before one for evidence in point. Many of them, most indeed, are as free from traces of this taint, as the younger Cyprians, and I have seen more disease of this latter kind in one day in a London hospital, than I have witnessed in a whole year among these women.

Many of the older prostitutes, however, suffer from a species of ulceration of the cervix, the result, doubtless of old standing irritation, or rather, perhaps, of a low form of inflammation of that canal, which is, in some instances, almost incurable. Anyhow, the remedies I have used, chiefly nitrate of silver, or black-wash, applied locally, have utterly failed to effect a cure in these cases, and nothing less than the actual cautery, nitric acid, or potassa fusa, would, I think, avail. There is, however, no time or proper appliances at my command for carrying out this treatment; these women submit with the greatest reluctance to any restraint, and the propriety of incurring the expense, this experimental therapy would entail may be doubted. Fortunately this condition does not appear to be communicable to the male, at least, I can find no evidence to that effect in the course of my inquiries or experience here, and so I now rarely admit women of this class.

All menstruating women are detained during their periods, and the following table must speak for itself. It shows, at a glance, the amount and character of the diseases, for which treatment was enforced, and this treatment mainly consists of localised cleanliness, and astringents. The patients are made to stand or sit in a tub of water, and then freely drenched by means of a syringe, concentrated solution of alum, zinc, or other astringents, are subsequently squirted into the vaginal canal, and this process is repeated several times a day. Nitrate of silver, in stick or solution, is also used, so is black-wash, or a solution of sulphate of iron, gr. iii, v. ad. ʒj., and we give steel-drops, or other tonics, as the indications for these prescribe or require.

TABLE No. 3.—*Being a return of the Diseases that prevailed during the past year, as well as of the Number of Admissions that took place under each.*

Year.	Average No. of Prostitutes.	Diseases.					Time under treatment.		
		Leucorrhœa	Gonorrhœa.	Abrasions.	Primary Syphilis.	Other Diseases.	Abrasions 1,882 days	Leucorrhœa 1,308 days	Gonorrhœa 1,375 days
1877	108·45	108	57	111	31	18	Remarks.		
							The number of admissions to strength appears unusually large, but many of these "abrasion" cases were of a trivial character, such as other officers might hesitate to admit; and their specificity may, in many instances at least, be doubted. No corresponding lesions have been found amongst the troops; and, as regards the other conditions, they include such intercurrent complications, as—hæmorrhoids, warts, rectal-abscesses, ulcers, &c., &c.		

(*To be continued.*)

It is understood that re-election to the Professorships of Surgery and Pathology, and of Dermatology, in the Royal College of Surgeons of England, at present held by Mr. Spencer Wells and Mr. Erasmus Wilson respectively, will not be again sought by those gentlemen. The other professors seek re-election. Applications for the various Chairs should be sent in to the President of the College, on or before the 12th inst.

OBSERVATIONS OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND, ON THE CLAUSES OF "THE MEDICAL ACT, 1858, AMENDMENT BILL, 1878."

THE College have very carefully considered the Bill, and are of opinion that while it contains some points which deserve their approbation, others of the proposed amendments will fail, in the opinion of the College, to meet the acknowledged existing evils in medical education and examination. The College observe with regret that no provision is made in the Bill for the reform of the General Medical Council, and they are of opinion that the members of the medical profession, practising throughout the United kingdom, are entitled to direct representation on the General Medical Council, and, that such direct representation would be for the public good.

Clause 1.—In substance approved.

Clause 2.—In substance approved.

Clause 3.—This clause, providing the necessity of a double qualification, in medicine and surgery, for registration, is the most valuable in the Bill. It does not, however, provide for proficiency in midwifery:—this, the College consider a defect—and they are of opinion that none but persons whose qualifications have been tested in medicine, in surgery, and in midwifery, should, in future, be admitted to the Medical Register.

The College have made several attempts to form, with the other Licensing Corporations and Universities in Ireland, a Conjoint Examining Board; and, although such endeavours have been fruitless, the College concur with the resolution passed by the General Medical Council in 1870, and re-affirmed in April, 1878, "that a Joint Examining Board should be formed in each of the three divisions of the Kingdom," and, "that every person who desires to be registered under the Medical Act shall be required to appear before one of these boards for examination in the subjects which may be deemed necessary by the General Medical Council."

Clause 4.—The College object to the intention of clause 4, as they are of the opinion that it is not desirable to transfer to the register of the General Medical Council the powers possessed by the registrars of the several branch councils under the *Medical Act* (1858) to register duly qualified persons, and to receive the fees payable by such persons for such registration.

Clauses 5, 6, 7, 8.—Deal with the registration of colonial or foreign practitioners with recognised diplomas.

The College approve the intention of these clauses, but consider that, in justice, their provisions should be limited to such colonies and foreign countries as extend like reciprocal privileges to holders of registerable diplomas obtained in Great Britain and Ireland.

Clauses 8, 9, and 10.—Approved in substance.

Clause 11.—Dealing with the erasure from the register the name of practitioners guilty of disgraceful conduct or convicted of a crime, is approved, except such portion of the clause as provides exemption from its operation to persons who have been guilty of an offence *trivial* in its nature, or committed under excusable circumstances.

Clause 12.—Approved.

Clause 13.—The College consider that questions relating to the erasure of names from the *Medical Register* for infamous or disgraceful conduct in a professional respect ought to be reserved for decision by the general body of the General Medical Council.

Clause 14.—The College approve the powers given to the General Medical Council by this clause, to deal with and determine all the regulations of the examinations of persons desiring to obtain a double qualification, but they take exception to section 2 and sub-section (*b*) of section 4;—to the former, because the effect of the examination rules not requiring a candidate to adopt or refrain from adopting the practice of any particular theory of medicine or surgery would be that candidates, under such a plea, might evade the questions put to them by their examiners; to the latter,—which permits a woman to object to the same examination as men—because, in the opinion of the College, no difference whatever in the mode, conditions, or scope of examination should be made between male and female candidates.

Clause 15.—Authorises a scheme for establishing joint medical boards for conducting medical examinations.

The College (*vide* remarks on clause 3) are of opinion that any compulsory conjoint examining scheme for each division of the kingdom should include in its operation the universities as well as the medical corporations.

Clauses 16 *to* 21.—Approved in substance.

Clause 22.—Deals with penalties for the unauthorised assumption of titles by unregistered persons practising medicine orsurgery for gain.

This, in the opinion of the College, while useful, falls short of what is much needed in patting an end to illegal abuses; for the penalty should be not *alone* on those who assume certain titles to which they have no legal right, but *also* upon those persons who, for gain, practice medicine or surgery, and are not registered.

The College further disapprove of the clause, so far as it deprives private persons of the privileges they now enjoy, of instituting prosecutions for offences under this section.

Clause 23.—Provides for the examination and registration of dentists.

This clause is very objectionable, as, not only is it contrary to the principle of the Bill, which requires a Qualification in both medicine and surgery, to admit to general practice, but, further, it would permit a person who is not a surgeon, or not in possession of any recognised medical or surgical qualification, to be registered as a legally recognised dental practitioner, and qualified to practise dental surgery.

Clause 24.—Deals with the examination and registration of midwives.

The College acknowledge that it is desirable that competent midwives should be duly and legally qualified. They are, however, of opinion (1) that it would be better to alter their designation to that of "Midwives and Nurse-tenders;" (2) that the licensing of midwives should be confined to properly constituted *Medical* bodies.

The miscellaneous clauses approved.

J. MAGEE FINNY, M.C., Registrar.

May 21, 1878.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 5, 1878.

THE NEW MEDICAL BILL.

SINCE we last wrote on this subject, important amendments have been made in the Bill—amendments with which the great bulk of the profession cannot fail to be

satisfied. As we remarked last week, it was not to be expected that the Lord President would so far yield to the pressure put upon him by the deputations he received as to concede all the points on which they laid so much stress. But, with regard to that more urgent question of medical reform, the establishment of conjoint boards, the Lord President has very willingly and graciously yielded to the many representations that have been made to him in their favour. He sees that it is not advisable to let the prejudice and compunctions of the Scotch corporations stand in the way of those reforms in which both the profession and the public are so much interested, and which, whatever difference of opinion there may be in respect of other clauses of the Bill, have been very generally approved of. The Conjoint Scheme, therefore, is now to be made compulsory in the three divisions of the United Kingdom, not only with regard to the corporations, but also as respects the Universities. All persons having passed the examinations of the Conjoint Board will be entitled to claim the diploma of any one of the corporations that have combined. We use the word "person" advisedly, for, by the new Medical Act, women can claim to be admitted to the conjoint examination; if they pass this it will be scarcely within the power of the corporations to refuse to grant to women the same diploma that they grant to men after passing the same examination. According to the new Bill in its original shape, women were to be admitted to the conjoint examination, but the corporations were not to be compelled to give to the successful candidates their respective diplomas or licences. This was evidently a restriction that could not be allowed to stand, for if women are admitted to the Conjoint Board examinations, and are able to pass them, it would be absurd to think of depriving them of the privileges always claimed in such cases by the successful male candidates, more especially as no distinctions will be probably made between the sexes in respect of the kind and severity of the examinations. For, in reply to a deputation from the London School of Medicine for Women last Friday, the Duke of Richmond and Gordon said that the Government had no intention of making any difference between the examinations and status of candidates, and pointed out that if any distinctions were made in the examinations they should yet "guarantee equal proficiency." His Grace would, however, consider whether it might be feasible to omit from the Bill all mention of possible distinctions in examination. In our last issue we said so much about the necessity of making no distinctions in this respect between the sexes that we shall now only express the hope that the Lord President will find it "feasible" to remove from clause 14 the objectionable provision to which he refers. But to return to the Conjoint Board, it will be seen that the successful candidate (male or female) will be entitled to practise, and to have his name placed on the Register, and the public will have the satisfaction of knowing that, whatever may be his titular qualifications, he has passed a board in whose examinations it can put the greatest confidence. This is the great point gained, for, as regards the titles which the successful candidate will be able to claim, some exception may be taken to the proposed arrangement. It may seem a rather awkward arrangement for the candidate, after having passed the examinations of the Conjoint Board, to take the diplomas of corporations which, as examining bodies, no longer exist, and a title more indicative of the board which had been passed will appear to many more dignified and logically correct than that which it is now proposed the successful candidate should bear. This, however, is a matter of secondary consideration. So long as the public and the profession know that there are only three instead of nineteen examining bodies, and that no student will be allowed to enter upon practice until he has passed examinations the standard of which is more uniform and higher than it has ever been before, any little amendment of a formal nature may be easily left for future consideration.

Seeing, therefore, that the Duke of Richmond and Gordon has conceded so much, and on a point of such vital importance to the profession and public, would it be advisable to risk the passing of this Bill, by insisting upon his Grace making still further amendments? In our last issue we said nothing about the agitation now going on in favour of a direct representation of the profession in the Medical Council, and for this reason, that while the question of Conjoint Boards was a serious question, and the immediate settlement of which was earnestly called for, the other question of medical reform is one that may very well stand over to a future time. Were the direct representation of the profession in the Medical Council easily practicable there might be some reason for pressing it upon the attention of the Lord President, for we are fully aware that in an abstract point of view there are many reasons why the present constitution of the Medical Council should be materially altered. But allowing the advisability of the profession being more directly represented than it now is, the difficulties in the way of carrying out such a representation are acknowledged by even those who, were it more practicable, would not hesitate to support it. Indeed, those who are agitating for this point of medical reform have failed to show how it can be well carried out. Therefore, considering the obstacles in the way of sending half-a-dozen members to the Council, who may be fairly said to represent the great body of general practitioners, it would be unwise to risk the immediate passing of a Bill from which so much will be gained, for the sake of enforcing a point of reform which, advisable though it may be, is not, as far as the interests of the public are concerned, by any means of so much importance as that which through the wise concession of the Lord President bids fair to receive the sanction of the legislature. We would, therefore, urge that this proposed direct representation of the profession in the General Medical Council be, as the Duke of Richmond and Gordon suggested, dealt with separately and on a future occasion, particularly as by this discreet delay the subject will be more conveniently and maturely considered and more successfully managed than it could be at the present time, when there are so many other things occupying the attention of Parliament and so little time left for the passing of the Bill.

VISITING PHYSICIANS TO IRISH ASYLUMS.

In a recent issue of the *Dublin Daily Express*, we find an editorial comment on a letter lately addressed by the Council of the Irish Medical Association to the Irish Lunacy and Poor-law Commissioners, on the subject of the functions of visiting physicians of district lunatic asylums in Ireland. A copy of this letter appeared in our columns, and it was intended to put the Commissioners in possession of the facts, it having been found that in reply to inquiry addressed by them to the several Resident Medical Superintendents at public asylums in Ireland—whether, "with a view to efficient administration in the asylum, and to affording protection against improper treatment or detention of inmates, the present system of visiting and inspection can be improved, or any change or modification in the existing rules can be made with advantage;" it was suggested by the same officers that an assistant resident medical superintendent should be appointed to all asylums, and that the duties of visiting physicians should be more accurately defined than they are under the existing rules.

The letter of the Irish Medical Association was not reproduced by the *Daily Express*, which we much regret, as, thus introduced, it would have made the general public aware of the increasing necessity for watchfulness against the insidious changes in the lunacy system secretly effected by the Central Department, such as no public department would have ventured boldly and openly to make. While the indisputable facts and unanswerable arguments of that letter are withheld, the *Daily Express* refers to the proposed restoration of the Visiting Physicians to their original duties, and proceeds to condemn such a proposal, relying for its argument mainly on the circumstance of the recent appointment as Visiting Physician at the Waterford Asylum of a gentleman whom it represents as "a young lad" appointed to "consult and advise" the Resident Medical Superintendent, "a graduate in arts and medicine, of high reputation in his profession, and much experience in insanity and the diseases commonly accompanying it." We altogether deprecate the attempt to deal with a great public question by a comparison between the merits of individuals, but such a method of deciding the question is especially weak in the present instance, inasmuch as the Resident Medical Superintendent (whom we are far from having the least desire to disparage by adopting the style of argument of the *Daily Express*), is very little senior in the profession to the "lad" visiting physician, and is one of those officers referred to in the letter of the Irish Medical Association, who passed almost from the medical school into the very limited professional area of a district asylum, and who, in the capacity of assistant resident there qualified for promotion to the position which he now holds. Any such argument as that put forward by the *Express*, is obviously incapable of convincing anyone, because, assuming for the moment, that the statement made therein is true, and that the recent appointment of the visiting physician at Waterford is unsuitable, a single such appointment affords no case against the existence of a Visiting Physician in connection with district asylums, which, with the Medical Association, we consider of very high importance, concurring also with that body, that those officers should be again placed in sole charge of the "bodily sick" in asylums. Without expressing any opinion upon the merits of any officer at any age, we conceive it reasonable to suppose that the case of bodily illness in a district asylum may very possibly be better placed in the hands of a physician-surgeon, in his full maturity of education and qualification, even at the early age of 22 years, than in those of a gentleman of —for all we know—not higher academic attainments, whose opportunities of improving his medical and surgical knowledge and experience have been limited to those of the very subordinate position of assistant in an asylum. We are completely incapable of understanding that an assistant to the Resident Medical Superintendent, trained from the first to forget all ever known of medicine and surgery, except of his own speciality, should be more capable of doing medical justice to the sick lunatic, than the practitioner whose daily business it is to add to his knowledge and experience by engagements in every department in the wide field of practice of medicine and surgery, and whose presence is valuable as a link between the outside public and the imprisoned inmates of asylums. This link the *Express* would feign break, professing to consider as sufficient protection for the lunatic, the occasional visits of friends and of the chaplains; friends, if any, and the chaplains, too, having their visits subject to the approval and convenience of the Resident Medical Superintendent. We have, of course, the indispensable arguments reproduced by the *Daily Express*, that there are no visiting physicians in England, and *ergo* ought to be none in Ireland, inasmuch as "they do not seem to be found necessary" at the other side of the Channel. We doubt not that the English asylums would be better managed, and the bodily sick better provided for if there were such officers in England, and we doubt not that the public would know more than they do now of the occasional broken bones which, notwithstanding present arrangements, are brought to public notice. We are persuaded that if such officers existed in English asylums, we should hear more frequently than we do of transactions similar to the cold-bath homicide at Limerick, although such occurrences would be much less frequent than they are now.

The *Daily Express* misrepresents the letter and spirit of the Council's communication, which by a careful statement points out how the existing state of things has been brought about, and recommends (not as the *Express* would have it appear, the "re-establishment of the former status in district asylums of the officer now termed the visiting physician but") that that officer shall be restored to the full charge and direction of all cases *of bodily illness*, continuing, as hitherto, to afford his advice in consultation in "difficult or peculiar" cases of "mental" disease, leaving the direction of the "moral and medical" treatment of the insane to the resident medical superintendent, who we observe has tired of his official name, and his self-styled "physician superintendent."

It is announced that the Council of the Royal College of Surgeons of England will, on the 13th of June next, proceed to the nomination for election in July of th several Professors and Lecturer for the ensuing year.

Notes on Current Topics.

The Kashmirr Medical Mission.

THERE can be no doubt that the system of combining medical and missionary work is a good one, and judging from the Report just issued by the able young surgeon and missionary, Dr. E. Downes, it bids fair to be very successful. It is impossible to make much impression of a religious nature upon the minds of the natives of India, without first gaining their affections and claiming their respect by such acts of skill and charity as can be only performed by means of a hospital. "This," in the words of Dr. Downes, "appears to be the true fulcrum on which to apply the missionary lever." From a missionary point of view, there was very little work done last year, for, owing to circumstances that could not be avoided, it was impossible that the hospital of the mission could be the centre of any religious teaching.

On the other hand, the medical campaign in Kashmirr was a very active one, and within the short period of a few months some thousands of out-patients have been seen, and some hundreds of operations performed. The following extract from his diary will give the reader some idea of the work that an English missionary has to do :

"June 5th.—No out-patients, operating day. Dr. Ross and Dr. Lewer came to help me. I saw a case of lupus exedens: one side of a boy's face was quite destroyed ; I could do nothing. I operated on two eyes for trichiasis by Stellwag's plastic operation, which Macnamara recommends ; and I extracted the lens in a case of hard cataract by Von Graafe's method : I did an iridectomy for an artificial pupil. I resected an elbow joint and excised a large epithelioma. At last I was obliged to let two cases stand over.

"June 6th.—Out-patients in the morning. I made up my mind to finish off the operations which I had no time to do yesterday. Dr. Ross and Dr. Lewer came again. I straightened both knees which were contracted in a young man who had been a soldier in the Maharajah's service. I removed a sequestrum in a case of necrosis of the femur. I did another trichiasis case, and operated on both eyes of an officer's servant for pterygium. At 9 o'clock at night I operated on a case of strangulated hernia."

Towards the end of the year, Dr. Downes performed Symes's amputation at the ankle joint, had a case of occluded os uteri, removed the whole of the lower jaw of a Yorkandi, and tied both thyroid arteries.

A Sure Remedy for Toothache.

AN American homœopathic practitioner states that he has found in the *Plantago major* a sure remedy for toothache. It is, he says, the large-leaved plantain of the door-yard, hitherto known as a nuisance. He gathers it when the rod has grown to full perfection. The leaves are chopped finely, packed closely in a bottle, and covered with strong alcohol for a week. By this time the bright green colour has changed to brown, and it is fit for use. In using it a piece of cotton-wool is saturated with the tincture and inserted in the cavity, and four drops of the same put in half a glass of water, of which a teaspoonful is taken. By rubbing it on the gums, it (on rubbing) was found to ameliorate the painful process of teething ; and when inserted in the ear it is said to be equally efficacious in earache. As there are doubtless many plants of whose medicinal virtues we are perfectly ignorant, and as toothache is one of those torments which often baffle all attempts on the part of the physician to cure it, it may be worth while to give this reputed remedy a further trial, a trial which need not be delayed in the case of such a common complaint as that of toothache.

The Annual Meeting of the Irish Medical Association

Took place on Monday last at the Royal College of Surgeons in Ireland. The day's proceedings were inaugurated by a breakfast of the members at the Shelburne Hotel, which was presided over by Dr. Grimshaw, Chairman of Council, and was largely attended. At 12 o'clock the chair was taken in the council-room of the College of Surgeons by Dr. Nolan, of Gort, who presided in the absence of Dr. Darby, President of the Association, and the report was read by Dr. Chapman, hon. sec. Most of the subjects of special interest to the profession were dealt with by resolutions which, with the observations of the speakers thereon, we hope to give in full in our next issue. The annual dinner of the Association was held in the College of Surgeons, the chair being occupied by Dr. Robert MacDonnell the newly elected President.

The Election of the Council of the Irish College of Surgeons.

THE annual election took place on Monday last in the Board Room of the College. By the resignation of Mr. Butcher and the election of Dr. Wheeler as an Examiner on the Surgical Court, two seats on the Council were vacated. For election to the governing body of the College seven new candidates presented themselves : Dr. Croly, formerly examiner in surgery in the College, Dr. William Elliott, Dr. Jacob, Dr. Thornley Stoker, Dr. Roe, Dr. John Madden, and Dr. J. Bellew Kelly, of Drogheda. The number of Fellows who voted was 112, being a slightly larger number than that of last year. On scrutiny of the poll it was ascertained that Drs. Croly, Elliott, and Jacob had obtained seats on the Council, Dr. Albert Walshe retiring, and all the remaining Councillors being re-elected.

Action of Oxygen Upon Anatomic Elements.

BERT has been studying the toxic action of oxygen under high tension. He finds, by the indirect method of air confined under pressure, that the injurious effect of oxygen upon air-breathing vertebrates begins when its tension corresponds to a pressure of five or six atmospheres. The analysis of the gases contained in arterial blood shows that under this tension the colouring matter of the globules is completely saturated with oxygen, and that gas begins to be dissolved in the sanguine plasma. If the compression is long continued, the solution of oxygen becomes diffused through the tissues, and the organic oxidations are diminished, leading to an immediate reduction of the temperature of the body.

The Sudden Death of Mr. Philip Wykeham Martin, M.P.

THE sudden death of this gentleman in the library of the House of Commons was an event which very naturally created some sensation among the Members who were present last Friday evening. Although he had sat in the House for many years, he was comparatively young, and his death, which arose from disease of the heart, was no doubt accelerated by that fatigue and excitement which would be the inevitable result of his attending to business of any kind. It appears that he was suffering from valvular disease of a decidedly serious character, so that very little exertion or mental excitement would break the slender thread on which his life was evidently hanging. There is, perhaps, no organ of the body which, when diseased, is so much in need of rest as the heart, and yet for obvious reasons there is no organ of the body to which rest is less practicable. The brain can sleep, and the liver, stomach, and other organs are only periodically active; but the heart is at work during the whole period of our existence, and when diseased is, from the complicated nature of its structure, more liable than any other organ to suffer from the effects of either inordinate muscular or mental exertion. A burst of passion, some sudden calamity, hurrying to catch a train, will stop for ever the action of a heart which, if kept at rest as much as possible, might go on beating for years. Patients, therefore, suffering from this painful and terrible disease, cannot be too strictly enjoined to keep themselves continually quiet, and to avoid company as much as possible. Had Mr. Martin done this, his life might probably have been spared, but even his death might be less lamented if it only served as a lesson to others who often undo by their own indiscretion the good they may have derived from the advice of their medical attendants.

Hospital Out-patients' Reform.

THE incidence of charitable medical relief has no doubt become greatly altered since the introduction of the Poor Law Dispensary System amongst us, and it is now high time that the whole question of the work of medical charity in connection with our hospitals was fairly and carefully taken up and more seriously considered. The chief question is, happily, less one of funds than of their injudicious use and administration. The existing income of medical charities would more than suffice if we desisted from the improvident and almost impossible task of providing medical treatment on a purely gratuitous footing for the entire working class and a considerable margin of the lower middle class of society, and extending to medical charity that discrimination without which all charity becomes injurious to the recipients and wasteful to the community.

We are rejoiced to find that managers, and those who administer funds entrusted to them for real works of charity, are beginning to open their eyes to the abuses of hospital out-patients' departments. Sir Sydney Waterlow, who has already evinced a laudable desire to grapple with the evils complained of, announced to the Committee of the Hospital Sunday Fund last week that in a few days a meeting of the treasurers and trustees of the several hospitals would assemble in St. Bartholomew's, with the view of discussing and suggesting a remedy for the abuses of a system which has educated a fourth part of the population of the metropolis into improvident and mendicant habits, and entirely relieved it, as regards this requirement of civilised life, from all necessity for forethought and thrift.

Medical Service in the Paris Exhibition.

THE post of Doctor to the Exhibition has recently been given to Dr. Ladreit de la Charrière, who continues the functions which he discharged during the period of its construction. The service thus organised includes six resident doctors. The principal requirements of the service will be a lecture-room, and an apartment where the medical visitors to the Exhibition will be sure to find all the medical papers, and where they will meet their brother doctors, glad to receive and oblige them.

Analysts in Ireland.

MR. ARTHUR MOORE has procured a return "of all counties in Ireland in which public analysts have been appointed," and of cases in which "specimens of liquor have been submitted for analysis," with convictions and decisions in each case. The secretaries to the grand juries and the town clerks have supplied the information. Every county has an analyst, and most of the greater towns. Dr. Cameron officiates for no less than twenty-seven counties and towns, as well as for Dublin, his salary ranging from £5 per annum, as in Galway and Kilkenny cities, to £50 in Dublin, in addition to £300 in the metropolis. In fact his salaries for making analyses amount to £990 per annum. He analysed in the year four specimens in Derry, four in the Queen's County, 25 in Roscommon, 29 in Waterford city, 1 in Carlow, 8 in Cavan, 14 in Clare, 410 in Dublin county, 46 "chiefly for private persons," in the city; 1 in Fermanagh, 2 in Galway, 4 in Kerry, and 5 in Kilkenny. There were five convictions in the year in the whole island; and from the decisions of the analysts we learn that in general water is the greatest element employed by adulterators. Professor Hodges has five northern counties under his supervision.

The Title of M.D.

A CORRESPONDENT of one of our weekly contemporaries says:—"I take this opportunity of venturing to opine that a great deal of space is allotted to childish whimperings for M.D. from men who had at the proper time not either the steadiness, or their fathers the money, to enable them to graduate." Replying to which criticism the editor complains that those gentlemen who pine for the M.D., cannot "obtain it *under ordinary conditions of graduation*, except by undergoing a part of their education in Scotland or Ireland." "The regulations of the Scotch Universities and the Queen's University," says the editor, "are such as to place the degree of Doctor of Medicine within the reach of the great majority of Scotch and Irish students without any unusual sacrifice of time and money, and without *going beyond the ordinary standard of fair preliminary education* and good medical instruction, such as are attained by the majority of students;" and he complains that the M.D. of the English Universities and the University of Dublin are not to be had as cheaply.

It is not possible to please the general practitioner in this matter without injustice to the university graduate; and we submit that the M.D.s of Oxford, Cambridge, London, and Dublin have a substantial grievance in the fact that the regulations of the Scotch and the Queen's *do* place the doctorate (which has always been the reward for academic culture in a University) at the disposal of students who have not gone beyond the ordinary standard of preliminary education; and we suggest that the *British Medical Journal* should devote itself to the task of bringing these Universities back to the level of their elder sisters, and of removing by this means the anomaly under which England suffers, instead of extending the anomaly to the higher Universities. The *British Medical Journal* is frank in its confession of the reasons for this longing for the M.D. on the part of those who have never taken the trouble to earn that degree. It says: "The degree is valuable in the public mind, and is often important *socially*; and in practice *as being supposed to imply a higher degree of preliminary education.*" This is a perfectly accurate statement of the case; and we venture, thereupon, to ask our contemporary what justification can there be for the Scotch and Queen's Universities granting the doctorate to graduates who never possessed the "higher degree of preliminary education" which the M.D. is "supposed to imply?" and what reason can there be in the "childish whimperings" of men who seek to reap the advantages, "socially and in practice," of a "higher preliminary education," without winning those advantages in the legitimate way?

The granting of the doctorate by the lower Universities to students who have no commensurate preliminary education, is just one of those abuses, born of the greed for graduation fees on the part of those institutions, which the Duke of Richmond's Bill seeks to amend. His Grace is bound by the principle of his measure to secure uniformity in the education required for the degree of M.D., as for all other medical degrees, and he can only obtain that uniformity either by forcing Oxford, Cambridge, London, and Dublin, to give the doctorate to all comers, or by obliging Edinburgh, Glasgow, Aberdeen, and the Queen's University to cease granting the M.D. to any but full graduates in arts.

The General Medical Council has already declared by resolution that the latter course is the only tolerable one, and we do maintain that the Duke will simply act up to the principle of his Bill, and to every principle of equity, if he insists that those who desire the social distinction of a Doctorate in Medicine, shall devote the necessary labour, time, and money to gain it, as it has always been won previously to the creeping in of these degree-selling abuses.

Walking Round the World.

An amateur athlete of Toronto, Canada, named James Duff Henderson, has commenced a pedestrian undertaking of a novel and stupendous nature. He proposes to walk a distance equal to the earth's circumference, and to finish his task within two years, choosing the localities in which to walk, and resting where he pleases. He has walked several days in Toronto, and is now in the United States. Henderson is a fine, stalwart Scotchman, 28 years old, and a house carpenter by trade. He stands six feet in his stockings, and has a stride varying from 42 to 46 inches. He will visit the principal cities in America, and purposes crossing to Europe in time to reach Paris before the close of the Exhibition. He will be accompanied for a time by Dr. Ryder, an hygienic practitioner, who is also one of his backers. He is to receive 50 dollars a month as expenses, and if he succeeds he is to have 10,000 dollars. To accomplish his task by the 1st of May, 1880, he will be obliged to walk 40 miles a day on an average, and he expects to gain enough on this during the first few months to enable him to dispense with walking aboard ship while crossing the Atlantic. We hear that at one or two places he has visited, the public took no notice of the great man, which has rather damped his spirits. Such exhibitions are tedious and worthless, and we hope he will meet with a similar reception here.

Coroners and the Causes of Death.

Scarcely a week passes without our having some proof of the necessity of regulating the action and duties of coroners with a little more precision than that which now obtains. Sometimes, through the medium of some local or provincial newspaper, we have complaints made of the coroner holding more inquests than necessary, and of thus putting the parish to unnecessary expenses. At other times, as the following incident will show, a person dies suddenly under extraordinary or suspicious circumstances and is allowed to be buried without any certificate as to the cause of death. Between nine and ten on Tuesday week, a middle-aged widow, named Whitlam, residing at Sugar's Yard, Gainsborough, died suddenly. She was employed at Mr. Bettinson's osier beds, on the Notts side of the river, and, during a wordy quarrel with another woman, she became excited, and suddenly fell down. A rattling was heard in her throat, she exclaimed, "Lord have mercy on my poor lad," and expired immediately. Dr. Armstrong was promptly summoned, but, of course, his service were of no avail. The circumstances were reported to the coroner (Mr. C. S. Burnaby), who thought that an inquest would not be necessary, notwithstanding that Dr. Armstrong refused to certify as to the cause of death.

It is difficult to form from a short report in a newspaper a correct opinion of such cases as these. Apparently the peculiar circumstances under which the woman died, and the fact that the doctor refused to give a certificate, called for a post-mortem examination and inquest. At all events, it is to be hoped that before long the legislature will make some alteration in the law respecting the holding of coroners' inquests, so that the circumstances under which a coroner should or should not hold an inquest may be more exactly defined, and that not so much should be left to the discretion of that officer.

Swimming and the Disaster in the Channel.

There is one point connected with this terrible disaster, and one lesson to be drawn from it, on which it is quite within our province to make a few remarks. If swimming were not one of the healthiest exercises that can test strength of muscle, soundness of lungs, and power of endurance, we might let the event pass without further notice. But the recent foundering of the German ironclad, two or

three miles off Dover, shows that as a means of saving life swimming is one of the most useful of all athletic sports. The ironclad was only a few miles from shore, the weather was not very rough, and assistance was not far off. Therefore had the whole of her crew been sufficiently good swimmers to keep themselves afloat for an hour or two in the water, probably scarcely one life, instead of 350 lives, would have been lost. *Apropos* of this distressing event, we may notice the excellent letter that Capt. Webb has just addressed to the *Standard* newspaper.

In the recent debate in the House of Lords, swimming is mentioned as one branch of athletics in which candidates for commissions in the army will be tested ; and it appears that the test will be to swim a certain distance in a given time. "I would, however," remarks Capt. Webb, "call public attention to the fact that swimming should be regarded from one main point—viz., as a means of saving human life. From this all-important point of view, I would suggest that the best swimmer is not necessarily the one that can swim the fastest for a short distance, but the one that can keep afloat the longest. The late wreck of the *Eurydice* is one of the many cases that confirm this view. In case of shipwreck the man who finds himself struggling with the waves has to think not so much of reaching shore—too often an absolute impossibility—but of keeping himself afloat with the chance of being picked up by some passing vessel."

Few will dispute the justness of these observations, the truth of which is even better illustrated by the disaster in the Channel than by the wreck of the *Eurydice*, as in the former case the sea was not very rough, and there was time enough for all hands to take to the water. There can be no doubt that in all kinds of sports and athletic exercises, power of endurance is more to be prized than a mere temporary exhibition of speed or muscular strength. On this subject we had much to say when noticing Gale's pedestrian feats, and we shall therefore only now remark that the same power of endurance which in his case could be turned to very little account might in the case of swimmers be the means of saving many thousands of lives. Capt. Webb further writes to say that "with a view of showing how long it is possible for a healthy man to keep afloat, I have determined to attempt a thirty-six hours' swim in the sea on the same conditions as I swam the Channel—viz., no artificial dress, and not to touch any boat, &c. Should I succeed in my attempt I believe some good may arise, inasmuch as the fact that a man had swam for such a length of time might encourage others, who may one day be dependent for their lives on their ability to keep afloat." Very bravely said, and we earnestly hope that Capt. Webb will not injure his health through undertaking a task which seems quite beyond the powers of the human frame to accomplish.

A Special Religious Service for the Profession.

On Friday evening last a special service took place at St. Paul's Cathedral for medical men, organised by the Guild of St. Luke the Physician and Evangelist, and of which Dr. Meadows is the Provost. The objects of the Guild are stated to be to promote and defend the Catholic Faith, especially amongst members of the medical profession, by frequent and regular communion, intercessory prayer, personal influence, and the promotion of works of mercy. The Guild itself is composed chiefly of students and practitioners of medicine, together with a body of clerical associates.

The service was well attended, the ladies largely preponderating; and the musical arrangements were conducted by the London Gregorian Choral Association. It commenced with a processional hymn sung in unison by a numerous choir of men and boys, accompanied by a band of wind instruments, the special psalms and Magnificat being chanted, and accompanied by the strains of the fine organ of St. Paul's, played by Dr. Stainer, and a sermon preached by the Rev. G. Body, a well-known missionary preacher, brought an impressive service to a close. A good deal of care had evidently been bestowed by the Guild on the arrangements of the evening, which were most unexceptionable, and our acknowledgments are due to Dr. Meadows and his professional friends, who were at so much pains to inaugurate so good and novel a service.

The Mortality in Dublin.

According to the Registrar-General's latest returns, the death-rate of Dublin is 33·4 per 1,000 of the population—London ranking for only 20·1, Glasgow for 22·8, and Edinburgh 20·1. The small-pox deaths of the week ending May 25 were 6 less than those of the previous week, but 3 over that of the penultimate week. The cases in hospital are about the same in number (267 against 270), but the admissions are 12 less than those of the previous week. The total deaths of the city are 57 (nearly one-third) in excess of the average.

Ye Ancient Apothicarye.

It may be of interest to the pharmacist of to-day, to know what was expected of the apothecary of a few hundred years ago. Some of the rules would prove fitting examples for the guidance of many a modern pharmaceutist.

The apothecaries of the Elizabethan era compounded their medicines much as medicines are compounded at the present, and the shop customs have undergone only a slight change. The apothecaries' table of weights and measures, still in use, was the rule in the sixteenth century, and the symbols (for a pound, an ounce, a drachm, &c.), remain at this day just what they were 300 years ago.

William Bulleyn, one of the most celebrated physicians under the reigns of Edward VI., Mary, and Elizabeth, and who died in 1576, gave the following golden rules for an apothecary's life and conduct :—

THE APOTHICARYE.

1. Must fyrst serve God, forsee the end, be clenly, pity the poore.
2. Must not be suborned for money to hurt mankynde.
3. His place of dwelling and shop to be clenly to please the sences withal.
4. His garden must be at hand with plenty of herbes, seedes, and rootes.
5. To sow, set, plant, gather, preserve, and kepe them in due tyme.

6. To read Dioscorides, to know ye natures of plantes and herbes.
7. To invent medicines to chose by coloure, tast, odour, figure, &c.
1. To have his morters, stilles, pottes, filters, glasses, boxes cleane and sweete.
9. To have charcoles at hand, to make decoctions, syrups, &c.
10. To kepe his cleane ware closse, and cast away the baggage.
11. To have two places in his shop—one most cleane for the phisik, and a baser place for the chirurgie stuff.
12. That he neither increase nor diminish the phisician's bill (*i.e.*, prescription), and kepe it for his own discharge.
13. That he neither buy nor sel rotten drugges.
14. That he peruse often his wares, that they corrupt not.
15. That he put not in *quid pro quo* (*i.e.*, use one ingredient in the place of another, when dispensing a phisician's prescription), without advysement.
16. That he may open wel a vein for to helpe pleuresy.
17. That he meddle only in his vocation.
18. That he delyte to reede Nicolaus Myrepsus, Valerius Cordus, Johannes Placaton, the Lubid, &c.
19. That he do remember his office is only to be ye phisician's cooke.
20. That he use true measure and waight.
21. To remember his end and the judgment of God; and, thus do I commend him to God, if he be not covetous or crafty, seeking his own lucre before other men's help, succour and comfort.

The Harvey Tercentenary.

On Saturday evening last a festival banquet in honour of the three hundredth anniversary of the illustrious Harvey was given by the President and Fellows of the Royal College of Physicians. Invitations were sent to the members of Her Majesty's Government, the leaders of the late administration and of the medical and scientific professions. The chair was occupied by Dr. Risdon Bennett, F.R.S. (president), and the vice-chairs by Dr. F. Farre (Treasurer), Dr. Pitman (registrar), and the four censors, Drs. Quain, Fincham, Barnes, and Martin. After the usual loyal and patriotic toasts had been duly honoured, the Marquis of Ripon, in responding to the toast of the House of Lords, touched upon the subject of medical education, giving it as his opinion that it was necessary both for the sake of the profession and the public that the whole question should be legislated for in a liberal and comprehensive spirit, as an earnest of which he deemed the readiness of the Lord President to incorporate the compulsory conjoint scheme into his Bill an excellent omen. To Professor Huxley the honour of replying to the toast of the evening, "To the Honour of Harvey," was entrusted, than which a better choice could scarcely have been made. Mr. Gladstone, Mr. Lowe, Dr. Quain, Dr. Allen Thomson, Professor Michael Foster, and others spoke during the evening, the whole affair passing off in the most brilliant and satisfactory manner, reflecting the greatest credit upon the officials and all concerned in the management.

Fears having been expressed as to the water supply at Malta being equal to the demand made upon it by the increased garrison, orders have been sent out for two powerful condensers in the dockyard to be prepared for the service of the troops should any scarcity be threatened.

Mr. Parnell is highly incensed against Dr. Burns, who brought the convict Reddin to his senses, with the aid of an electric battery, when shamming fits before the judge, and moved in supply in the House of Commons last Thursday, that the vote for convict establishments be reduced by £450, the amount of the doctor's salary. In a House numbering 231 members, Mr. Parnell could only gain the sympathies of 18, and Dr. Burns will get his salary, notwithstanding that Mr. Parnell prefers malingering to galvanism in convicts.

The County Infirmaries (Ireland) Bill was, on Wednesday last, again postponed to the 9th June. This measure has been most unfortunate in its career; in 1876 it was introduced, but met the fate of many other "slaughtered innocents." Again this year the second reading was postponed, and now the promoter (Mr. Meldon), when the time arrives, is not prepared to proceed, not having the Bill printed.

An application was made on Saturday last to set aside the judgment in the Bagot will case, about which there was so much conflicting medical evidence on the ground of misdirection by the judge, and that the verdict was against the weight of evidence. The motion was postponed indefinitely in consequence of the great pressure of other cases.

Small-pox seems steadily declining in London; last week the deaths from this cause were 43. Of these, 23 were certified as unvaccinated, 4 vaccinated, the remaining being uncertified as to vaccination. In Dublin there were 15 deaths from small-pox, but not one in any of the large provincial towns in the United Kingdom was reported.

In the principal foreign cities, the last weekly returns of mortality per 1,000 of the population were:—St. Petersburg 64, Calcutta 52, Buda-Pesth 46, Alexandria 41, Bombay 39, Naples 39, Vienna 35, Munich 33, Stockholm 30, Turin, Dresden 29, Rome, Berlin, Geneva 28, Amsterdam 25, New York 24, Paris 23.

We are glad to notice that at the last election of the important metropolitan district of St. Marylebone, Dr. McGrigor Croft, of St. John's Wood, was carried in at the head of the poll for No. 2 Ward, as guardian of the parish.

The mortality last week in the four principal cities of the United Kingdom, was again low, except in Dublin. In London it was 20, Edinburgh 21, Glasgow 23, and Dublin 33 per 1,000 of the population. The large towns in the second category were exceptionally healthy.

Literary Notes and Gossip.

We understand that within a few days the report of the Copyright Commission will be laid before Parliament. The opinion of the majority of the Commissioners is that copyright should last for the author's life and for thirty years after, their reason being that this is the period allowed on the Continent, and that by assimilating our own practice to tha

of other nations, a step, at any rate, will be taken towards the establishment of international copyright. What recommendations will be made with regard to the vexed question of international copyright itself is not certain. The matter is a difficult one, and cannot be properly approached, unless we recognise that literature, like all other professions and occupations, is governed by the stern laws of supply and demand. As the matter at present stands, America has undoubtedly the best of English authors; she can pirate any English book she chooses, and to protect such piracy she fixes very high customs duties upon all English imported books. True, she says we can do the same, well knowing that with few exceptions she has produced no works worth a publisher's attention. Yankee cuteness is all very well in its way, but we would rather recognise in our brothers on the other side of "the herring pond" a little scraping of that Divine principle of "doing unto others as they would men should do unto them."

* * *

We understand that Mr. Fleming, author of "Rabies and Hydrophobia," "Text-book of Veterinary Obstetrics," &c., is engaged upon another large work entitled a "Text-book of Comparative Pathology (General and Special) and Therapeutics." Mr. Fleming's great literary abilities and research warrant us in looking forward to an original and comprehensive contribution to our pathological knowledge.

* * *

Mr. Balmanno Squire has decided upon a re-issue of his atlas of Skin Diseases, which was first published in 1864, in an altered form. The first part has appeared this week as a demy 8vo, with text and four plates lithographed in colours.

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The greatest satisfaction is expressed in literary and scientific circles by the selection of Dr. Brown-Séquard, as successor to the illustrious Claude Bernard in the College of France. Dr. Brown-Séquard's attainments are too well known to need recapitulation here, and being personally known to the profession in America, France, and England, having both English and French blood in his veins, the choice will be widely popular.

* * *

At the last meeting of the Royal Irish Academy, Dr. Aquilla Smith, representative of the King and Queen's College of Physicians in the General Medical Council, was awarded one of the massive Cunningham gold medals for his writings in "Numismatics." A medal was also awarded to Dr. Allman for his biological researches.

Correspondence.

THE PURIFICATION OF WATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We need not have taken any notice of the remarks by the Secretary of the London and General Water Purifying Company in your issue of May 22nd, if the general public were not apt to be misled by such incorrect statements when brought forward with some degree of boldness. By referring to Professor Bischof's paper, read before the Society of Arts, of which we enclose a copy for your perusal, it is easy to show that your correspondent's assertions are throughout inconsistent with truth. He says that the excellence of the Spongy Iron Filter exists only in "the Professor's *own idea*." We have marked in the enclosed copy no less than *eight* official reports which the lecturer quoted as to the unquestionable superiority of spongy iron as a filtering medium for potable water. The sole opinion he himself gave as to this was conveyed by an incidental reference to some physiological experiments of his bearing on water purification.

The remarks about the defects of animal charcoal were likewise based upon quotations from official and other reports. It is singular that your correspondent, in referring to certain obsolete reports about animal charcoal, cannot see that Dr. Frankland quite consistently proclaimed that material—with all its defects—as the most efficient purifier of water at the time when the application of spongy iron for that purpose was unknown. But like everyone who is unbiassed, he was compelled to acknowledge the superiority of the latter material after the exhaustive experiments which he officially made as to its merits. Again, the lecturer's remarks about the renewal of animal charcoal in filters are not his own, but, as stated expressly, extracted from official evidence.

The "chalybeate" character of the water from spongy iron filters exists only in your correspondent's too vivid imagination. Your space is too valuable to allow of any lengthy explanations, but we shall be glad to forward to any one of your readers such evidence as to this point as will set his mind at rest.

We prefer that the spongy iron filter should stand on its own merits, but since your correspondent has provoked criticism, we may tell him that Professor Bischof seems singularly well informed on water filters. Speaking about the usual construction of cistern filters, he said: "Unless the top is jointed perfectly tight, the unfiltered water, with upwards filtration, may be sucked in through the joint, without passing at all through the materials." Now it so happens that since the paper was read a gentleman wishing to exchange one of the London and General Water Purifying Company's cistern filters for a spongy iron filter, and to employ the former for mechanically straining the water not used for drinking, sent it to be charged with sand. On testing it by immersion in water, we found that the defects referred to by the lecturer applied in a marked degree to this filter; in fact, on account of the leakage through the joint, the London and General Water Purifying Company's filter proved useless, even as a mechanical strainer.

We remain, Sir, your obedient servants,

The Spongy Iron Water Purifying Company.

505 Oxford Street, W.C., London, May 27, 1878.

THE FORTHCOMING ARCTIC EXPEDITIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The recent article in the Medical Press on the above subject has been extensively reprinted and quoted in various newspapers and journals, the *Yorkshire Independent*, the *West Central News*, the *Echo*, the *Alliance News*, and the *Temperance Record*, amongst others, giving prominence to the Medical Press "Current Topic" on the question of alcoholic stimulants in Arctic exploration. The article having been transferred in its entirety to the pages of the *Temperance Record*, has elicited a communication from Captain Wiggins, "The Elms, Sunderland," in which that experienced and well-tried Arctic voyager commends your suggestion of a total abstaining ship's crew; and so much confidence has he in the success of the trial, that he offers to take the management and command of such a ship, having been already engaged in three expeditions extending over four seasons, during which his "men grew fat and flourished on total abstinence." Capt. Wiggins further says: "I have never yet taken spirits of any kind whatever to sea in these expeditions; and that during a "severe winter journey of over 8,000 miles of sledging, night and day, at the highest speed possible, covering for days together 200 miles per day, I not only never needed such a thing as false stimulants, but demonstrated in the most striking manner the fact that they were most injurious." A gentleman who travelled with Captain Wiggins, "a most abstemious man," acclimatised to the severities of a Siberian winter, was knocked up before he had accomplished half the journey, although he and the captain occupied the same sledge—but this abstemious gentleman was not an abstainer, and hence he could not resist the influence of the climate which his companion so easily withstood. Eventually, however, a medical gentleman prescribed total abstinence to the sufferer, and then he too was untouched, and went on his way rejoicing.

The above is the merest abstract of Captain Wiggins's interesting letter; but I presume enough has been quoted to convince the most sceptical that the only safe course in the colder regions of the globe, at all events, is abstention from what Captain Wiggins emphatically calls "the *pernicious* influence" of alcoholic stimulants.

As the subject is a strictly medical one, as well as of national interest, I have ventured to ask your permission to ventilate it in the columns of the Medical Press, especially

as the medical aspect of the temperance question is now so generally recognised by the Profession, and Dr. Carpenter's oration before the Medical Society of London is receiving ample justice at your hands by being published in your columns.

Faithfully yours,

H. P. G.

Poland Street, W.

Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examinations, received the diploma of M.R.C.S. at a meeting of the Court of Examiners on May 23rd :—

Andrews, W. Stratford, Dover.
Apthorp, F. William, Lee, Kent.
Bisdee, James, L.S.A., Hutton, Somerset.
Buckle, John, L.S-A., Catton, Norwich.
Butler, G. William, Abingdon.
Candler, W. John, Harleston, Norfolk.
Clark, J. R. Andrew, L.S.A., Cavendish Square.
Clitherow, R. Edward, L.S.A., Horncastle.
Crouch, E. Thomas, L.S.A., Devonport.
Edwardes, W. Whitfield, L.S.A., Llansantffraid.
Fulton, James, M.D. Toronto, St. Thomas, Canada.
Good, F. Thomas, L.S.A., Highbury Hill.
Hawkins, Howard, Lee, Kent.
Jackson, Thomas, L.R.C.P.Ed., Great Torrington.
Ling, M. Edward, L.S.A., Saxmundham.
Shaw, George, L.S.A., Blackheath Park.
Smith, K. Rawlings, L.S.A., Stamford Hill.
Snowden, G. Hugh, Ramsgate.

Ergot in Diabetes Insipidus.—The *Philadelphia Reporter* says that Prof. Da Costa's clinic on January 12th exhibited a patient who had been passing ten pints of urine daily, the amount of fluid ingested being fully two pints less. No cause could be assigned for the disease. The urine contained no sugar or albumen, and had a s.g. of 1,005. When commencing the use of ergot, drachm doses of the fluid extract were taken three times daily, then four times, and at last six times daily. The effect on the renal secretion was to reduce its amount to five pints, then to three pints, by which time the ergot had been stopped and peppermint water substituted. During two weeks of this supplemental treatment there was no return of the disease. Prof. Da Costa has had three other cures by this method, one of which was verified a year after its discharge.

The Hospital for Consumption, Brompton.—On Thursday last Lord Derby presided at the annual court of the governors of the Hospital for Consumption, Brompton. In moving the adoption of the report, the noble lord referred to a prevailing impression that the institution was so largely endowed as to be independent of donations and subscriptions, and pointed out that the real fact was they were dependent upon the public to the extent of four-fifths of their income. The report of the committee of management stated that there were 1,222 in-patients during 1877 ; of these, 891 had been discharged, 137 had died, and 194 remained in the hospital on Dec. 31, 1877. The receipts were £19,766 5s. 9d., and the expenditure £18,097 15s. 8d. The income showed a falling off, though, happily, the expenditure had been more than covered by the receipts from all sources. The committee hoped that before another annual court much progress would be made with the new building for the extension of the hospital.

Poplar Hospital for Accidents.—The twenty-third annual festival of this institution was held on Friday last at the City Terminus Hotel, under the presidency of Sir W. J. Baynes. The hospital, which is contiguous to the docks, warehouses, engineering and manufacturing establishments of the port of London, is in the midst of a densely-crowded population. The number of patients relieved during the past year was 4,881. The chairman, in proposing "The Poplar Hospital," said that the founder had purposely placed it near the dock gates, where accidents were of constant occurrence. It was not at all local in its scope, and would be better named as the "Port of London Hospital." Having no endowment and but little invested capital, it had to look for the £4,000 it required annually to a benevolent public, to whom, through his hearers, he now appealed.—During the evening the secretary read a list of subscriptions amounting to £1,800.

The Victoria Hospital for Children, Chelsea.—The annual dinner of this charity, which was established in 1866, took place on Wednesday last at the Grosvenor Gallery, New Bond Street, the Earl of Cadogan presiding. After the various toasts had been honoured, it was announced that the donations and subscriptions promised that evening amounted to £900. Funds are urgently required to pay the balance of the purchase money of additional land, and also for recent repairs and current expenses. Seventy beds are maintained at the institution, sixty at the hospital, and ten at the convalescent branch at Margate.

London Temperance Hospital.—Lord Aberdare presided at the Memorial Hall on Friday last at the annual meeting of this hospital, which was founded some five years since, to demonstrate that the non-alcoholic principle of treating disease and injuries is scientifically sound. During this period 600 in-patients and 6,000 out-patients have been treated, with results which are declared to be wholly confirmatory of the principle on which the institution was started. The chairman in opening the proceedings said that it was well known that he could not see his way to support a measure for the total abolition of the liquor traffic or of liquor drinking ; but he gave his most attentive and favourable consideration to the efforts of that hospital to establish what he thought would be a great and most important principle, and his most hearty sympathy and support to any attempt to diminish the horrible and monstrous evil of intemperance. Judging from the figures in the report of the hospital, its results were admirable, but he still wanted further evidence before he could agree with the main proposition, that all diseases can be treated in all cases as successfully without alcohol as with it.—Cardinal Manning, who proposed a resolution of thankfulness at the success of the hospital, referred to his having incurred the displeasure of an eminent physiologist by declaring some time since that the medical faculty owed reparation to the public for the countenance given in past years to the use of intoxicating liquors. If he repeated the charge it would be not on his own authority, but under the shelter of such names of Dr. Richardson, the two Drs. Carpenter, and Dr. Wilks of Guy's, which would protect what he said from any appearance of animosity against a distinguished profession. What he meant was that a quarter of a century ago it was thought necessary to use stimulants in the great majority of cases where there was debility, and it was perfectly certain that drinking habits, of which hundreds of cases had come under his own cognisance, had been formed by following medical advice. Dr. Edmonds, in response to the query of the chairman, gave as the result of his experience that such cases could be dealt with without the use of alcohol, by the employment of the ice cap and such remedies as opium and chloroform.

A Study of Muscular Physiology.

Prof. Coutance, of Brest, has recently called attention to the advantages presented to physiologists by acephalous mollusca, especially *Pecten maximus*, for analysing the most interesting and delicate phenomena of muscular action, without having recourse to the apparatus at present employed. Experiments may be made on the animals and muscles intact, so that the complications connected with vivisection are avoided. The *Pecten maximus* has an enormous adductor muscle of about 26 grammes weight placed between two movable levers, the valves, whose movements manifest those of the muscles itself, and may be amplified by means of a long needle attached to one of the valves ; thus muscular contractions and elongations of fractions of a millimètre may be translated into centimètres on a scale. M. Coutance has made many experiments of this kind, trying the effect of various stimuli, anæsthetic agents, &c. Among other things, he has been able to prove that certain fibres of these adductor muscles are designed to bring back the valves, others to retain them. He has also tested the muscular strength of a number of common acephala, referring it to unit of surface, the square centimètre.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber,' "Old Subscriber," &c. Much confusion will be spared by attention to this rule

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

A SUFFERER.—Prof. Menière's "Electric Alarm for Prevention of Night Emissions" can now be had in this country of Messrs. Holdernesse and Co., Instrument Makers, 16 Corporation Street, Manchester.

KRYOLITH.—We have been asked by one or two correspondents what this word means. It would probably be better understood if spelled "Crolyte." It is a fluate of soda and aluminium, a rare mineral, found chiefly in Greenland.

PROF. T. SPENCER WELLS will commence a course of six lectures at the Royal College of Surgeons of England on June 10th on "The Diagnosis and Surgical Treatment of Abdominal Tumours." On the 24th Mr. B. T. Lowne will also commence a course on "The Physiology of Nerve Stimulation." With these latter lectures the annual courses at the College will conclude.

UNGUENTUM PETROLEI.—Under the head of "Novelties" in our last, we referred to this substance as being a very valuable addition to our stock of pharmaceutical products. We, however, omitted to mention the names of the agents for the United Kingdom, which we now supply. They are Messrs. Allen, Hanbury, & Co., Pough Court, Lombard Street, London; Dr. J. Evans, Dawson Street, Dublin; and Messrs. Duncan & Flockhart, Edinburgh.

MR. L. B.—By all means.

DR. T. W. E.—It is our intention to refer to the subject in our next.

A COUNTRY PRACTITIONER.—You acted with perfect propriety under the circumstances. Your friend should invest a shilling in "Rules of Medical Etiquette," by a Licentiate of the Royal College of Physicians.

ON BLOOD-LETTING AS A THERAPEUTIC.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—It must prove a difficult task at times for your compositors to copy into type from my cramped writing. My letter on "Blood-letting" in last number is, therefore, rendered with fair accuracy, but to make the sense better, I must ask you to note that "in" in the second line of first column, after "concerned," should be "as;" "pleuritis" before "with convulsions," at top of second column, should be "phrenitis;" "intermittingly," about middle of same column, should be "unsparingly;" and lastly, "hæmorrhagia" should read "menorrhagia."

This done, I wish to claim a small space from you at present to say that, in response to your article on "Counter-prescribing," I do most willingly set down my guinea in aid of the funds of the Defence Association, an early member of which I have been and still am a member.

The argument has been plainly placed before the profession now in your pages on grounds from highest to lowest, and if to save themselves in many pounds medical men refuse to contribute shillings, I think such conduct can be expressed by only two words—*beggarly* and *idiotic*. Can another word be said?

I am, Sir, respectfully yours,
Houghton-le-Spring, Durham, J. O'FLANAGAN, L.R.C.P.Edin.
May 30, 1878.

SANITARY INSPECTION.—An Association has been started in Manchester under the title of "The Manchester and Salford Sanitary Association," for the purpose of providing its members at a fixed cost with sanitary and engineering inspection of their own houses, and the inspection and improvement of the dwellings of the poor. If it be what it professes, a *bonâ fide* Association to remedy existing evils, and not a mere commercial speculation, we wish it every success. At present no names appear on the prospectus, we are, therefore, unable to pass an opinion.

PELVIS, if doubtful about the forms of contraction of the pelvis, should seek the advice of a consultant. If determined upon the use of the flexible catheter, he should insert it carefully within the uterus. It is a matter of no importance into which part of the cavity of the uterus it finds its way, but no force sufficient to injure the placenta should be employed. It may be left two or three days, or if signs of labour do not show themselves, may be removed and re-inserted.

M.D., Lincoln.—The report came to us too late for comment in the present number; we shall refer to it in our next.

THE ATTEMPTED ASSASSINATION.—We are glad to be able to report that the Dr. Nobiling who so treacherously attempted the life of the German Emperor, is not a member of the medical profession, but a Doctor of Philosophy of the University of Leipsic.

MR. HAY.—Thanks: if space permits we will utilise it in our next.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Offenberg, Wickrath, Prussia. Dr. Durand, Paris. Mr. Cooper, Notting Hill. Dr. Marsden, London. Mr. E. Marlett Boddy, Camberwell. Dr. O'Flanagan, Houghton-le-Spring. Dr. V. P. Gibney, Chicago. Mr. Jabez Hogg, London. Dr. Dolan, Halifax. Dr. Lemoine, Rheims. Dr. Lowndes, Liverpool. Mr. W. C. Woodhead, Leeds. Dr. Hy. Harris, Redruth. Mr. Vogler, Hamburg. Dr. Griffith, Pimlico. Mr. Ashton Warner, East London Hospital. Prof. Bischof, London. Dr. Pernisch, Tarasp, The Engadine. Dr. Williams, London. Mr. Stephen Alford, Haverstock Hill. Mr. St. Vincent Mercier, St. John's Hospital. Mr. Algernon Norton, Westbourne Park. Mrs. McRosty, Esher. Mr. Balmanno Squire, London. Dr. Gillespie, St. Thomas's Hospital. Mr. Bray, St. Leonard's. Our Special Correspondent, Paris. The Registrar-General. Dr. Donworth, Bodyke. Dr. Thetford, Strangford. Dr. Maybery, Riversdale. Dr. Nolan, Castleisland. Dr. Moloney, Tulla. Dr. Metge, Inch. Dr. Metge, Banbridge. Dr. Keatinge, Callan. Dr. Heas, Clonakilty. Dr. Mahan, Easkey. Dr. Christie, Carrigart. Dr. Mason, Dublin. Dr. Cranny, Dublin. Dr. Forsyth, Articlare. Dr. Moore, Letterkenny. Mr. Drake, London. Dr. Morewood, Draperstown. Dr. Westropp, Limerick. Dr. Neavy, Howth. Dr. Gillespie, Clones. Dr. Tweedy, Dublin. Dr. McMaster, Carrickmore. Dr. Mathews, Ballybofey. Dr. O'Connell, Kilmallock. Dr. Pearson, Carrigaline. Dr. Murphy, Ramelton. Dr. Battersby, Omara. Dr. O'Farrell, Dublin. Dr. Ryan, Enniskymon. Dr. O'Reilly, Killeshandra. Dr. McHarry, Belfast. Mr. Barnardo, Stepney, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Ziemssen's Cyclopædia of Medicine. Vol. XVII. London: Sampson Low & Co.

Sore Throat. By Prosser James, M.D. London: J. & A. Churchill.

Notes on Rheumatism. By Julius Pollock, M.D. London: J. & A. Churchill.

The Extension of the Contagious Diseases Acts to Liverpool. By F. W. Lowndes, M.R.C.S.

On Stricture of the Urethra. By Reginald Harrison, F.R.C.S. London: J. & A. Churchill.

On Asthma. By J. B. Berkart, M.D. London: J. & A. Churchill.

Temperature Charts. By G. C. Coles, M.R.C.S.

Contributions to the Physiology and Pathology of the Breast. By C. Creighton, M.B. London: Macmillan & Co.

Atlas of Diseases of the Skin. Part I. By Balmanno Squire, M.D. London: J. & A. Churchill.

North Carolina Medical Journal. New York Medical Journal. Buffalo Medical Journal. Louisville Medical News. Chemical News. Analyst. Practitioner. Student's Journal. Le Progrès Médical. La France Médicale. Glasgow Medical Journal. Eclectic Medical Journal. La Presse Médicale Belge, &c., &c.

APPOINTMENTS.

BURTON, S. H., M.B., M.R.C.S.E., Surgical Registrar to University College Hospital.

CLARKE, J., M.D., C.M., L.M., Junior Resident Surgeon to the Belfast Royal Hospital.

DENSON, J. L., L.K.Q.C.P.I. & L.M., a House Surgeon to the Royal Infirmary, Liverpool.

FAULKNER, A. S., M.R.C.S.E., L.R.C.P.I., a House Surgeon to the Royal Infirmary, Liverpool.

HODGSON, G. G., M.R.C.S.E., a House Surgeon to the Royal Infirmary, Liverpool.

HOGGAN, G., M.B., C.M.Edin., an Hon. Medical Officer of St. John's Hospital for Diseases of the Skin.

O'DONAGHUE, P., L.R.C.P.Ed., L.F.P.S.G., Medical Attendant to the Royal Irish Constabulary, Loughrea, co. Galway.

O'NEILL, H., M.D., C.M., L.M., Senior Resident Surgeon to the Belfast Royal Hospital.

POPE, F. A., M.B., L.R.C.S.I., Surgeon to the Throat and Ear Hospital, Dublin.

ROSE, J., M.R.C.S., House Physician to the Royal Infirmary, Liverpool.

TAYLOR, S. T., M.B., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the St. Faith Rural Sanitary District, Norfolk.

THORNLEY, J. G., M.D., Assistant Medical Officer to the Wilts Lunatic Asylum, Devizes.

TWINEM, J., M.R.C.S., House Physician to the Royal Infirmary, Liverpool.

WILKINS, R. B., M.R.C.S.E., a House Surgeon to the Metropolitan Free Hospital.

WINTER, W. H. T., L.K.Q.C.P.I., a House Surgeon to the Metropolitan Free Hospital, Dumbleton.

Marriage.

THOMSON—WALKER.—May 27, at the Church of St. Martin's-in-the-Fields, London, James Archer Thomson, M.B. & C.M., Jersey, to Charlotte, second daughter of the late Robert Walker, of Stratford-on-Avon.

Deaths.

BRUCE.—On May 17, at Great George Square, Liverpool, David Herd Bruce, M.B., aged 29.

BRUCE.—On May 8, at Loch-Inver, Sutherlandshire, James Bruce, L.F.P.S.G., aged 23.

FRAZER.—On May 26, at Nottingham Terrace, Regent's Park, Thomas Frazer, M.D., R.N. Retired Deputy General-Inspector of Hospitals and Fleets, aged 72. Friends will kindly accept this intimation.

GRANT.—On May 10, at Clarendon Villa, The Hyde, Hendon, William Grant, M.D., R.N., aged 38.

HAMILTON.—On May 28, at 2 Honor Oak Park, Forest Hill, Mark Hamilton, M.D., R.N., Staff Surgeon, aged 63.

HEFFERNAN.—On May 29, at Ballyvoreen, co. Limerick, James Heffernan, M.D., aged 72.

HEWARD.—On May 28, at Clare, T. Spencer Heward, L.R.C.P.Edin., late of 56 Grosvenor Street, London, and of Langley, Bucks, aged 64.

HILL.—On May 30, at Earl's Court House, Old Brompton, Dr. R. G. Hill, F.S.A., aged 67.

MURTAGH.—On May 11, at Gort, co. Galway, James Walsh Murtagh, M.D., aged 25.

STEVENSON.—On May 27, Thomas Stevenson, L.R.C.P.Ed., of Iver Heath, Bucks, aged 77.

IRISH POOR-LAW INTELLIGENCE.

MEDICAL WITNESSES AT ASSIZES AND QUARTER SESSIONS.

THE following is the copy of a circular sent to the several benches of magistrates in Ireland under date of 15th May :—

"Dublin Castle.

"GENTLEMEN,—The attention of the Lord-Lieutenant has been called to the great and unnecessary expense of medical witnesses at assizes and quarter sessions, and as there is reason to believe that such witnesses have recently, on several occasions, been somewhat unnecessarily summoned and examined when their evidence might readily have besn dispensed with without detriment to the administration of justice, I am directed by his Grace to impress upon you the necessity of exercising great caution in the matter of summoning and binding medical witnesses to appear at assizes and quarter sessions, unless in important cases, or where it can be satisfactorily shown that such evidence is indispensable for rightly disposing of the case. His Grace desires me to remind you that if it should afterwards become essential to produce a medical witness in order to sustain the charge for which the accused may be indicted, there will be no practical difficulty in procuring the attendance of such medical witness by Crown summons at assizes or quarter sessions.

"I am, Gentlemen, your obedient servant,

"T. H. BURKE."

LIMERICK URBAN SANITARY BOARD.

DUTIES OF CONSULTING SANITARY OFFICERS.

A report was read from the Relieving Officer stating that he prosecuted two cases at the last petty sessions, but the magistrates dismissed the cases on the ground that it was shown the house had surface drainage and that the yards were kept clean. Dr. Barry refused to give evidence, as he had not been summoned and was not paid, but Dr. Holmes did give testimony.

Dr. Barry held that he was only bound to attend the meeting of the board and consult with the members as to the proper administration of the Sanitary Acts. The sanitary officer should attend when required by the executive officer.

After some discussion the following minute was made: —"That the Local Government Board be furnished with a copy of the report as a reply to their letter of the 15th inst. This board wished to explain that even had Dr. Barry given evidence his testimony could only be a repetition of Dr. Holmes's evidence. But the cases were dismissed on the grounds that under the circumstances it was proved that there were open sewers sufficient to keep the yards clean."

[Dr. Barry was perfectly right. The duties of the Consulting Sanitary Officer, as set down in the general order of the Local Government Board, are as follows :—"The duty of the Consulting Sanitary Authority shall be to attend meetings of the guardians acting as Sanitary Authority whenever required to do so, and to advise them on all matters and proceedings requiring medical knowledge and advice in the administration of the sanitary laws." Nor is it the duty—according to the Act of Parliament—for the medical sanitary officer to give evidence at prosecutions. The Local Government Board, it is true, has taken upon itself to impose such duty amongst others, by their order that the medical officer "shall attend and assist in all proceedings in which his attendance or assistance may be required ;" but this imposition of duty has no warrant in law, and we trust that it will be set aside in the new Public Health Act.—ED.]

ATHY PETTY SESSIONS.

DUTIES OF VACCINATORS.

THE court was crowded to inconvenience, principally by women with children in their arms, who were summoned by the Athy board of guardians as alleged defaulters under the Vaccination Act.

The first case called was Mr. Kelly. Mr. Cooper, relieving officer, prosecuted on behalf of the board of guardians.

The defendant handed to the bench the legal certificate of successful vaccination, from which it appeared the child had been vaccinated within the time required by the Act —six months.

Mr. Cooper said all the defendants had been served with a printed circular, calling on them to have their children vaccinated, and informing themt hat if they did not comply legal proceedings would be instituted against them under the provisions of the Compulsory Vaccination Act, to which a note was added :—"When you shall have complied with the request herein contained you will please notify the fact at once to me.—JAS. COOPER."

The defendant questioned the right of the relieving officer to require such a notification. The fact of the child having been successfully vaccinated should be properly registered by the medical officer, and if such were done, and a proper examination of these books made, there would be no necessity to summon and keep from their business people who had complied in every respect with the Act.

The Chairman having consulted the Act, said he could not see that the parents or guardians were required to give such notice. It was perfectly plain that it was the duty of the medical officer to duly register every case of successful vaccination. Section 3, cap. 52, of the Compulsory Vaccination Act says :—"Upon and immediately after the successful vaccination of any child the medical officer or practitioner who shall have performed the operation shall deliver to the father or mother of the said child, or to the person who shall have the care, nurture, or custody of the said child, a certificate under his hand, according to the

form of schedule hereinafter inserted marked A, that the said child has been successfully vaccinated, and also transmit a duplicate of said certificate to the registrar of births and deaths of the district in which the operation was performed, and such certificate shall, without further proof, be admissible as evidence of the successful vaccination of such child in any information or complaint which shall be brought against the father or mother of the said child, or against the person who shall have the control, nurture, or custody of such child as aforesaid, for non-compliance with the provisions of the Act, provided that if the medical officer of any dispensary district is also the registrar of the district, it shall be sufficient for him to sign one certificate to be delivered to the father or mother or other person as aforesaid, and to register the fact of such vaccination in the manner hereinafter prescribed." The Chairman then said —Nothing can be plainer or more distinct than that, and certainly these people who have complied properly with the Act should never have been brought here by the board of guardians. It is clearly the duty of the doctor in all cases of successful vaccination to register them. Whoever the medical officer was in whose time these cases occurred, if he carried out his duties properly some of these prosecutions would certainly never have been brought. The parties holding these certificates have no right whatever to give any notice or send down their certificates. It is the medical officer who is to blame.

The case was dismissed.

In the next case called, it appeared that the child was not vaccinated for some time after the six months had expired. The mother stated that the child had measles, and was not fit to be vaccinated at the proper time.

In reply to the bench, she stated she had not received a medical certificate to that effect from any doctor.

Bench.—On this point, too, the Act is quite plain. It requires the parents or guardians of any child to procure a certificate of its unfitness from a medical officer, which certificate will protect them from any prosecution.

The Clerk of the court said it had been proved in that court on a former occasion that the doctor would not give this certificate.

Bench—We have nothing to do with that now. We are only pointing out what the Act requires. If it is not complied with it is another matter. We hope this point in particular will be publicly known, for a great many of the people seem to be of opinion that if the child is not fit they have nothing more to do. Now it cannot be too strongly impressed on them that they are liable to the full penalty, even although the child may not have been fit, if they fail to provide themselves with a certificate of its unfitness.

Fined 1d. and costs of court.

In the next case called the father swore that the child died within a month of its birth.

The mother swore she registered the birth and death of the child on the same day—the day the child died.

The Chairman—This is a clear case of neglect on the part of some one. It has been positively sworn to that this child's death was registered one month after its birth. Now if that death was entered in the proper registry, why send out a notice several months after to have a dead child vaccinated, and then summon the parents for not having done so? We trust this matter may be closely looked into by the board of guardians, for while we are determined to carry out the law stringently in the case of defaulters—for in future it is our intention to impose the full penalty—we hope the guardians on their part will thoroughly investigate the cause of these irregularities.

The case was dismissed.

In all the remaining cases, of which there were a large number, when it was proved the defendants had not complied with the Act small fines were imposed, but a great number of the summonses were dismissed.

CORONER FOR THE CO. LIMERICK.

It is stated that Dr. Wm. C. Murphy, who for a number of years discharged the duties of coroner with zeal, ability, a courteous disposition seldom equalled, has resigned or is about to resign the office he held. The office is now sought by Dr. Hartigan of Croom, and Dr. McNamara of Bruff, who are both engaged in active canvass amongst the freeholders. The polling is to take place at Bruff, and will continue for two days, and a lively contest is anticipated.

WATERFORD ASYLUM.

At the usual monthly meeting of the Governors of this institution Dr. W. Connonly was elected visiting physician, the voting being—For Dr. Connolly 7 votes; for Dr. Alcock 4; for Dr. Browne 1.

THE KILMALLOCK INSURANCE FRAUDS.

REFUSAL OF THE LOCAL GOVERNMENT BOARD TO SANCTION DR. MEEHAN'S APPOINTMENT.

At the last meeting of the Board of Guardians to-day, the following letter from the Local Government Board was read:—

"Local Government Board, Dublin,
May 21st, 1878.

"Sir,—The Local Government Board for Ireland have had under their consideration the resolution which was passed at the meeting of the Board of Guardians of Limerick Union, on the 15th inst., in the following terms:—'That the consideration of the report of the Local Government Board on the case of Dr. Meehan be postponed for one month, pending the inquiry which we understand is to be instituted in this case in the House of Commons, and that Dr. Meehan be continued in the present employment of the Board of Guardians until we have the decision of the inquiry, as this board has already shown, by their selection of Dr. Meehan, that they believe in his innocence; and we request the Local Government Board to sanction Dr. Meehan's continuation in the office for one month from this date.'

"In reference thereto the Local Government Board have to state that, as the Board of Guardians persist in continuing the services of Dr. Meehan, notwithstanding the refusal of the Local Government Board to sanction his appointment, an order, under seal, will be made removing him from the office to which the Board of Guardians have appointed him.

"The Local Government Board have already stated distinctly the grounds upon which they felt themselves unable to sanction Dr. Meehan's appointment as medical officer, and the terms of the resolution above quoted do not alter the state of the case in any respect. By order of the Board,

"B. Banks, Secretary."

A sealed order, removing Dr. Meehan from the office, was enclosed.

Mr. Cregan said the Local Government Board had treated the mild remonstrance of the guardians in a high-handed and arbitrary manner, and he hoped they would not rest quietly under the indignity. He proposed a resolution remonstrating with the Local Government Board, and earnestly requesting them to reinstate Dr. Meehan in the office.

The motion, on a division, was carried by 23 votes to 9. Eleven guardians declined to vote.

[Although we do not feel it necessary to adopt any definite view of Dr. Meehan's culpability in connection with these transactions, and are decidedly of opinion that deliberate fraud was not proved against him, we feel it to be due to the Local Government Board to say that we do not see that they could, under the circumstances, have

adopted any other course than that pursued by them. They could not be expected to revise the decision of a jury, whether that decision be just or the reverse.—Ed. M. P. & C.

SOUTH DUBLIN UNION.

DESTRUCTION OF INFECTED CLOTHING.

Mr. Shackleton moved that the clothes worn by small-pox patients in the Kilmainham Hospital should be destroyed and other clothing supplied to them. The only effectual way of preventing infection from being transmitted by clothes was to burn the clothes. There was no doubt that the small-pox epidemic had originated from a solitary case of a person who came here from Lancashire. Some months ago the Public Health Committee made an order for the destruction of small-pox clothing. Afterwards they rescinded that order; but they had since seen the necessity of re-enacting that order, and it was now carried out at Cork Street hospital. He believed that if they had adhered to their first resolution there would not be so many cases of small-pox as there were now. The opinion of the highest medical authorities was that the application of heat to the clothes was quite insufficient to destroy the seeds of the disease. His resolution might involve an expense of two or three hundred pounds, but that would be an infinitesimal addition to the rates.

Sir George Owens seconded the resolution. It was a measure essential for the stamping out of infection. The Local Government Board approved of it, and would sanction the expenditure involved.

Mr. James M'Grane, in supporting the motion, said he hoped the expense would be fairly divided between the city and the rural districts.

Mr. Macready said the guardians never hesitated about paying what was necessary for the stamping out of cattle disease, and he would certainly vote for the present resolution, which had the object of saving human life.

Mr. Bentley did no see that the resolution was necessary.

Mr. O'Brien, Local Government Inspector, said there was power to charge for the destroyed clothes under the head of "wear and tear of clothing."

The resolution was carried on a division by 15 to 6.

SUPERANNUATION.

A letter was received from Dr. Henry Croly, medical officer of Rathfarnham Dispensary, resigning his office. Accompanying the letter were communications from Mr. Porter, surgeon to the Queen, and Dr. O'Leary, to the effect that Dr. Croly, who was over seventy years of age, was no longer equal to attending sick calls by night and day.

Sir G. Owens gave notice that on that day five weeks he would move—"That the board grant a superannuation allowance to Dr. Henry Croly of £120 per annum, being two-thirds of his salary, and emoluments for the last five years, he having served for 27 years as medical officer of Rathfarnham dispensary."

DUNGARVAN UNION.

MIDWIVES' ATTENDANCE.

The medical officer reported that a ticket was issued for his attendance on a woman in labour. He was from home, and on attending about four hours afterwards he found no experienced nurse in charge of the case, the matron informing him that she had no authority to send for a nurse. Master said that the woman who attended ordinary cases of midwifery had left the house. There was an order of the board that the medical officer should be called in before the union midwife.

Dr. Hunt.—The doctor is never required in ordinary cases of midwifery.

The following order was made:—The Board having learned from the workhouse medical officer that a custom prevails in cases of midwifery of sending in the first instance for the medical officer, are of opinion that in cases of this nature the paid midwife should be first called in, and that it rests with her to require the attendance of the medical officer, should the case not present the ordinary features of natural labour.

ABBEYLEIX UNION.

THE APOTHECARYSHIP.

It will be recollected that Dr. Stoney was recently appointed apothecary to the workhouse, which appointment the Local Government Board refused to confirm, on the ground that the dispensing of the medicines was the duty of the medical officer. At last meeting of the Board the following communication was read:—

"Sir,—The Local Government Board for Ireland have had before them a minute of the Board of Guardians of Abbeyleix Union of the 14th inst., in reference to the appointment of Dr. Stoney to compound the medicines for use in the workhouse; and I am to state that under the circumstances the Local Government Board will issue an order authorising the appointment of a second medical officer for the workhouse, and the appointment must be made in the usual way.—By order, &c.,

"B. Banks, Sec."

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MAY, 1878.

May 3rd.—McComb, Wm. Taylor, 19 Charlemont Place, Dublin, Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878, Lic. Apoth. Hall Dub. 1878.

3rd.—Carmody, John Power, Athlacca, Kilmallock, co. Limerick, M.D. 1877, and M.Ch. 1877, Q. Univ. Irel.

6th.—MacCullagh, James Acheson, The Abbey, Newry, co. Down, M.B. Univ. Dub. 1878.

6th.—Murray, John James Goodlatte, 3 College Square East, Belfast, Lic. R. Coll. Phys. Ediu. 1878, Lic. R. Coll. Surg. Edin. 1878.

7th.—Furlong, John Joseph, 17 George Street, Limerick, Lic. Apoth. Hall Dub. 1876.

7th.—Wall, Henry Arthur, 28 Lower Baggot Street, Dublin, Lic. R. Coll. Surg. Irel. 1877.

10th.—Linden, Henry Cooke, 29 Laburnum Terrace, Antrim Road, Belfast, Lic. R. Coll. Phys. Edin. 1878, Lic. Fac. Phys. & Surg. Glas. 1878.

10th.—Hueston, James Lyle, Gortade, near Maghera, co. Derry, Lic. Fac. Phys. & Surg. Glas. 1878.

13th.—Fogarty, Thos. Frederick Willoe, 22 Kenilworth Square, Rathgar, co. Dublin, M.B. 1877 and B.Ch. 1878 Univ. Dub., Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

13th.—O'Mullane, Eugene Joseph, 8 Church Gate Street, Bury St. Edmunds, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Edin. 1878.

15th.—Sweeny, Terence Humphreys, 83 Upper Leeson Street, Dublin, Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

15th.—Philip, Alexander, Sydney, New South Wales, Lic. 1878 and Lic. Mid. 1877, K. Q. Coll. Phys. Irel. Lic. R. Coll. Surg. Irel. 1877.

19th.—McEnery, David, Farm Lodge, Clonmel, co. Tipperary, Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

18th.—Moynihan, Thomas, 16 Hardwicke Street, Cork, Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

23rd.—Croskery, Hugh, Kingston, Jamaica, Lic. R. Coll. Surg. Irel. 1856, F. R. Coll. Surg. Edin. 1878.

24th.—Gibbons, Jas. Barry, Leeson Villa, Upper Leeson Street, Dublin, Lic. R. Coll. Surg. Irel. 1878.

29th.—Mackie, William James, Prospect House, Tandeeragee, co. Armagh, Lic. R. Coll. Surg. Irel. 1878.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 25, 1878.

Total registered deaths in Dublin and suburbs*			... 202
Ten years average of same week	...	...	... 145
Excess of mortality above average	...	...	... 57
10 weeks' ratio of deaths Rathmines		24·3	per 1,000
„ „ „ Donnybrook†		25·3	„
„ „ „ Blackrock		15·2	„
„ „ „ Kingstown		16·9	„
„ „ Entire Dublin District		33·4	„
Comparative Ratios—London	...	20·1	„
„ „ Glasgow	...	22·8	„
„ „ Edinburgh	...	20·8	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The deaths from zymotic diseases registered during the week number 46, being 11 less than in the week ending 18th inst., but 20 over the average number in the 21st week of the last ten years; they comprise 15 from small-pox, 8 from fever (4 typhus and 4 typhoid), 9 from whooping-cough, 2 each from quinsy and croup, 4 from diarrhœa, 1 each from scarlet fever, measles, dysentery, &c. The deaths from small-pox are 6 less than in the preceding week, but 3 more than in the week ending 11th instant; 6 are chargeable to the North City, and 9 to the South City, 6 of the latter number being deaths of inhabitants of Peter Street district. The number of cases of small-pox under treatment in the Dublin hospitals (including the temporary hospitals in connection with the two union workhouses) on Saturday last was 267, against 270 on the preceding Saturday; 94 cases were admitted during the week, being 12 less than in the previous week; 82 patients were discharged as as cured, and 15 died.

Fourteen deaths (of children) from convulsions were registered during the week.

The mortality from diseases of the respiratory organs continues high. The average number of deaths from these causes in the 21st week of the ten years 1868-77 was only 25, while the number recorded last week is 42, viz., 25 from bronchitis, 12 from pneumonia, 1 from laryngitis, and 4 from lung disease unspecified.

Ten deaths were attributed to heart disease, 1 each to aneurism and pericarditis, 6 to paralysis, 5 to apoplexy, 2 to cephalitis, 4 to brain disease unspecified; 4 to liver disease; and 2 to kidney disease.

Phthisis caused 20 deaths, mesenteric disease 3, scrofula 2, hydrocephalus 3, and cancer 5.

Eight accidental deaths were registered.

PAROTITIS.

In connection with the preceding paragraph, we may mention two interesting cases of parotitis in the *clinique* of M. Empis at the Charité, communicated to the Paris Clinical Society (*France Méd.*) by M. Mercklen. The first followed a uterine affection complicated with peritonitis and an obstinate diarrhœa. It was succeeded by pleurisy. Here, then, we have a condition of health often recognised as likely to give rise to this disease. The second case appeared at the beginning of rheumatic fever in a strong man, and would not at all be anticipated. Indeed, we know of no other recorded case in which this has been seen. There had, indeed, been angina, but this was not believed to be a cause. Still, we think it is often associated with it. An abscess formed near Steno's duct, and possibly this had much to do with it. M. Mercklen asks if it could be rheumatic in its origin, and admits the improbability of such an explanation. No such case is mentioned by M. Iszenard in his thesis, and few will admit any association between parotitis and acute articular rheumatism. In this case pus was discharged freely from three several openings—one by the knife—and the patient did well. No cardiac complication occurred.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May* 25, 1878; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, May 25, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	33	195	202	29	44	15	1	1	...	9	8	4	8	4	70
Belfast . .	20,687	182,082	17	114	61	9	6	...	...	1	...	1	2	1	1	1	6
Cork .	13,816	91,965	28	57	49	6	16	...	...	...	..	...	...	...	...	...	11
Limerick .	8,509	44,209	27	37	23	6	7	...	...	...	...	...	...	...	...	3	3
Londonderry	21,865	30,884	25	18	15	4	5	...	...	...	...	...	2	...	...	..	6
Waterford .	17,209	30,626	48	18	28	3	6	...	...	...	...	1	3	1	...	...	9
Galway .	21,358	19,692	45	8	17	2	5	...	...	..	...	2	1	...	...	...	4
Sligo . .	30,835	17,285	12	8	4	1	1	...	...	..	...	...	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 12, 1878.

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THE INNER LIFE AND ECONOMY OF A LOCK HOSPITAL IN INDIA. (a)

By Surgeon-Major W. CURRAN,
Army Medical Department.

(*Continued from page* 467.)

Registration of Prostitutes and Area of Supervision.—All the registered prostitutes are, of course, subject to supervision, and the area of this control extends for five miles around cantonments. It includes the Sudder and regimental bazaars, Alum-Nuggar, Thompson-Gunge, Sitapur, and Khyrabad. The public women who elect to reside within the boundaries of cantonments, or who are known to ply their trade chiefly among soldiers, are examined weekly by myself in person, while those from the more distant parts are examined once a fortnight.

This arrangement is, however, subject to be modified by the requirements of the local situation at any moment, at my discretion or under orders to that effect from the local authorities, and, as a matter of fact, I examined them all every seven days for several weeks during the last summer, when there happened to be an unusual prevalence of "venereal" among the troops. In addition to this weekly inspection, any woman with whom an infected soldier may have had connection, or from whom he may consider that he has contracted disease, is, on being identified by him, brought to hospital and inspected by myself or the native doctor. It frequently happens, however, that these women are found free from disease, and this is not to be wondered at when we take into account the state as regards sobriety, darkness, excitement, or *insouciance*, under which soldiers resort to native bazaars. I will only add that villagers or vagrant women from other localities are known to prostitute themselves in groves and other retired places near cantonments whom it is often impossible to identify or arrest owing to the reluctance or inability of the men to assist the police; and that the speculum is rarely required for purposes of examination in this hospital.

The old dhai, who has acquired, from long practice, a peculiar aptitude for exposing the os, inserts the index and second fingers of the right hand into the vagina in front of the anus, while she produces extension of the perineal parts downwards by thrusting the same fingers of the left hand into the passage under the symphysis pubis from above. In this way, as well as by a judicious manipulation of the vaginal walls, she exposes the parts so thoroughly in a few seconds as to render them obvious to any onlooker, and an amount of examination is got through in this way in a few minutes, which several hours with the speculum would scarcely complete. This process was exhibited by me to the local deputy surgeon general I. F. on the occasion of his recent visit to this place, and appeared to meet with his approval. (a) Were it employed at home we would hear less of those scandals which are so much to be deprecated than we now do, unfortunately. Imputations of indelicacy or impropriety would, in fact, be impossible under such an arrangement.

Statistics.—The following table shows the average strength, as well as the percentage of admissions, discharges, deaths, &c., that took place during the past year, and I regret that the data at my command, will not allow me to institute any very reliable comparisons between it and the years that have passed. No fee is charged for registration; any woman not actually under coverture may apply for a ticket to the cantonment magistrate, and this is scarcely ever refused, The ticket costs two annas, and is supposed to last for a year, but it rarely does so,

(a) It may be necessary to explain, for the benefit of those who do not understand Hindoostani, that the word "purka" means, in reference to a well, wall, or building, masonry, as distinguished from clay; while the words "dhai," "chowkedar," and "bhistie," mean respectively a nurse, a watchman, and a water-carrier.

(a) This applies, however, more to the older prostitutes than to the younger ones, in several of whom the speculum can alone be employed with safety. We have been foiled by the narrowness of the outlet in two cases in our endeavours to introduce the instrument available here, and we always resort to its use where the instability or tension of the parts so suggests or requires.

and meanwhile its owner may at any time claim her discharge from the register on giving satisfactory proof of an altered life, or other employment.

TABLE No. 4.—*Being a Return of the Average Strength, etc., of the Registered Prostitutes of Sitapur from 1st January to 31st December, 1877: together with the Averages of the Sickness, Discharges, etc., etc., that took place during the same period.*

Particulars.	Nos.	Remarks.
Average strength of prostitutes	103·45	The number of registered prostitutes has been steadily increasing since prostitution became legalised in this station, and it is greater this year than ever. The ratio of admissions to strength has increased in proportion, and this increase is otherwise accounted for by my desire or endeavour to stamp out or minimise the disease in this small isolated station, and consequent detention of trivial cases. The other items explain themselves.
Average daily sick	13·94	
Number of admissions ..	322	
Number of discharges ..	325	
Number of deaths	Nil.	
Percentage of strength to admissions	0·23	
Percentage of admissions to discharges	0 24	

European Troops and their Liabillty to Disease.—The European Troops stationed in this garrison during the past year were—the head-quarters and right wing of H. M.'s I. 14th regiment and the corresponding portions of H. M.'s 92nd Highlanders. The records of the former are not, I regret to say, now available for reference by me, and, as regards the latter, I submit a table which shews, at a glance, the venereal diseases for which the men of that corps were treated from the 2nd of February —the day on which they reached this station—till the 31st of December last, inclusive. Eliminating from this, as is only proper under the circumstances, the items marked "primary and secondary syphilis, which were obviously not contracted here, we have still a large amount of inefficiency to account for, and yet is this considerably less than was that of its precessors. The admissions to strength in the I 14th amounted in 1876 to 323·68, while they have only reached 240·08 in the 92nd, and while only 93 of the latter suffered from disease contracted in Sitapur, 147 of the former were the victims of a local infection. Gonorrhœa was, unfortunately, the prevailing disease amongst the troops, a good deal of which, there is reason for believing, was contracted from unlicensed women in the vicinity of cantonments or in the outlying jungles, and a medical inspection that was instituted by myself in June last, in the 92nd, brought to light a considerable amount of latent "gleety" disorder in that corps. For the rest, Table No. 5 will explain the situation, and, high though the percentage of admissions be, yet does it compare favourably with the experience of the past, and I am weak or vain enough to hope that, if the rigid standard aimed at by myself will be carried out, the disease may be still further reduced, if, indeed, it cannot be quite minimised in this station.

TABLE No. 5.—*Being a Return of the Admissions for Venereal Disease that took place in H.M.'s 92nd Regiment—the "Gordon Highlanders"—as well as of its Seasonal Variations, from the 2nd February to the 31st December, 1877, inclusive.*

Regiment.	Period of occupation.	Average strength.	No. of admissions during the period.	Total.	Ratio of admissions per 1000 of strength.
92nd. Regiment—the "Gordon Highlanders."	2nd February to 31st December, 1877.	408·18	Primary syphilis	9	
			Secondary syphilis	4	
			Gonorrhœa	84	
			Balanitis	4	
			Bubo (Gonorrhœal)	2	
			Gleet	5	
			Total ..	108	240 08
			Deduct—		
			Cases contracted at other places	15	36·75
			Do. do. Sitapur ..	93	227·84

1st Quarter. Admissions.	2nd Quarter. Admissions.	3rd Quarter. Admissions.	4th Quarter. Admissions.
20 48·75	11 26 94	51 124·92	26 63·69

In addition to the above, there was a battery of Royal Artillery in the station, which left it *en route* for England on the 19th of last October. This battery, E 19, R.A., was succeeded on the 10th of December by another, viz., I 5, R.A., and this is the one now on duty here. It brought with it from without five cases of venereal, and, regretting that the absence of records will prevent my giving particulars of the wing of the I 14th regiment, I subjoin tables respecting the others, and leave these to speak for themselves.

TABLE No. 6.—*Being a Return of the Admissions for Venereal Disease that took place among the men of H.M.'s E 5th, late E 19th, Battery, Royal Artillery, from the 1st January to 19th October, 1877, inclusive.*

Average strength.	No. of admissions during the period.	Total.	Ratios of admissions per 1,000 of strength.
155·4	Balanitis	1	6·42
	Syphilis, penis	3	19·30
	Syphilis, second	2	12·87
	Gonorrhœa	19	122·26
	Total ..	25	160·85
	Deduct—		The quarterly variations being blank, the items are introduced merely for purposes of comparison, as well as to show the arrangement adopted or followed by the writer.
	Cases contracted at other places	Nil.	
	Cases contracted at Sitapur	25	

1st Quarter. Admissions.	2nd Quarter. Admissions.	3rd Quarter. Admissions.	4th Quarter. Admissions.

The following table is more explicit, and it shows very forcibly the risks to which soldiers are exposed on the march in this country. There is reason to believe that many of our rest camps are infested by a low class of prostitutes, who, dreading restraint, or unable to obtain a livelihood in any other way, squats down on the spot, or prowls about in quest of prey, whenever the opportunity offers. (*a*) This, of course, only occurs in the cold weather, when, alone, marching is practicable in India; but the fact—and such it undoubtedly is—tends to show the immunity with which this dangerous calling can be practised out here, and the mischief the system entails is

(*a*) The extent to which prostitution flourishes in this country may be inferred as well from the statistics of venereal diseases among our troops as from the fact, attested lately, in my presence, by no less a person than the general officer commanding the Oudh division, that there are 8,000 prostitutes in Lucknow alone, and Sir William Sloman, who had access to all the State records, &c., under the old *regimé*, states, in his interesting "Journey through the Kingdom of Oudh," that the man who licensed prostitutes in that city in the good old times paid £30,000 a year for that exclusive privilege.

simply incalculable. A regiment of no unusual strength lately passed through this station which bore 43 venereal cases on its hospital-rolls, which were, I believe, mainly contracted on its march, and the subjoined table speaks for itself in the same direction.

TABLE No. 7.—*Being a Statement of the Prevalence of various forms of Venereal Disease among the men of H.M.'s I 5 Battery, Royal Artillery, from 10th to 31st December, 1877, inclusive.*

Average strength.	No. of admissions during the period.	Total.	Ratios of admissions per 1,000 of strength.
	Primary syphilis	4	23·80
	Secondary syphilis..	1	5·95
	Gonorrhœa	1	5·95
168	Total ..	6	35·70
	Deduct—		
	Cases contracted at other places	5	
	Do. do. Sitapur ..	1	

1st Quarter. Admissions.	2nd Quarter. Admissions.	3rd Quarter. Admissions.	4th Quarter. Admissions.
None.	None.	None.	6

An Epitome of the Three Annual Statements required by Government.—Of this statement, which is taken from the three annual statements that are required by the local Government, and which is condensed to the utmost to save time and space, little need be said, inasmuch as it carries its own interpretation along with it, and the items of which it consists have only a local or technical interest. It is intended to exhibit, in as short a compass as is possible, the constitution, working, and general management and expenditure of a lock hospital in this country, and the particulars it embraces in respect of each of these are believed to be so far exhaustive.

General Summary and Conclusion.—As far as can now be ascertained, there was no such change in the character or amount of the venereal disease that obtained in this garrison during the past year as calls for, or would justify a special record, and it may be assumed that there is a good deal of correspondence or agreement between the complaints that are found amongst the licensed women and those that are treated in our local military hospitals. This is not, however, always the case, and the absence of it induced me to institute an inspection of my charge in June last, which disclosed a good deal of latent disorder in the same, and led to a correspondence on the subjects of illicit prostitution and police supervision. It also not unfrequently happens that women who are accused by soldiers of infecting them are found to be healthy, and the occasional supervention of a gonorrhœa on an old-standing gleet, or its recurrence after a bout of drink, unusual effort, &c., goes far to prove that it—gonorrhœa—is often as much the result of a mechanical or of a catarrhal irritation of the urethra as it is of an impure connection, or of a specific poison. However that may be—and this is clearly not the place for a technical discussion of the point—I prefer acting on the latter supposition, and accused women are accordingly ordered to be kept in for my personal inspection. If found diseased they are, of course, subjected to treatment on the spot, and I am enabled to judge of the manner in which my instructions are subsequently carried out by the results achieved in my absence by the native doctor and the dhaï on duty.

TABLE No. 8—*which is an Epitome of the Three Annual Statements required by Government—is intended to show the Class of the Hospital, and specify the Authority under which it is conducted. It also shows the Changes that take place in the Personnel of the Prostitutes themselves, as well as their liability to Disease; and the Items subjoined, respecting Expenditure, will easily admit of being compared with those of different, or similarly-constituted, Institutions elsewhere.*

Month.	Average No. of prostitutes on the register for each month, and for the year.	Average No. attending the periodical examinations.	No. reported for non-attendance.	No. found diseased at examinations.	Average No. for each month, and for the year.	Total expenditure for each month and for the year. R.	A.	P.	Record of Diseases. Diseases.	Remained.	Admitted.	Total.	Discharged.	Died.	Remaining.	No. of registered prostitutes. No. remaining on the register at the end of last year	No. added to the register during the year	Total ..	No. who removed their name from the register, died or absconded during the year 1877	Remaining on 31st December, 1877	Whether a first or second class lock hospital; when established; and under what Act or Government.	Remarks.
January ..	104·03	75·30	—	22	14·70	131	2	4	Gonorrhœa	5	57	62	59	—	3	101		146	34	112	A second class lock hospital; and it was established in June, 1866, under the operation of Act xxii., of 1864. It lies within the jurisdiction of the Lieut.-Governor of the North-West, and Chief Commissioner of Oudh.	The estimated Native population of this area amounts to 43,228 souls, of whom 75 per cent., or more, are Hindoo, and the remainder, Mahomedan. All the prostitutes are nominally of the last-named faith, and only the lowest castes of Hindoos—viz., the cowherds, or tanners—ever resort to prostitution as a profession.
February ..	109·20	77·80	3	20	15·30	130	10	—	Primary syphilis	2	31	33	33	—	5							
March ..	107·10	72·20	2	23	18·00	139	11	9	Leucorrhœa	3	105	108	104	—	—							
April ..	103·50	73·06	2	24	13·20	119	8	2	Ulcer	1	11	12	12	—	—							
May ..	103·80	74·10	3	22	9·80	123	8	3	Abrasion	2	111	113	111	—	2							
June ..	102·70	73·10	2	16	10·80	125	2	—	Abscess	—	1	1	1	—	—							
July ..	103·40	70·60	2	40	15·03	135	14	5	Scabies	—	2	2	2	—	—							
August ..	107·60	73·10	—	34	13·40	135	12	6	Bubo	—	1	1	1	—	—							
September ..	111·50	80·70	2	33	14·10	145	12	3	Hæmorrhoids	—	1	1	1	—	—							
October ..	115·00	85·80	2	27	14·36	140	4	2	Syphilitic warts ..	—	1	1	1	—	—							
November ..	115·90	78·36	1	26	15·33	147	4	—	Ischio rectal abscess	—	1	1	1	—	—							
December ..	115·40	73·80	6	25	13·80	142	10	3														
Total ..	108·45	76·21	25	322	13·94	1627	4	1	Total	13	322	335	325	—	10							

Having now, for the second time, under treatment for gonorrhœa and mucous papules a deaf-mute girl of a low type of mental organisation, who is said to prostitute her person under trees, &c., for a few pice, to all comers, and having also under my care another idiotic or epileptic woman, who is in a fearful state of filth and destitution, I think it my duty to call special attention to this class of cases, and to impress upon the Civil authorities the propriety—nay, the necessity—of removing these poor creatures to some place of shelter or of refuge, wherein they may be protected against themselves, and prevented from practising a calling for which they are so obviously unsuited. These wretched women can scarcely be said to be responsible for their actions; they must either sin or starve, and they are sowing infectious disease broadcast, almost, it may be said, through no fault of their own. Their very helplessnes or incurable maladies ought, of themselves, to establish a claim for them, in a country like this, on the consideration of Government, and their want of cleanliness, as well as their promiscuous mode of indulgence, are peculiarly favourable to the development of the diseases here contemplated. It is not too much to say that they have been already the cause of a good deal of mischief of this kind in this very garrison, and I am of opinion that one woman of this class is more dangerous in herself alone than a dozen of her cleaner or more discriminating sisters.

The British soldier is, as we all know, not very particular in the distribution of his amorous patronage. He selects his partners without fear or favour, in the darkness of the night, as well as under the shadow of a tree, or within the shelter of a cornfield or a nullah. He likes variety, but dislikes paying much for it, and there is reason to believe that he is not altogether averse to the kind of pariah-gratification afforded by these women. Anyhow, there is evidence to show that they are unable to compete on equal terms with their sisters; they have to go elsewhere—to the jungle or the common. They are frequently—much more so than their neighbours—diseased, and I am of opinion that such women should be no longer allowed to roam at large as they do at present in this or any other military cantonment.

There can be no reasonable doubt that, as noticed by one of my predecessors, "the women convicted of unlicensed prostitution sent up for examination were generally found to be suffering from a more virulent form of disease than those who were more regular attendants," and the reasons for this are so obvious as to dispense me from the necessity of doing more in this place than dwelling on the claims of the latter to protection, and insisting on the necessity of improving or extending the detective system now in force. I am aware that rewards are supposed to be given to these men when they succeed in catching an unlicensed woman with an European soldier, but they are, I fear, too small, if, indeed, they are ever disbursed at all, to counteract the other influences that are, or can be, brought to bear on these officials, and, taking into account the odium that must necessarily attach to such a duty. I would strongly recommend the institution of a regularly-graduated tariff of fees for these services. The dhaïs, and even the registered prostitutes themselves, might be included in the same list—the former on account of their greater local knowledge; the latter through their pockets. Their natural dislike of "poachers" would stimulate their scent, their instinctive sense of self-preservation or love of emolument would concur, and any woman who succeeded in convicting a noted trespasser might be either rewarded on the spot or have remitted to her any fines she may incur within the current year. Whether this suggestion can be carried out or not, I am unable to say; I feel, however, that it deserves consideration, and I feel, further, that were some combined measure of supervision, such as I have ventured to suggest, efficiently carried out, we might, in time, minimise, if we did not actually succeed in entirely stamping out venereal in this station.

One more suggestion and I have done. When I first thought of writing this report I looked about me in vain for any guide as to the form it should assume, or as to the points on which I should dwell in connection with it. I was not even made aware of the necessity of such a report at all until the local Deputy Surgeon-General, I. F., Dr. Hutchinson, told me so on the occasion of his recent visit here, and the scattered memoranda to which I had access are quite insufficient for such a review as the general surroundings and situation deserve. This will account in some measure, though not, of course, altogether, for the diffuseness or incompleteness of this statement. I did not know how to begin or where to stop, and I must plead the above in extenuation of my shortcomings. To obviate a similar failure in the future I would suggest that a printed copy of this—should it happily achieve that distinction—and such other preceding reports as are now available should be filed for future reference in our lock-hospital office here. The orders of Government that bear on the subject might also be included, and medical officers are now so liable to change that no one man can be sure of being left in charge of this or of any other local institution of the kind for even a year.

Facts of medical or military interest are constantly accumulating in connection with these establishments which it is desirable to preserve and collate, and this can only be done after the fashion here recommended. The very nature and origin of syphilis are, notwithstanding all that has been written about them, still moot questions, and it should not be forgotten that these women are themselves incapable of affording any reliable information on these points. They are above reproach, or so callous to shame as to be indifferent to the consequence of their conduct, and the restraint to which they are subjected affords facilities for clinical study and observation which have no parallel elsewhere in *our* dominions.

For these and other reasons too numerous or too technical for mention here, I venture to suggest, as above, that copies of this and other documents of like import should be deposited in our office here; and I will only further add, that any or such women as manifest any other than a venereal complication or disease during their attendance or under inspection, are sent, as soon as their more special requirements will permit, for further treatment, to the Civil dispensary.

(To be continued.)

THE REMOVAL OF FOREIGN BODIES FROM THE EAR.

By ROBERT T. COOPER, M.D. Dub.

THE many recent communications upon this subject in the journals show how much interest is being taken on the subject of aural therapeutics; the lesson we learn from one and all of them is, it seems to me, the important one summarised by Hinton ("Aural Surgery," p. 73), when he says, "that whenever an instrument will succeed (in removing a foreign body from the meatus) syringing would also succeed, and that when proper syringing will not succeed all instruments are *full of danger.*"

This being the case, it is very necessary, if improvement is to be effected, that it be done in relation to our methods of performing the operation of syringing.

Now, practically, there are two very different kinds of foreign bodies to be met with in the external auditory meatus; these are, in the first place, *cerumen*, which is to all intents and purposes, a foreign body; and, in the second place, substances such as beads, buttons, and the stones of fruit, &c., that are introduced from without.

In the case of both varieties, it must be admitted to be of extreme importance the being able to *see* the body upon which we are directing the current of water from the syringe. With the ordinary ear specula, as met with at the instrument-makers, this would be impracticable. I

have, therefore, constructed an ear speculum, a description of which appeared in the April (1877) number of the *Dublin Journal of Medical Science*, so constituted by the addition of a spout-handle through which the outgoing current of water can pass, as to enable us to see at each stage of the operation in what way the foreign body is influenced, and upon what part of it we are directing the principal force.

The case of cerumen, however, differs from that of an ordinary foreign body in this most important particular, that force from *in front* is necessary to be expended in order to detach it from the sides of the meatus, and that in order to accomplish this, the force obtained by means of the jet of water playing upon it, has often to be considerable; while, on the contrary, in the case of the true foreign body, no *vis à fronte* is required, and may even be highly dangerous by driving it, perhaps irritating the surface, against the tympanal membrane. In this respect, cerumen stands in marked contrast with the ordinary foreign body, the one offering little or no danger to the application of force by means of an ordinary syringe-stream, and even requiring its application, the other circumstanced so as neither to require nor yet to be free from danger if a forcible syringe-stream be directed upon it. For here comes the distinction between the two: the cerumen invariably occupies the entire channel of the meatus, it is firmly attached to the sides of the meatus, and its tympanal extremity is smooth; the foreign body, contrariwise, scarcely ever occupies, except, indeed, the meatus be very much swollen, the entire calibre of the canal, its sides do not adhere to the wall of the meatus, and its inner or tympanal extremity is often rough and irritating.

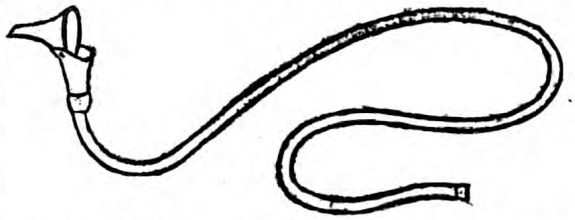
This being the case, while we are justified in playing the syringe-stream with force upon the cerumous body and from in front, we should not be justified in so doing in regard to the true foreign body. Then, let us remember, the foreign bodies that find their way into the auditory meatus are those that introduce themselves there, as is the case with insects, the cockroach, the earwig, &c., or have been forcibly pushed in by the patients themselves, as in the case of children and lunatics.

A moment's thought will convince us that it must necessarily be a very exceptional instance where the foreign body so occupies the entire meatus as not to leave some space between itself and any portion of the wall of the meatus, for the shape of the auditory canal is such that, except midway between the external opening and the drum-head, it is more oval than round, and even in this part of it is subject to much individual variation. And, besides, the cartilage of the ear is so formed as to be deficient above corresponding to the roof of the meatus; "the whole cartilage (Quain's "Anatomy," art. "The Ear," p. 628) may be looked upon as an elongated plate, the lower part of which is folded round in front so as to bring it *nearly* into contact with the upper part." There will, therefore, be a certain amount of deficiency, and hence, we obtain a corresponding amount of space, even supposing the shape of the foreign body to be round, and the question will be how to utilise this space with the greatest advantage.

Now, in removing a foreign body, whether actually impacted or not, our object should be either first or last to drive it *in towards the drum-head*, but to at once direct our force upon it in such a way as to secure the most speedy exit possible for it from the canal.

This, it is admitted by all authorities, is fairly accomplished by our ordinary methods of syringing. But the reason why syringing is so successful an operation is, because sufficient deficiency exists between the canal-walls and the body to be removed to allow of the water getting behind the body before it becomes detached from the sides of the meatus, and in this way protecting the drum-head from injury. But it is evident that the force playing upon the body from in front may, before the water gets behind it, drive the foreign body right against the drum-head, and so cause serious injury.

The rational way, therefore, of utilising any vacant space between the foreign body and the canal-wall will be to insert the nozzle of a syringe constructed so as to terminate by a very fine extremity and to possess a correspondingly minute bore. The object of this will be to enable us so to utilise the space as to syringe in such a way as will cause the water to accumulate *behind* the foreign body and *between it and the drum-head*, and swelling up from behind will, therefore, take place, and as the water accumulates pressure will be brought to bear upon the body from within, the tendency of which will obviously be to drive it outwards. But in order to perform this delicate operation satisfactorily it is necessary that we should have in clear view the body we are seeking to remove at each step of the operation, and this advantage we can obtain only by the employment of my spout-speculum as pourtrayed in the adjoining woodcut.



This nozzle of the syringe is so constructed that while the nozzle itself is as free as possible, so as to occupy very little space, its extreme end slightly bent so as to fit *over* the foreign body, and, at the same time, steady it, and it is bored in such a way as to leave the tube of it to find an exit above and somewhat short of the tip. In this way the pipe of the syringe effects the twofold object of steadying the foreign body and shutting off any of the forward force of the syringe-stream abutting upon the foreign body.

The same object might be gained, but perhaps not quite so effectually, by having a loop of silver-wire, made like the end of an ear-scoop, attached to the syringe-pipe; this would steady, and, at the same time, if needed, press down the foreign body, while space would, in this way, be gained for the entrance into the meatus of the syringe-stream.

The spout-speculum and a specially-constructed syringe, are to be had of Messrs. Arnold & Sons, Instrument Makers, Smithfield.

6 Ladbroke Road, Notting Hill, W.

ABSORPTION OF TUMOURS.

By CHARLES W. HAMILTON, L.R.C.P. Ed.

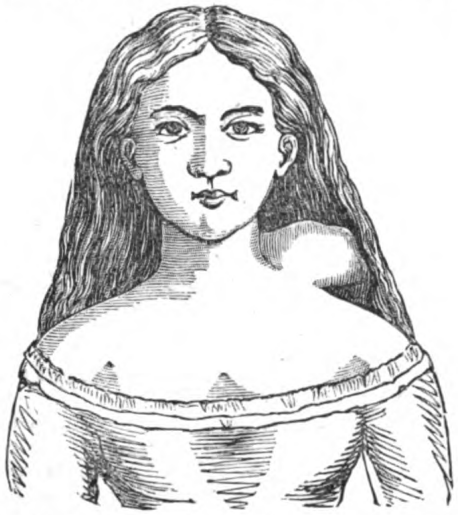
Licentiate of the Royal College of Surgeons in Ireland;
Medical Officer of Achill;
Admiralty Surgeon to Sick Marter's, Achill, Ireland, &c.

Miss H., a young lady, consulted me some time since about a large tumour, situated in the posterior inferior triangle of the neck. Its large size and exposed situation caused considerable deformity to this otherwise good-looking young person. It measured 3 inches from base to apex; circumference, about fifteen inches. The woodcuts are faithful representations, both before and after being cured, and are taken from sketches drawn by a professional artist from life. The tumour felt hard, and seemed encapsuled; the patient presented no symptoms of a scrofulous tendency. She desired me to remove it in some way, and if all failed, promised to submit to the knife. I prescribed the following:—

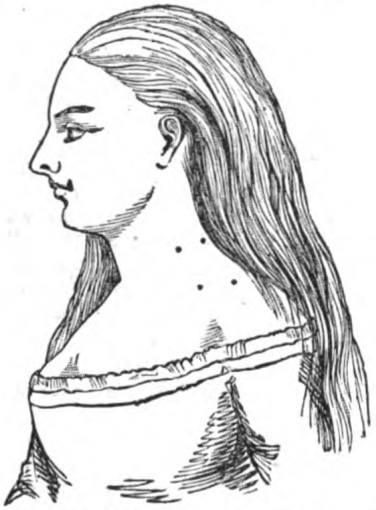
℞ Potass. iodid., ℥j;
Tinct. iodi., ℥j;
Syrup. aurant., ℥ss;
Aqua, ad ℥s. ℳ

Of this mixture I directed her to take one tablespoonful three times a day, also one Plummer's pill every second

night. She faithfully obeyed those directions for three weeks, without the slightest effect, one way or other, to the enlargement. Being a nervous, hysterical young person, was averse to operating until I should have fully tried out absorbent remedies. I contented myself with passing two silk threads midway through the tumour. I applied the ung. iodi. over the entire of it. On the second



day, I withdrew one of the threads, and again had the ointment rubbed over the situation. I now carefully watched for the slightest indication of a rigor (being afraid that this treatment might lead to an unsightly cicatrix, for which I knew I should not be thanked), on which I withdrew the seton; inflammatory action had commenced where the threads had been. I substituted the ung. potass. iod. now for the stronger preparation, and had it applied to the entire tumour morning and night; she had been using the mixture from *the first application of the setons*. This treatment had been continued for three weeks more. After the withdrawal of the threads, some serum,



slightly coloured, oozed through the minute perforations, which soon became quite *transparent*, as the more active remedies *were discontinued*. At the end of the third week of this treatment, and sixth from the commencement of first coming under observation, a visible diminution took place, and by the end of the fourth week *the tumour had entirely disappeared;* the only traces where this enlargement had been were four minute depressions, like pinholes, which could not be detected *unless looked for*. As she told me herself, *she could now wear a low dress*.

Remarks.—Many remarks might be appended to this interesting case, but I will content myself with noticing only some points in the treatment, viz.—(*a*) I believe the iodide of potash *had no effect* on this tumour (it had likely on the entire body) until its action had been *directed, so* to speak, by the setons, &c. (*b*) Had the seton been left in longer, *suppuration would have set in, and spoiled the cure*, causing, as I remarked before, a very unsightly cicatrix. The nicest point in the treatment being to *bring on suppuration*, and then *check it*, this is nicely shown in the *coloured serum again regaining its transparency*. The weaker ointment (ung. iod. pot.) to be substituted for the stronger (ung. iodi.), for the above reasons. (*c*) A most important part of the treatment, in my opinion, is to continue the internal administration of the iodine up to, and even after, all trace of the tumour has vanished. (*d*) Some slight coryza troubled this patient from the continued use of the mixture, but stopping one day always cured it. (*e*) I believe this tumour to have been adenoid, but think this treatment might be used with other varieties in similar situations. (*f*) Removing this tumour by a single operation would have been tedious from its situation, and, with a history of scrofula, not inviting, and without doubt a more unsightly mark would have been left.

The tumour had been growing for two years, and during the last half year, had remained *in statu quô*. I may add that this young lady had been under treatment for this affection before coming under my care, but without any benefit.

Clinical Records.

SHORT NOTES OF A BALL PESSARY RETAINED IN VAGINA FOR THREE YEARS AND A-HALF.

By Dr. G. de Gorrequer Griffith,
Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

Sarah Fitzwater, æt. 37, married, had four children, and been a widow for seven years. All her labours had been very hard, the first being accomplished with instruments; the last also hard, though terminating quickly at the close, and being ended before the doctor came to render any assistance. Immediately after getting about she felt the womb fall, and come lower and lower down, till at length it seemed all but out; she was obliged to apply to a hospital, where the instrument was inserted, she, to use her own words, being told at the time that it would not come out unless taken away by operation. It is about 3½ years since the pessary was inserted; immediately after its placement in the vagina she noticed the bowels became confined, not being moved for three or four days at a time, though before this they had been rather regular; the pains, when a motion had to be passed, were like those of labour, and during them the ball would be forced to the os vagina, where it would be stopped by the action of the sphincters (as I ascertained before I extracted it), the rectum being tightly closed, the vagina also being so tightly constricted that the finger could only be introduced with difficulty when the instrument was pushed up towards the os uteri, and thus out of the way, the bowels could be evacuated, and this was the necessary mode of procedure before each movement.

On November 23rd the patient presented herself to me at the Hospital for Women and Children, stating that she was in general bad health, and could not make out the cause of it, unless it was from overwork. On questioning her I ascertained the history I have narrated. On Nov. 24th she came to me again; there was an intensely fœtid, blackish-brown discharge from the vagina, and, on introducing Fergusson's large-sized speculum, the vagina was found exquisitely tender, eroded, and granular, in its entire surface, and at the apicial opening of the speculum was seen a blueish-black or purple mass, looking very like a blood-engorged tumour extruding from the os uteri, or like the fœtal surface of the placenta, presenting itself

as a blue shining mass through the os uteri, and being there packed tightly and compressed. The discharge was excessively offensive, and she could not even bear the finger to be moved in the vagina. I therefore asked my colleague, Dr. Folwell, to give her chloroform, and, with his aid and that of my assistant, Mr. Bamber, I extracted this large spherical wooden pessary, by means of one blade of the short forceps and the first two fingers of the left hand, having first lubricated the vagina as well as I could by means of oil syringed into it. Afterwards the passage was well washed out and cleansed by means of Condy and warm water, the syringe being used for the purpose. All the constitutional symptoms quickly disappeared, and she became healthy-looking and ruddy, showing that the state of toxæmia existing before I removed the pessary was due to the offensive discharges created, and, in a measure, pent up in the vagina, these symptoms being aggravated by the constant irritation of the offending pessary.

9 Lupus Street, London, S.W.

Special Correspondence.

[FROM OUR SPECIAL CORRESPONDENT.]

Paris, Rue de Luxembourg,
June 5, 1878.

It would be a French compliment were I to ask your readers to come to Paris, for some might take it as a personal invitation, and my friends are too numerous, and at the same time my house too small to accommodate all whom I should like to see here, so that I can only advise or prescribe that all jaded, overworked practitioners seeking a holiday should seriously think of visiting La Belle France.

Pleasure may be combined with science. Enlarged views of humanity will be acquired, insular prejudices toned down, fresh ideas developed, new inventions for surgery studied by a visit to the Exhibition. In the midst of the myriad treasures of art and of luxury, of apparatus and machinery of every conceivable kind, and of the thousands who are arriving to inspect them, one feels what a cypher one is in the scheme of creation.

Some of us require such a corrective for the "ego," for the eradication of old ideas, not only about "British interests" but British surgery, and they will there find that surgical or medical skill is not confined to our favoured race, but that the Paris hospitals open out a wide field for thought, study, and research.

The courtesy of our French *confrères* is not only proverbial but founded on fact. The visitor will have little difficulty in obtaining introductions to some of the principal hospitals, as the Necker, Hôtel Dieu, Salpétrière, &c., and of attending some of the demonstrations of the *chefs* of the Paris School of Medicine.

Even in the Exhibition there is evidence of the forethought and *desire* of the profession in Paris to provide for the comfort of their foreign visitors, for a suite of rooms are prepared where foreign visitors may obtain all necessary information regarding the *cliniques* of the various professors, the hours of attendance at hospital, operations, special lectures, and where all inquiries will be courteously and promptly answered.

There is a special medical staff appointed for the Exhibition in case of temporary illness, with ambulance, &c., under the supervision of Dr. Ladriet de Lecharrière, and a staff composed of MM. Audige, Testaud, Venet, Benoit, Grenet, Kuhff, Le Coin, and Sottas.

In connection with the medical department, there is also a room for lectures, so that even within the building science may be studied.

Thus, names known only by reputation may become living realities, and the practitioner interested in French medicine or surgery may see or hear the leaders of the Paris profession, as Charcot, Pasteur, Germain, Sée, Guyon, Desprès, Hardy, Broca, Bouchard, Tillaux, Vidal, Bouchut, Terrillion, Le Fort, Chauffiard, Peter, Bell, &c. Should the visitor desire to leave the atmosphere of professional life, and give himself up thoroughly to enjoyment, he will find amusements in endless variety, in the Exhibition, in concerts, theatres, cafés chantants, in the parks, museums, picture galleries, &c. Pleasure invites on all sides. There is only one drawback—money will be wanted. During this period hotel proprietors are asking fabulous sums for maintenance; in fact, a golden harvest is expected to be reaped out of the pockets of those who honour us.

What does it signify? Life is short, and, though our art is long, we must, in return, extract some of the golden salve, if not from the pockets of our patients, from the balance at our bankers', and scatter it for the good of humanity in general and of the Paris bourgeoisie in particular. For those who have no balance at their bankers' my advice would be—"Go to Bath." (*Mem.*—Meeting of British Medical Association, August 6th, 7th, 8th, and 9th).

The pleasure side I must leave; each visitor will, I am quite certain, be able to select for himself the form of amusement suited to his own individual taste, whilst I confine myself to some subjects of professional interest.

One of the most brilliant reunions of the French Association of medical practitioners has just been held; its 20th session under the presidency of M. Henri Roger.

It is not analogous to your British Medical Association, for though it brings together, and cements the bonds of union between, the vast body of physicians and surgeons throughout France, it has the more special object of relieving the wants of indigent members, who after a life of labour, ungratefully rewarded, and devotion to the cause of humanity, through unmerited and accidental causes have to appeal to the charity of their *confrères*.

We seem to be a poor profession, universally poor, not only because we are forgetful of our own interests, but because an unappreciative public, whilst it accepts our services, does not pay us adequately, or does not pay us at all; receiving eleemosynary aid at hospitals, dispensaries, which too often is abused by persons who are capable of paying. Hence the necessity of helping our poorer brethren.

We are a charitable profession beyond doubt, and this meeting proved the widespread interest in the movement by the numerous delegates sent from local societies, by the subscriptions, and by the applause which greeted the report of M. Bucquoy, announcing that all the claims for assistance had been granted. I may here mention, as I am speaking about societies, the French Association for the Advancement of Science will open on 16th or 22nd August.

President.—M. Frémy.
Vice-President.—M. Bardoux, Minister of Public Instruction.
Sec.-General.—M. le Commandant Perrier.
Vice Sec.-General.—M. Le Comte de Saporta.

In order to contribute to its greater success, the Municipal Council of Paris have arranged that some of its members should co-operate with the delegates of the Association, and MM. Bourneville, Cadet, Caubet, Combes, &c., have been appointed as members of a commission for that purpose. Thus there may be a great scientific and intellectual treat *in posse*.

It will be interesting to sanitary reformers and medical officers of health to know that an international congress of hygiene will meet at the Palace of the Trocadero from the 1st to the 10th of August. A programme of the questions said to be discussed has already been issued. As the agency of the Congress is installed at the Tuileries, and as the office is open from 1 to 5, hygienists can readily obtain copies of the programme of the Association.

At present it is difficult to select from the various

excellent lectures or courses in progress of delivery one for special notice.

As syphilis is at all times an interesting theme, and an almost universal disease, entailing results of the most disastrous nature, I may briefly refer to the course of lectures commenced by M. Cornil on the 21st May at the Lourcine, on "The General Pathology of Syphilis," to be continued every Tuesday.

Syphilis he defines to be a virulent malady having a considerable degree of resemblance to glanders and tuberculosis. After a glance at the theories of the unicists and dualists, he insists on the anatomo-pathological differences between soft and hard chancre, the period of incubation being the distinguishing feature. Soft chancre appears immediately after contamination, indurated after a time varying from ten to twenty-five days, and sometimes extending to a longer period, as has been proved by the observations of Langlebert, Rollet, Diday, &c., and the experiments of Wallace, Vidal de Cassis, Waller, and Pellizari. But what takes places between the time of incubation and the appearance of the chancre? Some authors affirm that the individual is contaminated during the period of incubation, the chancre being the local and first manifestation of a general disorder, dating from the day of incubation. Others have denied this theory.

M. Cornil, after referring to the experiences of MM. Riaes, Ricord, Ausfritz, and Unna, considers the most probable hypothesis to be that syphilis is not generalised at the onset, but that the chancre is the first complication which by little and little infects the whole economy.

In reference to other lectures, I may mention that M. Luys is giving a course on mental pathology at the Salpétrière, M. Fournier on affections of the skin and syphilis at St. Louis, and at the Hospitals for Children, MM. Parrot and Archambault on the diseases of children.

Surgeons can study the practice of M. Verneuil at La Pitié, of Prof. Gosselin at La Charité, of M. Broca at the Necker, of M. Richet at the Hôtel-Dieu, of M. Desprès at the Hôpital Cochin; whilst the method lately submitted to the notice of the profession in London, viz., that of dressing wounds with cotton wool, may be seen practically carried out in the *service* of M. A. Guérin. I intended to have sent you the transactions of some of the societies, but must defer them for a future occasion, as also a description of the sanitary appliances and surgical instruments on view in the Exhibition. At the present time relief for the sick and wounded must be a subject of interest in English professional circles. You have, fortunately, not had such practical experience of the miseries of war as the French, Germans, or even Americans, though you have nobly and charitably furnished ambulance and surgeons for the East. I shall devote particular attention to the best and newest contrivances for service in the field, as ambulances, field transport, stretchers, field cases, and medicine chests, splints, &c., and at the same time I shall give a *résumé* of the French Army Medical Organisation, so as to afford a standard of comparison with your system. The English Army Medical Service does not seem popular, the method of recruiting it might be advantageously remodelled, and the experience of other nations should not be lost in the reconstruction of a department upon which the comfort and even the destiny of whole armies may depend.

SANITARY INSTITUTE OF GREAT BRITAIN.

THE first annual meeting of this Institute took place last week in the theatre of the Institute of Civil Engineers, Westminster. Dr. G. B. Richardson, the first President of the Council, occupied the chair. The report of the Council, which was submitted to the meeting, contained the announcement that the institute was free from debt; but it was stated that much of the work they desired to see more efficiently carried on was impeded owing to want of funds.

Dr. RICHARDSON, in moving the adoption of the report, said the Sanitary Institute of Great Britain was not as yet a legally constituted body with a charter, but it had nevertheless appointed a competent board of examiners, and he doubted whether a more stringent examination had been carried out by any of the chartered institutions during the past year. That strictness, however, instead of doing harm, had done good, since it had led to a better class of men coming forward for the offices of surveyors and inspectors of nuisances. When the institution obtained its charter of incorporation it would be the first body established in the kingdom for teaching sanitary matters scientifically and effectually.

The report was adopted, and at the unanimous request of the meeting Dr. Richardson consented to serve for the ensuing year as Chairman of the Council.

Mr. WILLIAM DONALDSON, M.A., C.E., then read a paper on the

PRESENT AND FUTURE WORK OF ENGINEERS IN REFERENCE TO PUBLIC HEALTH.

The share of the civil engineer in the promotion of health comprised the provision of an abundant supply of pure water; the provision of means of removing all polluted matters and the means of their disposal; comprising means of preventing floods, and the drainage of miasmatic swamps, and the provision of an abundant supply of pure air to overcrowded districts. He was of opinion that engineers could bring sewage undertakings into the same category as gas and water supply, and could now prove that if properly and efficiently carried out the annual value of the sewage as a manure, added to the saving of the annual charge for removing night soil and cesspool matters, will pay directly a fair interest on the outlay. In regard to the utilisation of sewage, he said the matter was narrowed down considerably. It being proved that land irrigation was the most effectual means of purification, the principle of intermittent downward filtration over a large area, not over what was considered the minimum for purifying the given amount of sewage to be disposed of. He showed by the experience of Colonel Jones at Havod-y-wen Farm that sewage was most valuable, and that by adopting the system of separating storm-water from the sewage its disposal was a matter of ease within the reach of private enterprise.

THE DINNER.

After the meeting the members of the Institute dined at the Grosvenor Restaurant, Dr. Richardson presiding.

After dinner, the patriotic toasts having been honoured,

Dr. CHADWICK proposed "Success to the Sanitary Institute," coupled with the health of the Chairman, who had most powerfully influenced the progress of sanitation in this country. It was now, he said, high time that there should be undivided and concentrated attention to the promotion of sanitary science in its application to the health of the population. He much regretted that he had not an earlier knowledge of the Chairman's capacity, of his power of analysis and exposition, as well as of his power of invention, that he might have enlisted his services when he was in office, for in that case sanitation would now have occupied a very different position.

Dr. RICHARDSON said nothing could give him greater pleasure than to be present to hear one so esteemed and venerated as Dr. Chadwick speak as he had spoken. He thought the Sanitary Institution had a certain success before it, and that in the history of the future it would take a marked position. For the first time in the history of sanitary science a special institute had been established. There had been an Italian who lived more than 150 years ago, named Rammazzini, who, if he had existed in our time, would have ranked as the first of sanitarians. This man had studied profoundly many of the questions, such as ventilation, water supply, cleanliness, food, drink, and the effects of trades and occupations, which were now recognised as constituting the foundation of sanitary science, and it had been the dream of his brief poetic life to establish before he died an association of scholars to carry out his sanitary ideas. He had died, however, without his dream ever being realised. In France, again, at the beginning of the present century, a distinguished scholar had endeavoured to carry out a similar project, but with no better success. He believed that their beginning, though in a small way, was the commencement of a great movement, which would lead to the formation of institutions equivalent to our colleges and academies, and other great foundations, and nothing delighted him more than the honour of sharing in its inception and inauguration.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 12, 1878.

THE CONSTITUTION OF MALT LIQUORS.

How often do we find people saying that they cannot get on without their beer. How often, on the other hand, do patients tell us that they cannot touch a drop of beer without it disagreeing with them. Indeed, there could not be a better illustration of the truth of the old adage that "what is one man's food is another man's poison" than the experience of different people with regard to the use of this homely and time-honoured beverage. In the *Chemical News* of May 3rd there is an able and suggestive paper on the Constitution of Malt Liquors and their Influence upon Digestion and Nutrition, by Mr. J. J. Coleman, F.I.C., F.C.S. Considering the vast consumption of these liquors in this country, the importance of the subject in a social point of view, and the outcry that has been lately raised against the use of any kind of alcoholic beverage whatever, we shall make no apology for calling the particular attention of the reader to a question in which, as a medical man, he cannot fail to be interested.

A liquid, resembling in appearance British porter, and labelled "Hoff's Malt Extract," has been recently very much in vogue. It has been largely patronised by the medical profession, under the impression that it was a very nourishing and strengthening beverage, and was of great service in restoring the energies of patients suffering from faulty nutrition. Mr. Coleman having in his own person experienced the good effects of this extract in the usual dose of a wineglassful twice or three times a day, has been induced to investigate its composition and the circumstance to which its value as a wholesome and nutritious liquor should be attributed. The mean result of a number of analyses showed it to consist of—

Alcohol	4·00	per cent.
Extractive matter ...	8·12	,,
Water	87·88	,,
	100·00	

The preparation is therefore a variety of porter or beer, and closely resembles in its composition the celebrated Bavarian Bock beer, which contains the same amount of alcohol, but rather less (7·20) extract than Hoff's liquor. The Bavarian beer was much praised by Liebig, who ascribed its "precious quality" to a peculiar process employed for fermenting the wort—that is, fermentation from below. It may also be remarked that Hoff's liquid is something more than "malt extract," as it contains alcohol, and the usual quantity of carbonic acid gas which causes any ordinary fermented liquor to froth up when liberated from the bottles containing it. "But," says Mr. Coleman, "this liquid of Hoff's produces, on evaporation to dryness, an extract which differs from the solid extract usually obtained from British beers. Malt extract obtained from such sources contains a large percentage of crystallisable sugar, whilst that from Hoff's liquid is almost entirely constituted of the dark-brown uncrystallisable extractive matter present, but in less proportion, in the beers of this country."

The most interesting question for consideration is: To what constituents of Hoff's liquid are to be attributed its marked physiological effects? Relying upon the evidence of Drs. Edward Smith and Richardson with respect to the action of alcohol on the system, Mr. Coleman rejects the idea that the spirit in the "malt extract" has anything to do with its dietetic virtues. And even on the assumption that alcohol is a food, he considers that the quantity of carbon contained in the alcohol present in Hoff's liquid is so small (not more than 150 grains) in proportion to the quantity (from 4,000 to 6,000 grains) consumed daily by an average man that it could add very little to the nutrition of the body. But Mr. Coleman very justly observes, although these liquids have no food value of any importance, may they not have the power of influencing the digestion of other food? If the extractive matter of beer and porter be really malt extract—that is, if it possesses the qualities of original malt—then the question is answered affirmatively. It is well known that if lukewarm water be poured upon fresh bruised malt a certain principle dissolves, which, from the difficulty of separating it in the pure state, has hitherto evaded chemical analysis. This substance, called diastase, is a ferment, being capable of converting an indefinite quantity of insoluble starch, through the stages of soluble starch and dextrin into the final product, glucose or grape sugar.

For reasons we cannot here mention, malt liquors may contain little or no diastase; but the nature of these ferments is very obscure, and it occurred to Mr. Coleman that the extractive matter of our ordinary malt liquors might contain the elements of a ferment in some latent form ready to be called into activity during the process of digestion. Now it is obvious if malt liquors exert a solvent action upon starch (a substance which constitutes 47·4 per cent. of wheaten bread), the phenomena can be

investigated externally to the stomach, provided the necessary precautions be taken. Consequently, Mr. Coleman instituted several series of experiments to test the solvent action of Hoff's liquid and ordinary beers upon substances containing starch. For the details of these experiments we must refer the reader to the original paper; suffice it to say, that experimental proof was obtained that 4·82 grms. of bread, or about 20 per cent. of its constituent starch, could be dissolved by the agency of Hoff's liquid. It was also found that ordinary beer possesses a solvent power similar to that of Hoff's liquid, but to an inferior degree. Thus Burton ale, Wrexham ale, London porter, and Hoff's liquid dissolved 15, 26, 40, and 60 per cent. of starch respectively. Thus it was not the richest ales coming from our large breweries which afforded the best result; which may be explained in two ways—either from the fact that in large breweries the diastase of malt is made to go as far as possible, by using raw grain with the original malt, or, secondly, as suggested by Dr. Wallace, from the excess of alcohol in strong ales precipitating the diastase before it reaches the consumer.

In an eighth series of experiments all sources of error existing from the action of the malt liquors upon the gluten of the bread were removed by using pure starch, and the result was as satisfactory as those obtained from previous experiments. Chemically it is interesting to know into what substance or substances the starch is transformed; whether into ordinary dextrin, Bechamp's soluble starch, Dubunfrants' maltose or ordinary glucose; but at all events, Mr. Coleman's experiments appear to have established a food value for malt liquors not before known, and if the results of his investigations are confirmed by other chemists and physiologists, the poor man's beer will not be so much at a discount as it has been lately, while the known action and properties of malt liquors will enable the practical physician to judge in what cases they may be beneficially prescribed.

We cannot, however, conclude this article without protesting against the assumption that the action of the alcohol present in malt liquors (which is generally pure and produced by internal fermentation) is to be altogether ignored in accounting for their therapeutic or dietetic effects on the system. If the extractive matter of malt liquors may "have the power of influencing the digestion of other food," may not the very moderate quantity of pure alcohol which they contain act in the same indirect and beneficial manner? Indeed, from time immemorial, wine, taken in moderate quantity at the principal meal, has been considered a promoter of digestion, an effect it may in many people of weak stomachs certainly lay claim to if only in virtue of its action upon the brain, for it will be generally admitted that exhilaration of spirits and a happy frame of mind are very favourable to digestion. But whatever its *modus operandi* may be, action of some sort, good or bad, it must have; it cannot be inert; and therefore, in those cases in which Hoff's malt extract, or any other malt liquor, has been found to benefit patients suffering from faulty nutrition, it may be presumed that the alcohol which they contain has at least some share in producing that effect.

PROGRESS OF THE NEW MEDICAL BILL.

Last Friday the Medical Acts Amendment Bill was read a third time in the House of Lords and passed. It is to be hoped that it will not meet with much opposition in the House of Commons, but if it does, it will be from that party which is so anxious at this critical period in the history of medical reform, to compel the Government to adopt measures which would be both unwise and impracticable at so late a stage of the passing of the Bill. We are far from finding fault with the general agitation in favour of altering the constitution of the General Medical Council, but we doubt the propriety of urging such a step at the eleventh hour, and on the very eve of the passing of a Bill in virtue of which the profession and the public will have secured the adoption of a scheme of medical education and examination which has long been contended for, and which cannot fail to have a very beneficial influence upon the future status of the medical profession. Not only do we think it desirable that the proposed reconstitution of the Medical Council should take place for the reasons that we and our contemporaries have already given, but on other grounds also. For in all probability the Medical Council will see the necessity of undertaking the duties imposed upon it by the Bill, namely, that of regulating the course of medical study and exercising some supervision over the examinations, and even of reporting to the Privy Council any examining body which fails to carry out the provisions of the Act. Now considering that ninty-nine per cent. of the candidates who will come up to the conjoint boards are destined to enter upon general practice, it is advisable that a portion, however small, of the examiners constituting those boards should be drawn from that class of practitioners which is most familiar with the exigencies of general practice. But the propriety of adopting such a plan would be more evident to a medical council, and would be more likely to be supported by it were it composed partly of members who directly represented the great body of general practitioners than were it to continue to consist entirely of members who are engaged in consulting practice. The direct representation of the profession in the Medical Council is therefore both desirable and practicable, but not at this present time. The incorporation of such a medical reform in the Bill now passing through both Houses of Parliament is impossible; and any opposition to the Government Bill on the grounds that it does not grant all that is asked for is neither politic nor likely to be successful. If the constitution of the Medical Council is to be changed, that change had better be postponed to a future occasion when it can be more conveniently and deliberately made. The present Bill is a great move in the right direction, and there is no reason why the reformation so well begun should not before long reach a point that will satisfy the most ardent medical reformers.

DEPARTMENTAL DESPOTISM.

It has been our duty—one which we would rather not fulfil—to call attention more than once to the high-handed method which the Irish Local Government Board has occasionally adopted in dealing with its medical officers, and we find it necessary to present our readers with one more specimen of the mode of doing business by that de-

partment, which we put on record in the hope that it may prove to be the last evolution of a policy which we trust is fast going out of fashion. We can sympathise with the anxiety of a public department to administer its regulations with firmness and prompt effect, but we cannot hesitate to express disapproval when an arbitrary or vindictive spirit is displayed, or when the authority wielded by such a department is misused and the letter of the regulations set at nought.

In the *Ballyshannon Herald* we find a letter, in which the following narrative is contained :—

"The medical officer at Doochary was, in due course, requested some time since to attend the petty sessions to give evidence in certain prosecutions for neglect of vaccination. He did so attend, and having given his evidence he applied to the magistrate for a certificate for his fee in accordance with the Act of Parliament. The magistrate refused, and, therefore, the medical officer received no remuneration whatever for his trouble in travelling a distance of nearly ten miles and giving testimony. On the next occasion on which the medical officer was requested to attend for a similar purpose, he did so, but, upon being called into the box, he pointed out to the magistrate that attendance at these prosecutions was no part of his (the doctor's) duty as set down in the regulations, but, on the contrary, was recognised by the law as a service to be paid for outside his dispensary salary. On the magistrate again declining to give the certificate the doctor declined to give evidence, and the cases were accordingly dismissed. Now comes the strange part of the story. The guardians having complained to the Local Government Board of the doctor's refusal, that Board wrote to the doctor demanding his resignation of his dispensary, but, knowing perfectly well that the giving of evidence at vaccination prosecutions is *not* a part of the medical officer's duty, and feeling that it would be totally illegal for them to dismiss him for refusing to perform for nothing, a service for which the law awards him a fee—the Local Government Board were driven to seek some other excuse for 'serving him out.' This they thought they found in an official report made by the doctor to them four months ago upon the sanitary state of his district, in which report the medical officer had stated roundly that the Public Health Act (as at present administered) was a sham, and a disgrace to the authorities. Everyone knows that the said Act is a sham, and the execution of it a complete farce; yet, for stating that fact in very emphatic language, the Local Government Board takes upon itself to punish the medical officer by taking from him his means of livelihood and subjecting him to professional disgrace.

"On his expressing regret for the phraseology used in his official report, the Board has reinstated the medical officer, but they cannot as easily efface the feeling of bitter disapproval which their despotic and unjust proceedings has evoked. It is, I submit, disgraceful to a public department: Firstly, that it should attempt to force unpaid duties on a member of any profession—knowing well that it cannot legally do so. Secondly, that, being foiled in that attempt, it seeks then to wreak its vengeance on its own officer by taking up a communication which four months ago it had received without any sign of disapproval."

We have thought this narrative worthy of special inquiry, and, without having the documents before us, we are in a position to state that the facts are accurately stated, and that no circumstance has come to our knowledge capable of excusing in any way the extraordinary course adopted by the Local Government Board.

We have reason to believe that the phrases used by the medical officer in describing the working of the Public Health Act were neither choice nor elegant, nor—in style—quite respectful to his masters. It is obvious, however, that they cannot have been so markedly objectionable as to attract notice or call for decided censure, for we find that they were not considered deserving of mention by the Local Government Board for four months after their being penned.

The act of the Board thus recorded was simply an attempt, illegally, to force upon medical officers in general, and upon Dr. Thompson in particular, a function—laborious and irksome—which the Board well knows is not equitably or legally his duty, and to wreak vengeance upon him for his non-compliance by the discreditable expedient of raking up a long past peccadillo. We beg the Board not to entertain the idea that by their move they have either established a principle or achieved a victory. They are truly entitled to all the honour of having intimidated a poor dispensary doctor into an humble apology, and of having, probably, frightened him into promising performance of anything or everything the Board pleases to put upon him. They have not, nor can they give themselves authority to coerce their officers to do anything but that which is their legitimate business, and for which they are paid; nor can they assume the privilege—not confirmed to them by any Act of Parliament—to dismiss an officer at their own caprice. On an occasion, not long past, they have indulged themselves with a similar threat, and it was our duty to remind them that they are not the sole judges as to what constitutes "sufficient grounds" for dismissal. We assert distinctly that no language in reference to the Public Health Act, short of actual disrespect, and no refusal of a medical officer to give evidence at a vaccination prosecution, constitute "sufficient grounds" required by the Act of Parliament as a condition of his dismissal; and we tender our respectful advice to the Irish Local Government Board not to be tempted into a display of hastiness of temper, such as this transaction indicates, until it is quite certain that its proceedings are outside the range of legal retribution and public criticism.

THE CRISIS IN MEDICAL AFFAIRS.

We are not, we conceive, guilty of exaggeration when we express our conviction that the medical profession is, at this moment, in the crisis of a revolution more portentous than that which medical affairs have undergone for half a century, and we recognise in the present circumstances of medical legislation the presence of interests of the gravest importance to the public while they involve the very existence of the medical profession as it has hitherto existed. It is well known to every medical man who interests himself in such matters that at length the abuses of medical qualification which have arisen out of the greed of licensing bodies and the incapacity of the General Medical Council, have culminated in the effort now being made by the Government to put medical education on a sounder footing, and that the profession has, almost with one voice, spoken loudly in favour of the means by which the Government has proposed to effect that object. It was proposed—speaking shortly—to compel the licensing bodies who have been hitherto selling diplomas upon whatever terms, educational and monetary, pleased them, to join together in the formation of a system by which the terms of granting licences should be uniform throughout the kingdom, and should guarantee the perfect competency of the practi-

tioner. Such objects were especially entitled to the warm approval of those who were conversant with the evil results of competition for the diploma fees amongst nineteen separate licensing bodies, and, as we have said, it received that approval with all the acclamation which it deserved. Thus, the Bill of the Duke of Richmond had, with the improvements suggested by the profession, secured the solid and hearty support of our profession, and (although it lacked one addition which had been earnestly hoped for) it would almost certainly have passed Parliament.

In the full enjoyment of our hopes of speedy medical reform, to the consternation of all reasonable advocates of that object, the Bill has assumed a character which makes its further support by the profession very questionable. As we have said, the plan of the measure was, that the existing licensing bodies should assist each other in the holding of examinations, one board of examination being formed for each country, and the education and examination under each being equal. The student having passed one of these Boards could not yet enter into legal practice, but should present himself to two licensing bodies which he selected, and receive from them his diplomas, on which he would be entitled to insertion of his name in the Medical Register and to the consequent privileges of practice. The amendment to which we refer was that introduced at the suggestion of the Marquis of Ripon, and referred to in the following Parliamentary report from the *Times* of June 4th :—

MEDICAL ACT (1858) AMENDMENT.

Their lordships having gone into Committee on this Bill,

On Clause 4, which would have made it necessary for a person who had passed the joint board examination to obtain a medical diploma from one of the existing medical authorities before he could be placed on the Medical Register,

The Marquis of Ripon moved an amendment to make such diploma unnecessary for the purposes of registration.

The Duke of Richmond and Gordon approved the amendment.

The amendment was agreed to, and Clause 4 as amended, and the remaining clausee, after verbal amendments, were ordered to stand part of the Bill.

The Bill was then passed through Committee and reported to the House.

Under this simple form lies a proposal which, we state without hesitation, signifies the extinction of the licensing colleges, and nothing else. Under the Bill, in its original form, these institutions should content themselves to suffer a serious loss of income, but this proposal would, we repeat, be equivalent to the reduction of the colleges to the condition of impecunious and insignificant medical clubs. By the Marquis of Ripon's amendment, the student who succeeded in passing the conjoint-board examination would be entitled, then and there, to register his passing and enter into practice. He need not, nor would ten per cent. of the students so qualified, ever think of entering a college or seeking a collegiate diploma until, if ever, the time came for him to look for a higher degree *e.g.*, a Fellowship or a Doctorate in Medicine. We are at a loss to conceive how there can be any doubt upon this point in the mind of anyone who knows anything of the matter, and yet we find the *Medical Times and Gazette* expressing its opinion that "the medical authorities will not object to the alteration, for no medical man will be likely to be content with the qualifying certificate only." As a matter of fact, it is true that fully nine-tenths of the students who enter the profession at the present day are "content with the qualifying certificate only," and never dream of seeking the higher diplomas, and there is not the remotest reason to suppose that the rank and file of the profession will ever see the necessity of passing and paying for distinctions which carry with them no legal privileges which they do not already possess. Deprived thus of their income from licensing, in what condition will the corporations stand? As a single example let us take the Irish College of Surgeons. In the past year it received £2,801 8s. from candidates for its license, and only £273 from its Fellowship candidates. If deprived of this £2,801 it would have only £873 left to meet an ordinary expenditure of £3,674 (exclusive of extraordinary building outlay).

Can the complete extinction of the Licensing Corporations be contemplated by the Duke of Richmond—the minister of a Conservative government. We can hardly conceive that it is so ; and we have, perhaps, spoken in ignorance of some scheme contemplated by the Duke to meet this difficulty. Perhaps it may be intended to fix in the Bill a fee payable for the Conjoint Examination Certificate, which will be adequate — when divided between them—to maintain the present Licensing Bodies. Nothing less than thirty guineas would suffice for this purpose, even though the Bodies submit to a serious curtailment of their present incomes ; and while we find mention of this or any other sum in the Bill, we anticipate that the prevailing idea in the Medical Council would be to fix the certificate fee at the minimum amount which would pay for the examination, and thus to leave no surplus for division; and it would be, therefore, out of the question to leave the fixing of such a detail to the discretion of the Council.

Radicals in Medical Reform may, perhaps, argue that it is not the duty of the State to take cause for the maintenance of Medical Corporations, and that it would be unjust to tax the immigrants into our profession for such purpose, but in this argument lies the gravity of the situation which we have said cannot be exaggerated. It may, indeed, be of little interest to the public whether Medical Corporations continue to exist or not ; but it should be remembered that the medical practitioners who treat the diseases of the public can hardly be taught their business without these institutions. It is the licensing bodies which maintain museums, keep medical libraries, provide laboratories and lecturers, and act as the motive power in encouraging medical research, and we find it difficult to imagine the system which can, under present circumstances, supply their place. The very Conjoint Examining Board which the State now recognises as the only legitimate portal to the profession are to be created mainly by those bodies, and, without their aid, the emoluments of teachers can never be sufficient to attract the best class of men in the profession for the instruction of the medical man of the future. The many reasons which may be given for the protection of the licensing corporations are, indeed, un-

necessary for us to detail here, and are so obvious that we cannot believe that the Duke of Richmond has overlooked them. We must assume, therefore, that he has failed to appreciate the effect of the amendment, and we most anxiously look for such a retracing of the step as may reassure the profession, and permit of their continuing their cordial support of the Bill. On the whole it seems to us that the purpose of the amendment would be most readily made compatible with the continued efficiency of the licensing bodies, by the fixing in the Bill of a uniform conjoint diploma fee for the whole kingdom, sufficient in amount to ensure the existence of these bodies and to make certain the social status of the profession in the future. It is quite certain that an alteration in the Bill to such effect must be made in committee in the House of Commons, otherwise the whole energy of the licensing bodies, backed by the influence of a large majority of the profession, will be used to prevent its becoming law. Hoping as we do for a reasonable measure of reform, we should feel its defeat to be a disaster.

Notes on Current Topics.

Temperance Coffee Taverns and "Temperance Stalls."

At the annual meeting of the East-end Juvenile Mission, known as Dr. Barnardo's Homes, held last Wednesday at Exeter Hall, the Lord Chancellor, who presided on the occasion, remarked that "Dr. Barnardo was the first to institute the system of temperance coffee-houses. He was able in the East-end to secure a magnificent gin palace and a large shop. They were fitted up in an extremely attractive way, and there the working-man escaped the ruinous temptation to drink which had been the curse of the metropolis. One of those coffee palaces during the year had realised a sum of £2,300, its expenses amounting to £2,000. In the mission rooms there were evangelistic addresses, and he had himself seen one of these rooms crowded from end to end with most anxious and inquiring auditors to hear a plain, simple address, which had nothing in it to attract except the truth and simplicity of the Gospel. It had been determined to add a medical mission, through the exertions of which there would be a power of carrying the message of the Gospel to people whom they could not otherwise approach."

There can be no doubt that the establishment of these attractive and well-conducted coffee-houses is one of the best means that could be adopted to check the enormous amount of intemperance prevalent in the metropolis; and therefore we are glad to see that the establishment mentioned above has turned out such a success. In connection with these places, we may also notice the "temperance stalls" that are springing up in different parts of the town. They are simply covered refreshment stalls similar to those seen on the Continent, supplied plentifully with tea, coffee, lemonade, &c., but no intoxicating liquors whatever. By such measures we may hope in time to see more good done in the cause of temperance and towards repressing the drunkenness of the working-classes than all the lectures and demonstrations that are being continually given in favour of the "total abstinence" movement and the absolute proscription of all kinds of alcoholic beverages under any circumstances whatever.

We hear that a case of fever, which is so general at Gallipoli, has made its appearance on board H.M.S. *Rupert;* and her commanding officer, Captain Gordon, has been sent to Malta Hospital for treatment. With this exception, the health of the fleet in the Dardanelles continues good.

Dental Druggists.

The surgeons who practise dental surgery are likely to realise the consummation which they appear to desire, *i.e.*, the honour of appearing in the same official register hobnobbing in professional circles with the oilman in the next street; at least we learn from the *Pharmaceutical Journal* that such a happy condition of amity is contemplated by the drug trade. In the last issue of our contemporary we find the following statement:—

> The Dental Practitioners Bill, as amended in Committee, now contains an addition calculated to provide that recognition of the rights of chemists and druggists who have been engaged in the practice of dentistry, which we have already pointed out it was only reasonable to expect. This clause, as it now stands, provides that among those who are to be entitled to registration, and subject to that formality, exempt from the penal provisions of the Bill, are to be included persons who at the passing of the Act are *bonâ fide engaged in the practice of dentistry in conjunction with the practice of pharmacy.* We may therefore regard this matter as being virtually settled by the Pharmaceutical Society *on behalf of the trade interests of the body it represents.*

It may be an additional satisfaction to the members and fellows of Colleges of Surgeons who are to share with their druggists the distinction of the Dental Register, to learn that any oilman can satisfy the requirements of the Bill and prove himself to be "*bonâ fide engaged in the practice of dentistry*" by a certificate given *by himself to himself,* a testimonium of a single day's experience being sufficient to justify the declaration. In other words the druggist may put a drop of creasote in a hollow tooth on the 31st of December, 1878, and he will be perfectly entitled to state that he is "engaged in the practice of dentistry," and will be then and there co-opted and officially recorded a practitioner of dental surgery on the 1st of Jan., 1879.

A more astonishing piece of legislation never existed, and yet it seems likely to pass in consequence of the complete apathy of the licensing bodies, and, more extraordinary still, of the dental surgeons.

In the House of Commons, last week, in Committee on the Bill, on Clause 22, Mr. Young moved an amendment with a view to restrict the uses of the terms "surgeon dentist" and "dental surgeon" to practitioners who had the qualification of a surgeon. The amendment, he said, was supported by high medical authority.

Sir J. Lubbock said that as the description "surgeon dentist" was legal under the common law, and had a generally accepted meaning, which, according to the Lord Chief Justice, was well understood, those who drew up the Bill did not think it necessary to complicate the matter by introducing such an amendment.

The Chancellor of the Exchequer desired to consult the

President of the Council, and would therefore defer any expression of opinion until the stage of report. He was under the impression that an amendment had been made. However, it was not necessary to make one, as the Bill could be amended if thought desirable in the other House.

Sir J. Lubbock said *no medical body had petitioned in favour of this amendment*, which, therefore, had only received individual support.

The amendment was negatived.

The Bill passed through Committee.

Medical Expert Testimony.

An able article upon this subject appears in the *Medical and Surgical Reporter*, April 20, 1878, from the pen of John J. Reece, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pensylvania, &c.

It deals at length with the questions: 1st. The qualifications of those who may claim to be considered *experts*; 2nd. The justice or injustice of calling upon experts to give their opinions in any given case, without special and adequate remuneration. With regard to the first of these two questions, Dr. Reece points out, what seems on the very face of it a self-evident truth, that no one should be called upon to express an opinion as an expert, or to put himself forward as one, unless his whole life's study has been specially directed to that particular branch of knowledge within the scope of which the point at issue falls, and in connection with which the witness's eminence has been very generally admitted. The author emphasises the fact that neglect of this rule on the part of medical men themselves has often led to able men being placed in a very false position, and to medical evidence in general being brought into great discredit.

He very properly insists that "expert" evidence should be given in a spirit of strict neutrality; that it should be based upon a calm and unbiassed consideration of all the known *facts* of the case in question, and upon that alone.

With regard to the second question, he argues—and argues, we believe, very justly—that "expert testimony" is the private property of the witness, and that it is most unjust to expect such evidence to be given without special and adequate remuneration; that the evidence is not one of facts necessary to the ends of justice, which the witness as a good citizen of the State is bound to supply, but of *opinions*, of skilled knowledge, the result of special study and experience, which special knowledge is the private property of the witness by which he lives, and to which neither private indivividuals nor the State have any right, unless proper remuneration has been made.

A New Qualification for a Coroner.

It having been stated that Dr. W. Murphy had resigned the coronership of East Limerick a number of candidates are seeking the office. Among these is Mr. Casey, who was recently prosecuted for having written newspaper letters under the name of "the Galtee boy," which were calculated to incite to the assassination of the agent to the Galtee estates. He is making an energetic canvass, and has been received with great enthusiasm as "the defender of the poor mountaineers." He made recently a speech in which he said he sought the only office left in the power of the people to dispose of as a recognition that he had done something for the tenant farmers and shown to the world the wrongs and oppression suffered by the yearly tenants of his oppressed land.

Accidental Poisoning of a Child by Strychnine.

An inquest was held a few days ago before Dr. Mitchinson, at West Barkwith, Lincolnshire, on the body of a male child, aged two years. It appears that the mother of the child while clearing out a cupboard placed a few partly empty medicine bottles on the table, and when her back was turned the child drank some of the contents of one of them, which was supposed to contain a solution of quinine. About a quarter of an hour afterwards deceased suddenly became convulsed, and screamed violently, as if in pain. Its hands became clenched, and body very hard and stiff. With the aid of a neighbour the mother put the child into a warm bath and gave it an emetic, and sent for Dr. Armstrong, of West Barkwith. On his arrival he found the child suffering from the symptoms of poisoning from strychnine. He applied the usual remedies, but death rapidly ensued. Dr. Harrison took possession of the bottle from which the child was supposed to have taken the poison, and telegraphed to the London chemists who had prepared the medicine for Mrs. Thompson, who in reply informed him that it was a solution of strychnine which had been furnished to a lady some six or seven years ago.

There is nothing very remarkable about the case with the exception of the fact that the bottle, although coming from a first-class London chemist, did not have a poison label on it. This was a most dangerous and culpable piece of neglect on the part of the chemist, considering the bottle contained one of the most powerful poisons known. Moreover, poisoning by strychnine at so early an age is comparatively rare. In this case it was supposed that the child took about half a grain of the poison, and he lived only an hour and a half after taking it.

Mr. John Parry.

We think that our medical *confrères* might take a lesson from the unfortunate position of a gentleman to whose talents the public have been for many years indebted for much refined amusement. It appears that a large part of Mr. Parry's property, the fruits of his professional labours, was entrusted to his solicitor for investment. The recent death of that gentleman has disclosed the lamentable truth that the money was never invested in the manner represented, and it is to be feared that little is likely to be rescued from the winding up of the estate. A fund is being raised by various influential friends of Mr. and Mrs. Parry to save them from the great distress to which, in their declining years, they are likely to be reduced, and we hope that liberal subscriptions will be forthcoming to fulfil the very desirable object in view. In the meantime we draw the attention of our readers to the case as showing that our duty to ourselves and our families does not end with merely entrusting a large sum of money

to a solicitor for investment. We should also make a point of seeing some proof that the money has been invested in the manner represented, and even of having ourselves possession of the bonds or certificates received in acknowledgment of the investment. Members of the medical profession are not, as a rule, good men of business; their professional earnings, and still less their savings, do not generally amount to very much, and their necessary expenses are often very great. They cannot, therefore, be too careful about the little capital they may possess, so that it may be properly and safely invested without any risk of its being lost through the misfortune, negligence, or dishonesty of other parties.

A City of Health.

Dr. Elliot, the Medical Officer of Health for the city of Carlisle, must lie on "a bed of roses." According to his last report for the Carlisle Urban Sanitary District, ending May 30th, the death-rate was at the rate of only 8 per 1,000 per annum. In the corresponding week of last year, the death-rate was 24 per 1,000 per annum. Frequently the death-rate of Carlisle has been singularly small in the course of the last two years. It has been repeatedly down to 11 per 1,000, but the rate of 8 per 1,000 was not only lower than ever previously known, but such a rate is probably lower than any town in existence, with a population of 35,000, a fact all the more remarkable when the great antiquity of the city is considered as entailing sanitary disadvantages which can only be very slowly remedied. Of course, correct inferences cannot be drawn from any single week's results, but such a fact is, at least, extraordinary.

Competitive Athletic Examinations for the Army.

In the House of Lords, on Friday, Lord Hampton moved for the report of the joint committee of the War Office and the Civil Service Commissioners, appointed to consider the question whether the present literary examinations for the army should be supplemented by physical competition In the course of his remarks, Lord Hampton said that those young men who desired to enter the army should have the discretion of selecting three out of six manly exercises in which success in examination should bring them a maximum of 1,200 marks. We have all along so strongly insisted upon the propriety of giving more attention to the physical education of the army, and of developing the physique of both officers and men by the systematic introduction of all kinds of athletic sports and exercises, that we heartily sympathise with the feelings expressed on the subject by those noblemen who took part in the debate on Lord Hampton's motion. They all agreed that if this physical examination were made part of the examination for the army, it would be an additional safeguard that we have the best and finest men in her Majesty's service. But Earl Grey's reason for supporting the proposed change was still more to the point. It was not only, he said, extremely important that persons liable to be engaged in warfare should have their bodily powers cultivated, but so keen was the competition to enter the army, it was very desirable to adopt some change in order to counteract the dangerous tendency to undue stimulation of the mental powers. The justness of these remarks will be duly appreciated by the profession whose attention has been too frequently drawn to the deplorable effects of overtaxing the brain in the hopes of passing some competitive examination. It is evident that a candidate for a commission in the army may pass the ordinary medical examination, and yet may have so injured his mental and bodily vigour by the severe mental strain that his studies have imposed upon him, as to be incapable of afterwards reaping those advantages that are inseparable from the possession of a good constitution. It is natural that such an innovation as that proposed would be received with a certain amount of suspicion, but the criticism which the subject elicited turned more upon the method of carrying it out than upon the principle it involved. Lord Cardwell said the subject was a difficult one, and reminded the house that in modern warfare the principal secret of success was intellectual efficiency. But in answer to this we would say that it is intellectual efficiency of a peculiar kind, not that which is the outcome of mere book-learning, but that which results from the duo exercise and gradual development and improvement of both the intellectual and physical powers, and whose final expression is that sound judgment, clearness of intellect, self-possession, readiness of resource, and good common-sense, which are so characteristic of the smart and intelligent officer, or successful general.

The Army compared with Civil Practice.

We published recently the letter addressed by the War Secretary to the Irish Medical Schools, in which information was requested respecting the earnings of civil practitioners during successive periods of their professional career—it being desired to contrast the financial position of the Army Medical Officer with that of the Civil Practitioner. To this letter the Professors of the School of Physic of the University of Dublin have sent the following reply:—

Trinity College, Dublin,
May 23, 1878.

Sir,—I am instructed by the Professors of the School of Physic in Ireland to express their regret that it is not in their power to give a detailed answer to Secretary Colonel Stanley's letter of 27th ult., as they do not possess the data necessary for such an answer.

The Professors, however, desire to make the following statement, for the information of Secretary Colonel Stanley:—

The medical graduates of the University of Dublin are all obliged to undergo, in addition to the usual training in medicine and surgery, a further liberal training in arts, during four years; as it has been the invariable practice of the University of Dublin to require graduation in arts as a necessary preliminary to graduation in medicine. In consequence of this practice, the medical graduates of the University of Dublin possess an education superior to that of the medical graduates of Universities not requiring degrees in arts, and, of course, superior to that of licentiates and members of the Colleges of Physicians and Surgeons.

It thus comes to pass that our graduates are entitled to seek, and do seek and obtain, positions in civil practice, from the outset of their career, superior to the ordinary Poor-law appointments open to the competition of all registered practitioners in Ireland.

Even these appointments are, on the average (including emoluments as well as salaries), worth £145 per annum; a sum which a moderately well-educated man would, in most cases, from the outset, convert by private practice into double that amount, with prospects of still further increase, varying according to the locality.

The higher class of appointments open to our students are worth fully £500 per annum.

Any desire to enter the Army Medical Service, which existed on the part of the graduates of the University of Dublin, did not depend on financial reasons, but on the popularity of the Army Service itself among all classes of educated Irish gentlemen.

The causes referred to in our letter to Mr. Secretary Hardy of 18th ult. have rendered the Army Medical Service distasteful to the feelings of educated gentlemen: and this class of candidates will not come forward in large numbers until the social disqualifications attaching to the Army Medical Service are frankly removed, and the medical officer admitted to a full equality with the combatant officer in social rank and position in the Service.

I am instructed, finally, to state that it is the opinion of the Professors of the School of Physic that if the examinations for the Army Medical Service included a large element of classics and science, as well as of medicine and surgery, a better class of army medical officers would be at once secured; and all difficulty on the part of their brother officers to concede them equal social privileges would disappear, in consequence of the superior education of the medical officers selected under such a system. The improved examination here suggested would continue to be, as the present examination is, competitive.

I have the honour to remain,
Your obedient Servant,
SAMUEL HAUGHTON, Clk., M.D.,
Medical Registrar.

Ralph Thompson, Esq., C.B.,
Under-Secretary of State for War.

The Local Government Board and Dr. Meehan, of Kilmallock.

IT will be recollected that the Local Government Board refused to sanction the appointment of Dr. Meehan (who had suffered sentence in connection with the Killmallock insurance frauds), to the Limerick Workhouse, and on the Board of Guardians remonstrating against this refusal, they threatened a sealed order if the appointment of another person were not proceeded with. It would seem that the Local Goverment Board has had occasion to reconsider the matter, for at the last meeting of the Board of Guardians the following letter was read :—

Local Government Board,
Dublin, 4th June, 1878.

SIR,—With reference to the recent removal of Dr. Meehan from the office of visiting medical officer of the workhouse of Limerick Union by sealed order of the Local Government Board for Ireland, I am directed to state for the information of the Board of Guardians that the Chief Secretary of the Lord Lieutenant is in communication with Mr. Butt, M.P. for Limerick, on the subject, and that he is desirous nothing further should be done in reference to the case until he has had a full opportunity of making to him any further statement which he may have in view, although at present the Chief Secretary has no reason to question the correctness of the decision arrived at in Dr. Meehan's case.

By order of the Board,
B. BANKS, Secretary.

After a warm discussion the board decided, by a large majority, to postpone the election of a resident medical officer and a resident apothecary, pending the inquiry, which it was intimated, the Chief Secretary was instituting into the case of Dr. Meehan.

The Health of Dublin.

THE health of the city shows (for the week ending June 1), a sudden and great improvement. The mortality rate has fallen to 25·1 per 1,000 of the population. The small-pox deaths were the same in number as those of the preceding week, but the admissions to hospital had fallen to 70 (or 24 less than the previous week) and the cases in hospital to 239 or 28 less.

Hereditary Transmission.

A CORRESPONDENT, in our contemporary, *Nature*, reports a curious case of hereditary transmission in a slave. "Capt. D'Urban, of H.M.S. *Griffin*, having captured off the south coast of Martinique a Portugese slaver, called the *Don Francisco*, landed in this colony the living freight of 437 human beings, who, about two months previously had been forced from their homes on the banks of the Congo, to be sold in Cuba. William Laidlaw, one of the liberated slaves, gives to me the following interesting details of hereditary transmission in the African, which I believe will be interesting to the readers of *Nature* :—

"'I am about sixty or sixty-five years of age, and was born with six fingers on each hand. Soon after my "freedom," I married a woman from "our country." We had four children, two being boys and two girls; they were born with six fingers on each hand, and one of the girls had six toes on each foot. My eldest son, Robert, who is married and settled in Demerara, is the father of two boys, whe have six fingers on each hand. My second son, William, who is working with me on the Goodwill sugar plantation, married, and his wife had five children; they were born having the same peculiarity, but I regret to say none are living.'

"I yesterday sent for William Laidlaw, and have substantiated his father's statements. I measured the sixth fingers; the one on the right hand is exactly 1¼ inch in length, and has a perfectly formed nail, the one on the left showed traces of having been partially amputated."

Throat and Ear Hospital, Dublin.

DR. POPE has been appointed one of the medical officers of the hospital, in the room of Kendal M. Franks, M.D., who has been appointed surgeon of the Adelaide Hospital.

IN view of the new charter, enabling the University of London to confer degrees on women, and the increased demand for the higher education of women, the Council of University College have determined to provide for them systematic instruction in regular college classes. In most subjects the junior classes for women will be distinct from those attended by male students. The senior classes will more generally be open to both sexes, and those classes which are already open to both—as Fine Arts, Philosophy of Mind, &c.—will remain so.

THE annual rate of mortality in the principal foreign cities, according to the most recent weekly official returns, were in Calcutta 40, Bombay 43, Madras 46; Paris 23; Geneva 22; Brussels 26; Amsterdam 27, Copenhagen 22; Stockholm 29; St. Petersburg 57; Berlin 27, Hamburg 27, Dresden 28, Breslau 32, Munich 35; Vienna 38, Buda-Pesth 43; Rome 28, Naples 37, Turin 34, Venice 28; Alexandria 40; New York 22, and Philadelphia 18. The 726 deaths in St. Petersburg included 158 from fevers.

PROF. VIRCHOW, of Berlin, believes he can furnish proof from a Bulgarian skull, that the Bulgarians are not of Slav, but of Turkish origin. For this purpose Herr von Hönika will shortly bring from Roumania fifteen skulls of Bulgarians who were killed by the Turks near Kadikoi, and which have been prepared at the request of Herr von Hönika by Dr. Markovics in Sistova.

THE Russian troops appear to be still in a most unhealthy state. From Helsingsfors we learn that the sickness in the Finnish battalions of the Guards has increased rather than diminished since their return from the war. Every day new cases arise. Spotted typhus prevails, though it has not yet appeared outside the barracks. The soldiers are to be put under canvas outside the town.

THE death-rate throughout the United Kingdom was again exceptionally low last week, being 21 per 1,000 in London, 22 in Glasgow, 24 in Edinburgh, and 25 in Dublin. In the other large towns the majority were below these figures, the highest being Sunderland with 27 per 1,000 of its population.

THE mortality from small-pox again declined in the metropolis last week to 40. Of these, 20 were certified as unvaccinated, 11 as vaccinated, the remainder being uncertified. There were 15 deaths from this disease in Dublin, and 1 in Sheffield, no others being reported.

Correspondence.

"ON BLOOD-LETTING AS A THERAPEUTIC."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just read with much pleasure a letter on the above subject in yesterday's issue of your journal by Mr. O'Flanagan. The able writer of that letter has stated what it has been his lot to witness with a most commendable frankness. He lives in a district where acute diseases are most likely to be common enough, and, therefore one in which such a remedy as blood-letting can be fairly tested. I have nothing new to add to what Mr. O'Flanagan has set forward, but am writing for the useful purpose of corroborating that gentleman's experience by what it has been my own fortune to behold. When I assisted Mr. Crockett, Chief Surgeon, Cyfarthfa Iron Works—a gentleman both brilliant as an operator, and painstaking and accurate as an observer, I had abundant opportunities of testing the efficacy of blood-letting in such diseases as Mr. O'Flanagan makes mention of, particularly hepatitis, nephritis, pleuritis, and pneumonia, and the conclusion that forced itself on Mr. Crockett, as well as on myself, was, that sooner or later the enlightenment which facts necessarily create would be as powerful in reviving blood-letting as a most valuable therapeutic agent, as prejudice, if not ignorance, had been in effecting its decay. I have witnessed truly marvellous results from this topical remedy—results as comforting to the patient as they were agreeable and encouraging to ourselves—in nearly all of the diseases mentioned by Mr. O'Flanagan.

I am of opinion that leeches have been cast too much into the shade by practitioners in this country, and can vouch for the persistence in, and the success of, the judicious use of leeches by general practitioners in Ireland. I trust, therefore, that Mr. O'Flanagan's letter may be the means of stimulating scientifically-disposed practitioners to give to blood-letting a fair trial, and to the profession at large what I confidently anticipate, the favourable result.

And setting aside the subject matter itself, permit me, Sir, to call the attention of your readers to the simple, yet admirable style in which Mr. O'Flanagan's letter is written. At present a good deal is being written about what constitutes the educated physician, but my opinion has always been that the capacity and literary taste of the man himself and not the degrees which he may have obtained, make up what is called "the man of learning." No cramming in the collateral sciences, nor getting off translations of the ancient languages can compare for one moment with the immeasurable advantages to be derived by a careful study of the writings of Swift, Goldsmith, and Addison. It is a standing disgrace to the general practitioner, and very often to the pure physician or surgeon that, of all other things, that of which he is most ignorant, is the simple use of his native language. Is such not deplorable? It is, however, a glaring truth. "Language is the armoury of the human mind, and at once contains the trophies of its past and the weapons of its future conquests." Such was the opinion of the immortal Coleridge, and in doing honour to this opinion, and in the endeavour to raise the profession in a literary, as well as in a scientific sense, let us cultivate our own language. Until we do this we can neither speak nor write with pleasure, and with but little advantage.

I am, Sir, your obedient servant,

38 Alton Street, Blackburn, May 30, 1878. JOHN LOWE.

ARMY MEDICAL SERVICE IN INDIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At the present time when the wrongs of the Army Medical Department, are receiving such attention from the various Licensing Bodies in this kingdom, and when the military authorities are making such anxious but ineffectual bids to secure a supply of qualified practitioners for the service, the following extracts from the letter of an old pupil and friend of mine, now serving abroad, will command some interest, and throw some light upon the treatment which aspirants for medico-military honors are to expect.

I am Sir, your obedient servant,

W. THORNLEY STOKER,
Prof. of Anatomy, Royal Coll. of Surg., Ireland.

"You will be surprised to hear that after a year's service, and having gone through the session at Netley, we come out here to find we are only probationers. I send a copy of Surgeon-General Gordon's memo. on the subject, with the instructions from the Madras Medical Code, and we only receive rupees 317-8 a month, which is exactly the same as assistant-surgeons received ten years ago, when the pay at home was 10s. a day. I suppose we are to be treated as probationers for ten years, and receive the same pay all the time in India."

CONFIDENTIAL. Surgeon General's Office,
Cir. Memo., No. 4-78. Madras, 20th Feb., 1878.

The Surgeon General desires that the instructions contained in the Madras Medical Code, vol. i., sec. ii., para. 22, down to the words "Inspector-General's Office" in clause (*c*) be made applicable to young officers of the Army Medical Department.

2. The selections from the case-books referred to at clause (*c*) to be forwarded to the Surgeon General's Office B.M.S. Fort. Saint George.

3. Dr. Gordon also solicits attention to the remarks contained in his "Notes on the Hygiene of Cholera," chapter C. i. para 8, page 203.

By order (Signed),

G. B. MOUAT, M.D., Surgeon Major,
Secretary to the Surgeon General, B.M.S.

(*Extract from Medical Code*, vol. i., para. 22, sec. ii).

Instructions for Probationers.—The following detailed instructions relative to probationary duties are to be strictly observed by all concerned:—

(*a*) Assistant surgeons are directed to apply themselves to the study of Indian diseases, and their appropriate treatment. They are to observe carefully the practice of surgeons under whom they are placed, and they will be permitted to treat, under the strict supervision of the surgeon of the hospital, such cases, medical and surgical, as he may entrust to them.

(*b*) It is to be distinctly understood that the sole charge of severe cases of disease, where the preservation of the patient's

life depends on the treatment pursued, must not at first be entrusted to assistant surgeons doing probationary duty.

(*c*) Assistant surgeons will keep journals of their cases, according to established form, in their own hand-writing. Under ordinary circumstances, every case entrusted to their charge must be entered in the journal. The surgeon in charge of the hospital will consider it his duty to record in the probationer's journal such remarks as he may consider necessary on any of the cases, and to note any errors or omissions in the daily entries. At the end of every month, the assistant surgeon will make a selection of not less than six cases, which have been recorded in the journal, and submit them through his immediate superior to the deputy inspector-general of hospitals of the circle, who will transmit them to the inspector general, Indian Medical Department.

(*d*) The cases so selected should be fully reported, both as to diagnosis and treatment. They should be copied on sheets of foolscap paper, stiched together, folded, and docketted like other professional papers. It is especially directed that each monthly journal shall contain a full commentary on the cases treated, and that whenever cases have ended fatally, the pathological conditions of affected organs shall be fully noted.

(*e*) Deputy inspectors-general of hospitals are enjoined to inspect all probationary journals with particular care, and to enter their opinions in the way of comment on such points of practice as may appear to require notice. If the deputy inspector-general feels it necessary to enter critical notes on the journals, they are to be returned to the young medical officer, before being passed on to the Inspector General's Office.

COUNTY INFIRMARIES AND WORKHOUSE HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Such a long interval had occurred since my letter in reply to Dr. Laffan without any further communication on his part, that I was beginning to hope my arguments had satisfied his offended *amour propré;* such, indeed, seems to have been the case, as in his last letter to your journal he has left argument in the background, and has even failed to bring up fresh forces to the assault; I am, therefore, at a loss on what point to attack him. I must, however, premise any remarks I may have to make by an acknowledgment of the courteous tone of Dr. Laffan's letter, and I assure him he only does me justice when he retracts his former assertion, "that it was my intention to cast a stigma on the professional character of workhouse medical officers." As I have before said, nothing could have been further from my thoughts. I did, however, intend in my report to demonstrate some of the advantages infirmaries undoubtedly possess over the generality of workhouse hospitals, and some of the arguments I adduced in support of my statement will be referred to later on in this letter.

The compilers of hospital statistics must of course, as Dr. Laffan states, expect criticism, and criticism is just what we, the surgeons of the Irish county infirmaries, solicit. It is not, however, our object to disparage workhouse hospitals, far from it; but it is our anxious desire—not, of course, from any personal motive—to preserve intact the Irish infirmaries, and, in order to do so, it is necessary to keep prominently before the public the great advantages conferred by each infirmary on the county in which it is situated. It is in furtherance of this object that I have drawn up and published an Annual Report of the Tyrone County Infirmary, much to the satisfaction of the governors, and, I believe, of the public, many of whom had previously no idea of the work done in their county hospital. Dr. Laffan states that in your editorial note to his first letter, you and I are agreed, "that no reflections were intended to be made on the skill of the workhouse medical officers;" he holds, however, that such is not the meaning conveyed by my language, and, in support of his argument, he makes the following extract from my Report for the year 1877: "I briefly pointed out the disadvantages the patients labour under as compared with county infirmaries in the scientific treatment of medical, and especially of surgical, diseases, I endeavoured to point out the necessity for a central hospital in each county for the treatment of severe medical and surgical cases, and I drew attention to the irreparable loss the medical profession in this country would suffer by the general closure of county infirmaries." Now, Sir, Dr Laffan has omitted your words from the commencement of this paragraph, which alters materially its whole aspect; the words are: "In my previous report," *i.e.*, for the year 1876. On referring to this document, I find the following: "It seems to me a necessity that the respectable farmers, servants, and shop assistants should have some shelter when overtaken by severe illness, and it is impossible to expect them to avail themselves of the workhouse hospitals, the very name of which inspires a certain loathing, which, however we may regret, and which may appear uncalled-for, still exists. Besides, every county should have at least one central hospital where important surgical operations could be performed with some chance of success. In the workhouse hospitals, patients have not, indeed, cannot have, the same nursing and attendance that is absolutely essential in a well-managed hospital; they have not as many comforts, neither have they a resident medical officer, which is a necessity where important operations are undertaken." Is there here one word disparaging to the workhouse doctor? I can see none, and I am sure Dr. Laffan himself will be the first to admit that there is none.

In the concluding portion of his letter, Dr. Laffan states that your objection to the workhouse hospitals consists in the fact that severe surgical cases are scattered indiscriminately "'mid a crowd of lighter ones;" this is not so, as Dr. Laffan will see by a reference to your editorial note of the 24th ult., where you enumerate correctly many other reasons for your belief. Dr. Laffan is, however, much mistaken if he supposes that county infirmaries are merely receptacles for severe surgical diseases, where, according to him, these cases are collected "in one seething mass." A reference to the table of admissions to the Tyrone Infirmary for the past year will prove how much he is mistaken in this particular, as in others.

County infirmaries are doubtless central hospitals intended for the reception, not of trivial, but of severe medical and surgical cases, which require more than ordinary care and attention; it would, however, be a sad commentary on these institutions to suppose that their hygienic arrangements are so imperfect that the patients are necessarily congregated in one seething mass of human suffering. On the contrary, the Irish infirmaries are, as a general rule, well-found hospitals, furnished with all the necessary medical and surgical appliances that modern science demands, well-constructed, possessing every possible comfort that a good hospital can afford, having a fair system of nursing, and, above all, the hands of the surgeon being supported by an admirably constituted governing body, which, I much fear, present attempts at legislation will find it hard to improve, and not fettered by the fear of a board of guardians and their peculiar ideas of economy. Many other powerful arguments in favour of the maintenance of the county infirmaries could easily be adduced, but with what object? Surely enough has been said to prove—1st, That it never was my intention to call in question even in the slightest degree the scientific attainments of the Irish workhouse doctors; and 2nd, That county infirmaries possess advantages for the treatment of disease and injury that workhouse hospitals cannot possibly afford.

In conclusion, I beg to thank you, Sir, for your kindness in publishing this letter, which has reached an inordinate length; the importance of the subject, however, requires more than a mere passing notice.

Yours truly,

EDWARD C. THOMPSON, M.B.,
Surgeon, Tyrone Infirmary.

Omagh,
May 31, 1878.

Literature.

A TREATISE ON CHEMISTRY. (*a*)

NOTWITHSTANDING the redundancy of the smaller works devoted to chemistry, those which, from their copiousness, can lay claim to be considered as "treatises" on the science are really very few in number. Yet the rapidity with which successive editions of these more exhaustive works are absorbed shows that it is not so much for lack of readers as for lack of authors of sufficient energy and experience to furnish new ones, that such books are not more numerous. The growth

(*a*) "A Treatise on Chemistry." By H. E. Roscoe, F.R.S., and C. Schorlemmer, F.R.S., Professors of Chemistry in Owens College, Manchester. Vol. i.: Non-Metallic Elements. London: Macmillan and Co.

of the science of chemistry has been so rapid and so constant, and the records of its progress are so widely scattered, and written in so many different languages, that to produce a work which shall be really *au courant* with the times, and chronicle the more important advances in pure and applied chemistry, would require a mind of no ordinary grasp and a perseverance of no common standard. In the present instance the labour has not devolved on one man, but on two, who are colleagues at Owens College. The gentleman whose name appears first upon the title-page is well known for his many investigations in spectroscopy and inorganic chemistry, and has for years past paid much attention to applied chemistry, for the study of which his post as a professor of chemistry and technology in a manufacturing district like Manchester gave him ample incentive and opportunity; while the second—the professor of organic chemistry in the same college—is one of our most ardent workers in the field of organic research. Taking the names of Roscoe and Schorlemmer together, it is scarcely possible to have a better guarantee that all branches of chemistry will be adequately dealt with.

It is, however, somewhat to be regretted that in a work of the comprehensive nature this is evidently intended to become, and divided into volumes published at different dates, the authors should, in their preface, give no sketch of the plan on which their treatise is to be arranged, or of how many parts it is to consist.

The present volume (the only one yet issued) (*a*) has for its sub-head "Non-metallic Elements," to the study of which it is chiefly devoted. There is also an historical introduction and a chapter on General Principles, and, at the end of the volume, a chapter on Crystallography.

The "historical introduction"—a brief essay on the history of chemistry up to the present time—is a new feature in an English chemistry book, but the information given is well worth studying by those who desire to become scholarly chemists. The foundation thus laid is extended in the body of the work by the constant allusion to the names of the investigators, and by foot references to the original memoirs. Not only does this practice add weight to the information, and do justice to the original investigator, but it affords the student the opportunity, otherwise difficult of attainment, of referring back to the original paper should he require greater fulness of detail. So constantly do the authors recognise this, that one feels some little surprise whenever the authority is withheld. For instance, one would have liked to see Ansell's name mentioned as the originator of the "Osmometer" apparatus, described on page 86, for giving warning of the outbreak of fire-damp in mines. (*b*) Again, as being a fact we have not previously seen recorded, we should have been glad to see the authority given for the statement that Reinsch's well-known test for arsenic "can only be employed when the quantity of arsenic is present in considerable quantities, inasmuch as the greater part of the arsenic remains behind on the copper." We had ourselves always found Reinsch's test of considerable delicacy, while Dr. Wormley obtained a decisive sublimate from a solution containing but 1·10,000th of a grain. Speaking of this test in his "Micro-chemistry of Poisons" he says, "it serves to separate from complex mixtures, and reproduce in an unequivocal form a less quantity of the poison than any known test, excepting, perhaps, one of the methods of Marsh's process, with which, however, it is equally delicate."

The chemistry of the non-metallic elements is written in a condensed yet explicit style, suggestive of a professor's lecture notes, revised again and again; the subject matter is thus made most recent and complete. In fact, saving Watts's "Dictionary of Chemistry," we have no original English work which can compare with this book in the number of the compounds of the elements which are described. The instructions, too, for the preparation of all these bodies are unusually minute, and they are illustrated, when necessary, by woodcuts of the apparatus, or, in the case of great industries, by plans, sections, and elevations of the most modern "plant" in use.

Among the changes made by the authors in the chemistry of the non-metals, we notice that arsenic has been definitively added to their number. The atomic weights have been changed in accordance with the classical researches of Stas. Thus oxygen is no longer 16, but 15·96; carbon not 12, but 11·97; chlorine 35·37, instead of 35·5. Again, the manufacture of bleaching powder, usually treated under "chlorine," is to be reserved for the second volume, while urea, ethylene, coal gas, and a number of other bodies, usually described in the section on organic chemistry, are described in this volume.

A section which will be of interest to the medical man will be that on "natural waters;" and in it we notice two slips. After speaking of Frankland's and Wanklyn's methods of water analysis, it is stated that, "If now, by means of either of these processes, a water is found to contain more than 0·15 parts of albumenoid nitrogen to one million parts of water, it may be considered as unfit for drinking purposes." As a matter of fact, however, the results of the two methods cannot be put on the same footing, for by Wanklyn's process only about one-sixth of the total albumenoid nitrogen is evolved, whereas by Frankland's the whole is obtained. Thus, while Wanklyn gives 0·05 albumenoid nitrogen (equal to 0·06 albumenoid ammonia) per million, as the average amount in the London water supply obtained from the Thames, Frankland's average is about 0·32 per million (0·032 parts organic nitrogen per 100,000) from the same water; a difference of result which by no means bears out the statement quoted above, and which might mislead persons unacquainted with the peculiarities of the two methods.

The other error consists in ascribing to water from Ulleswater and the Thames at Kew an equal quantity of chlorine, represented by the figures 0·7 to 0·8 grains per gallon—a mark of quality that Thames water certainly does not come up to. The chlorine in the Thames at Thames Ditton averages 1·2 grains per gallon, and it is hardly likely to decrease in quantity after receiving the refuse of other places between Thames Ditton and Kew.

From a careful examination of this first volume, we should certainly place Messrs. Roscoe and Schorlemmer's work in the very highest rank among chemical text-books. If the succeeding volumes are only equally thorough, we know of no English manual which can be placed on a par with it.

(*a*) A second volume, as we last week notified, is announced as being nearly ready for publication.

(*b*) Had the very ingenious invention, "Ansell's Fire-Damp Indicator," been adopted by mine owners In 1866, when it was first offered to the public, the lives of thousands of human beings might have been saved to the country.

Hysterotomy in Dublin.

Dr. Thornley Stoker, of the Richmond Hospital, Dublin, performed the operation of removing the uterus on Thursday last, for an enormous myoma engaging almost its entire substance. The patient was twenty-six years of age, had borne a child, and suffered from the disease for two years. Extensive adhesions existed and presented much difficulty, the cervix uteri being ligatured and secured as a pedicle in the wound. By latest accounts the patient is doing as well as possible.

The Vice-President of the Irish College of Surgeons.

It is usual for those who seek the honour of the Vice-chair of the College to announce their candidature a year in advance. In compliance with this habit, Dr. A. H. M'Clintock, formerly Master of the Rotundo Hospital, and Dr. Chaplin, Surgeon to the Kildare co. Infirmary, have announced that they will present themselves for the office in June, 1879.

Medical News.

St. Thomas's Hospital.—The annual distribution of prizes to students in the College attached to this Hospital took place on Friday by Mr. Le Gros Clark, F.R.S., Hon. Consulting Surgeon to the Hospital. The following is the list of principal prize-takers:—Prizes for Summer Session, 1877—*First Years' Students:* W. A. Duncan, R. Heelis, and F. W. Nicholson each received the College prize and certificate of honour. *Second Year's Student's:* A. Newsholme, T. D. Savill, and Takaki Kanehiro each received the College prize and certificate of honour. Prizes for Winter Session, 1877-78.—

Entrance Science Scholarships: W. Wansbrough Jones, scholarship £60; A. E. Wells, scholarship £40. *First Year's Students:* W. Wansbrough Jones, the Wm. Tite scholarship £30; F. W. Stoddart, College prize £20; M. Jay, Wallaroo, College prize £10. *Second Year's Students:* W. A. Duncan, Manchester, Musgrove scholarship 40gs.; H. N. Holberton, Middlesex, College prize £20. *Third Year's Students:* A. Newsholme, College scholarship 40 gs.; A. Newsholme, College prize £20; Takaki Kanehiro, College prize £15. *Solly Medal and Prize*—C. E. Sheppard. *The Cheselden Medal in Surgery and Surgical Anatomy*—W. F. Haslam. *The Mead Medal in Practical Medicine*—S. J. Taylor, Grantham. *The Treasurer's Gold Medal for General Proficiency and Good Conduct*—S. J. Taylor.

The Metrical System amongst the Assyrians.

THE *Am. Journ. Pharm.* states that from the library of Sardanapalus, king of Assyria (found by Layard at Nineveh), it is proved that the Assyrians, some three thousand years ago, had a system of weights and measures almost as philosophical and methodical as the French metrical system, all the units of surface, volume, and weight being derived from a single linear unit. The base of the system was the cubit or elbow (equal to 20·67 of our inches). These cubits, multiplied with three hundred and sixty, gave the stadium measure for great distances. The fundamental unit of surface was the square foot (foot equal to three-fifths of the cubit). The cubic foot constituted the metreta (bushel), which, with its subdivisions, was the standard of all measures of capacity. A metreta of water was the talent, the unit of all measures of weight. The sixtieth part of the metreta gave the mine, and this, divided into sixty parts, the drachm. The weight of the metreta (or bushel, water) was about seventy avoirdupois pounds, the mine about 18·7 ounces, and the drachm about one-hundred and fifty-nine grains. The sexagesimal system appears to have been used in all these calculations, and is evidently a very practical one, combining the advantages of the decimal and the duodecimal systems.

Cadaver Alkaloids.

IN the course of toxicological researches, Prof. Selmi, of Bologna, recently found in extracts from the bodies of persons that had died naturally, several substances having the general characters of alkaloids. He supposed that these substances, which he calls *ptomaines* (πτωμα a corpse), arise from spontaneous decomposition of cadaveric matter, and this was fully confirmed. He was led to study the properties and mode of formation of these alkaloids, and the reactions which distinguish them from vegetable alkaloids. The grave consequences which may flow from a mistake in a medico-legal investigation, lend a special interest to Prof. Selmi's researches. A full account of them will be found in the *Moniteur Scientifique*, for May.

THE use of horseflesh is being slowly but surely developed at Marseilles. Thus, whilst there was only a consumption of 1,031 horses in 1875, it amounted in the following year to 1,068, and in 1877 to 1,142.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

R. RUDING, Secretary, the London and General Water Purifying Company, Limited.—Your letter received as we were going to press; it will be inserted in our next.

VALE.—Your communication received too late for insertion in our present issue.

CONSTABULARY ATTENDANCE AND REMUNERATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged if you can inform me whether a doctor in charge of police in his district is bound to attend not only the men but also their wives and children on the same remuneration as allowed by the R.I.C. regulations? For instance, if a man of the force, or any number of them, happen to be absent at a certain time the doctor of the district is minus the allowance, while, during his or their absence, the wife or children *may* require his aid, and for the latter is he not entitled to his fee?

Yours, &c.,
M. G.

[According to the Regulations ("Irish Medical Directory" for 1878, page 321) the medical attendant is bound "to attend the wives and families of men stationed in the district." The number of men to be paid for, each month, is to be the average number present during the month, to be ascertained by adding together the number present in his district on the morning of each Saturday in the month and dividing the total by the number of Saturdays. It would seem from these Regulations that if a man should be temporarily absent for any period less than a week he is, nevertheless, held to be "stationed in the district," is counted in the allowance, and entitled to the attendance of the medical man for his wife and family. If the man be absent for two consecutive Saturdays he is plainly not "stationed in the district," and his family would have no right to attendance; but we assume that the medical attendant would not decline to look after them unless the man was known to have permanently left the locality.—ED. M. P. & C.]

VACANCIES.

Kenmare Union, Kenmare Dispensary.—Medical Officer. Salary, £100. Election, June 26.

Limerick Union Workhouse.—Apothecary. Salary, £100, with apartments and allowances. Election, June 19.

Royal Bethlem Hospital for Lunatics.—Assistant Medical Officer. Salary, £300, with furnished residence. Printed forms of application can be obtained of Mr. Jeaffreson, at the Hospital. (See Advt.)

Southam Union, Warwickshire.—Medical Officer. Salary, £45 per annum, fees extra. Applications to the Clerk to the Guardians.

Westmoreland Lock Hospital, Dublin.—Resident Apothecary and Accoucheur. Salary, £75, with apartments and allowances. Election, June 14.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board, residence, &c. Applicants must be unmarried, and should address the Clerk to the Committee, Devizes.

Wolverhampton General Hospital.—House Surgeon. Salary, £100, with board. Applications to Mr. Vincent Jackson, at the Hospital.

Births.

BOURKE.—June 1, at 3 Great Denmark Street, Dublin, the wife of Martin E. Bourke, Surgeon, R.N., of a daughter.

LYSTER.—At Kilkenny, the wife of C. G. Lyster, F.R.C.S.I., of a daughter.

Marriages.

MACDONNELL—BURD.—June 1, at St. Mary's Disley, Cheshire, Hercules Henry MacDonnell, M.D., to Fanny Keogh Burd, daughter of John Burd, Esq.

WALSH—HALL.—June 1, at Limerick, Thos. Burke Walsh, L.R.C.S.E., of Ballyclough, Mallow, to Maria Louisa, eldest daughter of Ambrose Hall, Esq., J.P.

Deaths.

CROWLEY.—On May 21, at Bandon, co. Cork, Patrick Crowley, L.F.P.S.G., aged 42.

GROVES.—On May 29, at Upway, Dorsetshire, Matthias Groves, M.R.C.S.E., aged 32.

HUNTER.—On May 20, at Kilbirnie, Ayrshire, William Hunter, L.F.P.S.G., aged 53.

JAMISON.—On June 4, at Dungannon, co. Tyrone, George Jamison, M.D., aged 65.

KEALY.—On June 5, at Drogheda, co. Louth, John L. Kealy, M.D.

PARKS.—On June 3, at Bankfield, Ainsworth, James Parks, M.R.C.S., late of Bury, aged 65.

PENTLAND.—On May 31, at Queensboro', Drogheda, Henry Pentland, M.D., of Kells, co. Meath, aged 75.

WALKER.—On May 31, at Chesterfield, Hugh Eccles Walker, M.D., F.R.C.S., aged 62.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

Held at the ROYAL COLLEGE OF SURGEONS IN IRELAND *on* MONDAY, THE 3RD JUNE, 1878.

DR. A. O'KELLEY NOLAND (Gort.), Vice President for Connaught, in the chair.

REPORT OF COUNCIL FOR THE YEAR ENDING 31ST MAY, 1878.

MR. CHAIRMAN AND GENTLEMEN.—Your Council held four ordinary (and one special) meetings during the past year; and the Committee of Council (upon whom most of the business devolves) held forty-seven meetings.

The Public Health (Ireland) Bill.

The Public Health (Ireland) Bill of last year is still before Parliament. The Council are glad to report that, in consequence of the action taken under their direction, considerable and important modifications have been made in this Bill, all of which are favourable to the interests of the Medical Profession; the proceedings relative to this measure which have taken place since the last Annual General Meeting are as follow:—

On July 17th, Sir Michael Beach gave notice of his intention to have the Bill referred to a Select Committee of the House of Commons, and this proposal was carried into effec, a few days later. The Select Committee was appointed and met for the first time on July 23rd. In anticipation of this event, and acting under the advice of several parliamentary friends, your Council requested their Chairman to proceed to London with the view of watching the progress of the Bill on behalf of this Association; and having had their Observations on the Public Health Acts, and on the new Bill, revised and reprinted, a copy was sent to each member of the Select Committee, together with a letter and a copy of the report of the proceedings of the deputation which waited on the Chief Secretary in London on the 17th May, 1877; a special letter was addressed to the Chairman requesting that he would submit the Observations of the Council to the Select Committee, and asking if that Committee would receive such evidence as the Council were anxious to tender on behalf of the Profession, to which a reply in the negative was received; whereupon a further letter was addressed to the Chairman of the Select Committee, reminding him of the observations he made to the deputation on the 17th May, and informing him that the Chairman of Council was in London, and had been authorised to act on behalf of this Association. Although the Select Committee did not receive evidence, the views of this Association were fully brought under their notice by Mr. Meldon and Sir Arthur Guinness, the former specially undertaking to propose and support those amendments which immediately affected the interests of the Profession.

It will be remembered that the amendments proposed by the Council had the following objects, viz.:—

1st—To secure the title of "Medical Officer of Health" for the Dispensary Medical Officer.

2nd—To remove the objectionable provision by which a *maximal scale* of remuneration was fixed for their services under the Act.

3rd—To secure a definite and adequate fee for sanitary services on board ship.

4th—To secure remuneration for attendence at sanitary prosecutions.

5th—To secure an adequate fee for certifying for the removal of a dead body of a contagious disease.

6th—To secure constant and independent supervision by competent professional inspectors directly under the control of the Local Government Board.

The first of these proposals was carried by an amendment by which the position of the Dispensary Medical Officer is defined as "Medical Officer of Health," thus distinguishing him from all other sanitary officers.

The second point (the fixed maximal scale) was not carried before the Select Committee, but the Chief Secretary accepted an amendment subsequently proposed to the House of Commons by Mr. Meldon, which, if adopted by the Chief Secretary, will produce the desired result.

The third point (remuneration for services on board ship) has been secured by an amendment by which the fee is to be fixed by the Local Government Board, and as the Board has never fixed a lower fee than one guinea for such services where it had the power of regulating the amount, your Council expect that this point will be fairly dealt with.

The fourth point (remuneration for attendance at prosecutions) was carried before the Select Committee by a new clause drafted by the Chairman of your Council, which gives the Local Government Board power to regulate the fee. As it may be expected that the same scale of fees which is now in force by order of the Attorney-General for remuneration of medical witnesses at Sessions' Courts will be adopted by the Local Government Board, your Council consider this question also will be fairly settled.

Your Council regret that the fifth point (certifying for removal of dead bodies), owing to an accident, was never raised before the Select Committee; but it is said to be hoped that the objectionable ten shillings fee will be modified when the Bill again comes before the House.

The sixth point (supervision) still remains an open question. It was brought before the Select Committee, but as the Government already possesses the power of carrying out the proposal, the question must be settled by influencing the opinion of the Executive. This, there can be little doubt, has already been done by this Association, and it is now generally admitted that *independent supervision is necessary*; and your Council having good reason to believe that the Government has recognised this necessity, hope that it will provide efficient supervision in future.

It will thus be seen that nearly all the legislative points advocated by this Association, and by the Dispensary Medical Officers, in their petition, have been conceded by the Government, and that the proposition for efficient supervision has been favourably entertained. Under these circumstances, their Chairman, acting under the instructions of your Council, consented, on behalf of this Associations. to withdraw all further opposition to the Bill, which would

doubtless have passed but for opposition raised on political grounds, with which your Council were powerless to cope. Sir Michael Hicks Beach, when withdrawing the Bill, expressed a hope that "what had been done that Session would not be lost, but would assist the passing of the Bill next Session;" he also stated to the Chairman of your Council that he would give his support in the House to all the amendments which had been, at the suggestion of this Association, inserted by the Select Committee, as well as those subsequently agreed to.

Your Council have great pleasure in reporting that by his advice, their Chairman was able to render valuable service in improving the Bill in many ways, which, although not affecting the position or emoluments of the medical profession, have made the Bill a much more perfect measure than it otherwise would have been, and also have proved to the Government and the public that this Association is always willing to give its best aid in promoting measures for the improvement of the public health, although such improvement may not either directly or indirectly benefit the profession.

Upon the return of their Chairman to Dublin, your Council, in acknowledgment of the valuable services rendered by him, as well as of the success of his mission (notwithstanding his many great difficulties), accorded him an unanimous vote of thanks; and also unanimously adopted a resolution expressing the gratitude of this Association to Mr. Meldon, M.P., for his valuable advice and support.

(To be Continued.

THE following is the continuation of the correspondence with the Commissioners of Metropolitan Police respecting the duties of the police to give information to the coroner as to the medical attendant of the deceased person on whom an inquest is held.

Metropolitan Police Office,
Dublin Castle,
7th March, 1878.

SIR,—I am directed by the Chief Commissioner of Police to acknowledge the receipt of your further communication of 5th inst., and to state that the 22nd section of the Act 9 and 10 Vict., cap. 37, does not contain any reference to Medical Evidence. The words are, that the Police shall give "notice thereof (finding of a dead body) to the Coroner of such district, together with such information as he or they (the Police) shall have been able to obtain, touching the finding of such dead body or such death." The section further provides that the Coroner (not the Police) "shall issue a summons for every witness whom he shall deem necessary to attend such Inquest;" and under the 33rd section the duty of summoning some Medical Practitioner, as witness, is vested altogether in the Coroner. The 34th section gives power to the Coroner, on the requisition of the Jury, to summon some other legally qualified practitioner or practitioners by way of further evidence.

As the law, as will be obvious from the foregoing references, solely and wholly contemplates the Coroner as the only person legally qualified to summon Medical Practitioners as witnesses, the Commissioner begs you will be so good as to state whether the Irish Medical Association have brought under the notice of the Coroner for the City of Dublin the decision referred to in your letter of 21st ult. that the present "practice is illegal and contrary to the policy of the law, as defined by the 33rd section."

I am, Sir,
Your obedient servant,
J. A. CONOLLY,
Assistant Commissioner.

Irish Medical Association,
Royal College of Surgeons,
16th March, 1878.

To Colonel Conolly, V.C.,
Assistant Commissioner,
Dublin Metropolitan Police.

SIR,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter of the 7th inst., and to state that the reference in my former letters to the 22nd section of the 9th and 10th Vic., cap. 37, was made *solely for the purpose of pointing out the duties of the Police with regard to the "information touching a death," which they are thereby required to give to the Coroner;* no statement was made in any of my letters which bore the inference that *that* section contained reference to *Medical Evidence* at Inquests, and it would not have been called in question but for the statement contained in your letter of the 13th February—that the Commissioner of Police "regrets to say he is not in a position to take any step, as the law gives the Police no discretion in the matter;" the Council having been advised that it was obligatory on the part of the Police to give to the Coroner the information indicated in my former communications.

In the trial of the case, viz., "The Queen at the prosecution of Jacob *v.* Finlay," already referred to, the Coroner for Dublin City pleaded in defence, that *in every instance* in which he had been informed that a Medical Practitioner was in attendance, at or about the time of death, he summoned such Medical Practitioner and examined him at the Inquest; but as only *nine* Medical Practitioners, other than the Coroner's standing Medical Witness, were called on to give evidence out of a total of 263 Inquests held, it must be apparent that the Coroner *did not receive from the Police all the information* which they might and should have been able to obtain, in compliance with the 22nd section.

The Council are thoroughly aware that it is the duty of the Coroner, *not of the Police*, to issue summonses for the necessary witnesses; and that it is his duty to summon, as Medical Witness, a Medical Practitioner, *whose special qualifications to act as such* are defined by the 33rd section. The Council are also thoroughly aware of the powers vested in the Coroner and the Jury by the 34th section.

In reply to the question contained in your letter of the 7th inst., the Council have instructed me to state that, by order of the Court of Queen's Bench, the Coroner for the City of Dublin was served with notices similar to those served on Mr. Finlay; that the Coroner not only filed affidavits, but also appeared by Council as a defendant in the suit, and had to pay his own costs; but the Council cannot see that any omission on the part of the Coroner to comply with the law, can relieve the Police of the responsibility devolving on them under the 22nd section.

I am, Sir,
Your obedient servant,
JOHN H. CHAPMAN, Hon. Sec.
60 Pembroke Road, Dublin.

Metropolitan Police Office,
Dublin Castle,
22nd March, 1878.

SIR,—I am directed by the Chief Commissioner of Police to acknowledge the receipt of your further letter, bearing date the 16th inst.

In reply, the Commissioner has only to say that every legitimate duty devolving on the Police, under the Act in question, will be carried out by them.

I am, Sir,
Your obedient Servant,
J. A. CONOLLY,
Assistant Commissioner.

The Committee of Council are informed that the Instructions promised to be issued by the Inspector-General of Royal Irish Constabulary, in compliance with the suggestion made by the Council, have already been issued to the Constabulary.

The Committee of Council having requested the attention of Mr. Lloyd, Solicitor to the Association, to the audit of the accounts of the Corporation of Dublin, now taking place, a notice approved of by the counsel who represented this Association in the recent trial of the

case "The Queen at the prosecution of Jacob *v.* Finlay," was served upon the Auditor with a view to enforce the judgment of the Court of Queen's Bench in Ireland concerning the employment of Medical Witnesses at inquests, whose special qualifications to act as such are defined by the 33rd section of "The Coroners' (Ireland) Act" (9 & 10 Vic., cap. 37), and the Auditor has promised to give Mr. Lloyd due notice of the time he will enter into the investigation of payments to the Coroners' Medical Witnesses.

Abuse of Dispensary Medical Relief.

It will be remembered that, in March, 1877, a circular was forwarded to each dispensary medical officer in Ireland, putting some queries, and submitting some suggestions which were made with a view to check this defect. Over 300 dispensary medical officers responded; and Dr. Speedy kindly undertook the laborious task of examining and tabulating the replies, and he submitted a very carefully prepared and lengthy report on the subject to the committee of Council, who are of opinion that a favourable opportunity now offers of bringing this very important subject under the notice of the Legislature, and the various authorities, by communicating with the Poor-law Union Inquiry Commissioners, now collecting evidence with regard to Poor-law matters; and with this view the committee of Council have drafted a letter [we have referred fully to the letter already], which they believe embodies the views of the vast majority of the profession, at least of those who replied to the circular referred to, which they recommend to be sent to these Commissioners.

Examination of Alleged Dangerous Lunatics.

The committee of Council having very frequently received complaints from dispensary medical officers, who were not paid for examining alleged dangerous lunatics, ascertained that, in a great measure, the refusals were due to the fact that no form of application for such fees was in use; they accordingly drew up a form in compliance with the terms of the 14th section of the Lunacy (Ireland) Amendment Act (38 & 39 Vic., cap. 67), and have had it printed. A few copies of this form shall be sent to each dispensary medical officer who is a member of this Association, and further copies can be obtained on application to the hon. secretary. Whenever a dispensary medical officer is *called in by order of the Justices* to examine an alleged dangerous lunatic, he should fill in the required particulars in the form and present it to the Justices for signature, and when he receives it, so signed, he should at once forward it to the guardians of the Union for payment; it should, however, be observed that the Justices are not empowered to order payment of a fee for examination of an alleged dangerous lunatic *unless the examination has been made by their order.* It is not necessary that the alleged dangerous lunatic should be certified to be a dangerous lunatic, or even merely a lunatic, to entitle the medical officer to a fee, as the fee is allowed for the *examination;* and it should also be borne in mind that the Justices have power to refuse, if they see fit to do so, to certify for the payment of any fee for such examination.

The following is the form of certificate referred to, and the committee of Council propose to supply forms of a like nature for all similar purposes.

38th and 39th Vic. cap. 67.

"Lunacy (Ireland) Amendment Act."

Whereas, on the day of 18 , one was charged before us as being a Dangerous Lunatic; and whereas we caused the said to be examined by Dr. the dispensary medical officer employed as directed by the Act; we hereby, in pursuance of the powers vested in us, make an order on the guardians of the Union, to which said belongs, for the payment of as reasonable remuneration to the said medical officer, as provided by the 14th section of the above Act.

Signed,

_____ } Justices
_____ } of the
_____ } Peace.

day of 187 .

Examination af Harmless Lunatics.

The committee of Council having observed that a Commision has been appointed by Parliament to inquire into the arrrangements relating to lunatics in Ireland, addressed a letter to the Commissioners, which has already appeared in the columns of the MEDICAL PRESS.

(To be continued.)

THE WORKING OF THE PUBLIC HEALTH ACT.

THE annexed correspondence, comprising the letter from the Local Government Board and the report of Dr. Moore, the sanitary officer, addressed to the guardians of the Ardee Union, reveals a sad state of matters in the Ardee district.

"The Local Government Board for Ireland acknowledge the receipt of the minutes of the board of guardians of the Ardee Union of the 30th ult. . . . . The Local Government Board regard default in sanitary matters in the same light as default in the execution of duties under the Poor-law Act. The Local Government Board request that the guardians will be good enough to have the defects in the pumps and their surrounding which the sanitary officer has pointed out, remedied without further delay, and that they will call on that officer to furnish a report in the proper form as to each nuisance which he may consider dangerous to health, stating at the same time his opinion as to the best means of abating such nuisance, and of preventing its recurrence. The clerk of the union should enter each of the sanitary officer's reports in the minutes, with the order made by the guardians in each case.

"B. BANKS."

The following is Dr. Moore's report:—

"In compliance with your application I have to state in reply, speaking generally of the entire district, there are no sanitary arrangements carried out, and if I except the exclusion of pigs from the dwellings, which is not pretty general, the same state of things remains as before the Sanitary Act came into operation. Cess-pools and manure heaps close to the cabin door are still as common as ever. Even with houses provided with reres, fowls are universally housed with the family, and occasionally the pig, goat, and donkey. Many houses, even in the country, are totally unprovided with reres, while others which have been reported as uninhabitable are still in the same state, and occupied. So much for the district in general. Now for the town of Ardee, the chief centre of population in my district. The lanes are, as a rule, kept in a most filthy condition; the main street is kept clean, and is healthy in dry weather, or when heavy rains have flushed the water-tables, but in sultry weather the condition of these water-tables is most offensive. This nuisance is caused by the vicious practice which prevails in this street of running a narrow gullet from the rere to the water-table in front, which not only contaminates the air of the dwelling under which it passes, but frequently discharges most offensive matter on the public street. An objectionable manure-heap and filthy pig-sty at the rere of many houses, feed these small drains. The extent of these abominations may be estimated by the amount which is barrowed through dwellings (!) into the public street for sale at this season of the year. The pumps erected by the Town Commissioners and Board of Guardians are in general (not all) in working order, but as rule no provision has been made around those pumps to carry off the waste water."

The state of affairs here depicted is that which exists in

most Irish towns. It happens to come under the notice of the Local Government Board because it is forced upon their consideration by the medical officer. They have no inspection to enable them to know anything about it, and they set their face against providing any such inspection.

MOUNTMELICK UNION.

DR. WILKINSON'S SUPERANNUATION.

Mr. Phillips in proceeding with his notice of motion regarding the above, regretted that it had not fallen into better hands. He observed that Dr. Wilkinson had fulfilled all the requirements of the Act relating to superannuation, and that he was perfectly eligible for it. He was upwards of seventy years of age; he had spent twenty-six years in the service of the board, well and faithfully, and he was now in a poor state of health. When this matter was discussed on a former occasion, it was argued that in determining the superannuation they would give, Dr. Wilkinson's emoluments should not be taken into account; but the Act 35 and 36 Vic. cap. 89, provided for that difficulty, and said "The emoluments of his office on the average of three years may be taken into calculation by the guardians." This set all doubts on the matter aside. Dr. Wilkinson's superannuation was based on the average for the years 1875, '76, and '77. His salary and emoluments for the three years made up a total of £387 5s. 2d. or £129 1s. 8d. per year; and the two-thirds of that, which it was now proposed to give him, was £86 1s. 1d.

Mr. Reeves seconded the motion. He remarked that Dr. Wilkinson was an old man who had grown grey in their service, and whose feet, he might say, were now in the grave. He had lived in a very poor district, where there were little opportunities for private practice. It would be useless for him to take up the time of the board in saying anything more, as a great many guardians came there pre-determined to vote one way or the other; but if they wished to have a good set of officers in the union they should show those who served them faithfully that they would give an adequate reward.

Mr. W. H. Cobbe followed. He designated the superannuation allowance all through his observations as outdoor relief (to which several guardians took exception), and urged that they had fulfilled their contract with Dr. Wilkinson, who until within the last few years could not have expected superannuation, because the Act was only passed in 1874.

Mr. Cullen moved the following amendment:—

"That the medical officers having gladly accepted their situations at three-fifths of their present salary, without any expectation of superannuation, it is an act of injustice to appropriate any portion of the rates to their superannuation."

Mr. T. Cobbe's amendment for £52 was then put, with the following result:—For, 16; against, 24.

Dr. Rice applied for a fee of £2 for assisting in a midwifery case. The order for his attendance came through the medical officer, who required his assistance, the relieving-officer having given the necessary order to the latter.

On a division, a majority of 16 to 10 voted for the £2, whereupon Mr. Cobbe handed in a motion calling the attention of the Local Government Board to the matter on the grounds that Dr. Rice was not employed directly by the relieving officer.

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JUNE 1, 1878.

Total registered deaths in Dublin and suburbs*	...	152
Ten years average of same week	...	146
Excess of mortality above average	...	6
10 weeks' ratio of deaths Rathmines	22·4	per 1,000
" " " Donnybrook†	26·9	"
" " " Blackrock	14·4	"
" " " Kingstown	17·1	"
" " Entire Dublin District	25·1	"
Comparative Ratios—London ...	20·7	"
" " Glasgow ...	21·8	"
" " Edinburgh ...	23·6	"

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, June* 1, 1878; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, June 1, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	25	218	152	20	32	15	...	1	...	7	7	3	6	5	62
Belfast . .	20,687	182,082	28	152	98	20	11	4	1	3	...	2	4	3	1	...	21
Cork .	13,816	91,965	25	48	45	10	17	...	...	...	..	2	...	...	1	4	2
Limerick .	8,509	44,209	29	45	25	2	7	..	...	...	...	1	1	...	..	..	10
Londonderry	21,865	30,884	22	24	13	1	1	...	...	...	...	...	2	...	...	1	2
Waterford .	17,209	30,626	36	25	21	1	6	...	1	...	...	...	...	...	..	...	6
Galway	21,358	19,692	34	15	13	1	7	...	...	..	...	...	1	...	...	...	5
Sligo . .	30,835	17,285	39	9	13	...	4	...	1	..	...	1	...	...	...	...	10

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 19, 1878.

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ON HEADACHE.

A Lecture delivered in Gresham College on May 10th, 1878.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Gresham Professor of Physic, &c.

THE Founder of our College desired that the Professors should deliver addresses of practical utility to the citizens of London, and it is my wish to carry out the intention of Sir Thomas Gresham, and to give to any here who suffer from headache, or have around them those who do so, such suggestions as may be of service in relieving pain and preventing the establishment of what might otherwise prove a life-long misery.

Headache is merely the name of a symptom which may occur in a multitude of disorders. It is often met with in the course of jaundice or kidney disease, and is then regarded as part and parcel of the deeper underlying ailment. The term, however, is employed mainly to describe those conditions in which head-pain is the pronounced and manifest evil.

The better to understand the nature and varieties of headache, some description of the parts involved is needed. This anatomical description must be of the most general kind.

Beginning from the outside, there is first the hair, next the scalp, which covers the bone, next the bone covered by periosteum, and next the brain covered in its turn by the dura mater, a fibrous tunic which embraces and keeps it together, and sends partitions between the hemispheres and between the larger (cerebrum) and smaller (cerebellum) brain. The dura mater supports the vessels which convey blood to and from the brain.

This rapid survey sufficiently indicates that, as the parts affected are various, so the painful sensations to which these parts are subject may be various in kind, in degree, and in results.

Headache, like any other pain, is given as a warning, not to be slighted but to be attended to, and very often it is the earliest evidence of removable mischief, which, if neglected, passess into hopeless disorganisation.

The scalp may become tender and painful from hard brushing, parting the hair in an unusual place, or hanging on to it a weighty superstructure.

Those who have too much hair or wear it too long have headache sometimes in consequence, and persons leading a sedentary life with excess of food and wine, find the tonsure promote coolness of head and freedom from oppression. The malady as it affects gouty subjects is often accompanied by heat of head, and it is a good thing for gouty old gentlemen that they are often bald. *Gouty* headache is accompanied by fulness, flushing of the vessels, and if neglected may lead to giddiness and apoplexy.

Rheumatic Headache attacks those who are not comfortably housed and well supplied with warming food; it favours persons living in damp low-lying situations or exposed to raw winds when imperfectly clothed; it fixes itself in one part of the aponeurosis between the scalp and skull; and notwithstanding warmth, anodyne embrocations, and alkaline draughts, it is very apt to remain for several days, and only yields to iodide of potassium and sarsaparilla.

This differs from *neuralgic headache* which occurs in plunging paroxysms like tooth-ache. Often it depends on a bad tooth and is removed with it, or it is intermittent and dependent on ague or marsh poison, in which case it may be cured by a good dose of quinine. Sometimes intense neuralgic headache depends on a swelling on the nerve as it passes a foramen or hole in the skull, and then mercury or iodide of potassium must be relied upon.

Nervous Headache, as it is called, is not like *Neuralgia*. To depict a case: here is a pale, thin woman, with bright eyes and an anxious over-wrought expression, who tells us she is a martyr to it; sometimes she is free for weeks, but when she is "put about" or worried, the head is almost constantly aching, unfitting her for work and making life a burden. It cannot, she tells us, be due to

over-eating, for she takes little besides tea and toast, she never takes any breakfast, and the pain is worse in the morning. The pain is, indeed, "the prayer of the nerve for healthy blood." On inquiring the cause, we find that it began first years ago, when her nights were disturbed by a sick child and by her husband's misfortunes.

Cases of this kind are common among seamstresses and underpaid washerwomen, but they are not rare in the higher walks of life, for the ladies who look so graceful and prosperous in their luxurious carriages are often harassed by anxieties we know not of, and tormented by carking cares to which the poor are strangers. These are cases in which valerianite of zinc is useful; the attack may be lessened by *guarana*, the new popular tea-like drug; but to supply the worn nerve with good blood is the real point, and food containing fat is essential, as milk and cod-liver oil, and let bread and milk take the place of tea. Although wine or spirit *taken with food* may be of real temporary benefit, it is the doctor's duty in cases like this to discourage the use of alcohol, for soon a craving for it will be developed, which, from weakened powers of resistance, the patient will be unable to escape.

The very opposite conditions to those just described give rise often to headache. I mean not defective or lacking nourishment but over-eating. Bad cooking or imperfect mastication *may* be the cause, but generally eating too fast or eating too much is the evil. Some may remember my allusion in this Hall years ago to the evil of *Luncheon Bars*. The observations were quoted in some of the commercial papers of this city, and I hope have been taken to heart by some; there can be no question that many become dyspeptic and get headache because they allow themselves but a few (five or ten) minutes to "bolt" (no other term is appropriate) a plate of meat, with beer and perhaps cheese and salad, and are at their desk and bustling work without a moment's interval for the stomach to attack the food while the brain is untaxed. If the time is very short it is better to take a light meal than to "bolt" a heavy one.

In this dyspeptic form of headache the feet get cold, the head hot, and face flushed; soon a dull heavy pain comes with throbbing at the temples. The tongue becomes coated, mouth clammy, breath offensive. The pain shifts about, and is increased in the upright posture. The patient declares, perhaps, that the headache cannot be due to indiscretion in diet, for he had a specially light, wholesome meal the previous day; on inquiry, it will be found to be due to an error two or three days before, or most probably a wrong plan long followed.

Headache from over-eating in children, may be relieved by an emetic. Growing children *must* have their digestion in order, or they will be stunted in growth, and imperfect in development.

Headache from over-drinking, comes on the morning after the "bout," and may be unaccompanied by any sign of disorder of digestion, for the patient endurance of the stomach is almost beyond conception. It is relieved by brandy and soda, or better by soda water, or even by cold water alone.

Let me now bring before you a typical case of plethoric or congestive headache.

Here is a burly, fresh-coloured gentleman, who looks the "picture of good nature," and whose face certainly does not pity him; but if you look at him attentively, you see the red cheeks are due to tortuous vessels and stagnant circulation. His lips, too, are blueish, and the nose red. When he stoops he flushes deeply. He complains of noises in the ears, and pain in the bridge of the nose; and he gets so sleepy after meals that he *must* have his nap. His habits are sedentary, and he becomes less and less disposed for walking. He has, perhaps, lately retired from business, having made his fortune. He considers his diet spare, as he seldom eats meat more than three times a day, and rarely takes anything between lunch and dinner, and he is "doing Banting" to the extent of taking a biscuit with his cheese and port. Two or three times he has had nose bleeding. This may probably have saved him from apoplexy, and till he gives up his port, and two of the three heavy meat meals, and leads an active life, he will suffer from his headache, and perhaps some morning will have an apoplectic seizure and never regain consciousness.

Time will not allow me to speak of the headache of hysteria or hypochondriacs.

Sick Headache is primarily due to nerve wear, but being treated by anti-dyspeptic remedies, it becomes accompanied by, and eventually chiefly caused by, stomach disorder. It is apt to attack those who inherit a predisposition to affection of the brain. The grandmother of the patient was perhaps epileptic, father subject to tic, one brother consumptive, and another insane. It is periodic in its onset, necessitates complete recumbency and withdrawal from noise, glare, and bustle. The sickness is the consequence, and not the cause of, the headache, just as sea-sickness is dependent on disturbed circulation in the brain, secondarily affecting the stomach. In treatment, many things, *e.g.*, sal. ammoniac, mindererus, coffee, or chloral, give relief, but our sheet anchor is a prolonged course of iodide of potassium.

The headaches of children require special care and discrimination; those of measles and scarlet fever soon pass away on the appearance of the rash. They are at times as severe as is the characteristic backache of small-pox.

School-boys and students sometimes get a severe form of headache from overwork, which needs vigorous and decisive handling, or it is followed by organic disease. Several distressing cases of this kind have fallen under my care. In such cases cessation from head work is the first essential. Country life or a sea voyage are the remedies. These are cases in which the brain tissue is deteriorated and softened either from strumous disease, or overstrain of feeble brain. In fevers the consistence of the brain is reduced, so that its specific gravity is less than it should be. In insanity it is harder and heavier, the fluids around being increased. The proportion of phosphates, too, varies considerably; hence the suggestion that phosphorus is the remedy in such cases.

Disease of brain is sometimes painless, for the brain substance has no sensitive nerves, and in hernia cerebri you can touch the brain without the knowledge of the patient; but if you press firmly on it, uneasiness or convulsion occurs.

If the membranes covering the brain are affected, there is sure to be pain, generally of an abiding kind, and in a fixed spot. In such a case the pain is increased by engaging the patient in conversation, instead of being diminished, as is usual in other forms of headache.

A large abscess may destroy a hemisphere without symptoms, as in a case once under my care, but a small tumour on the surface may give rise to acute pain, and perhaps paralysis. Tumours are of many kinds, fibrous, cystic, aneurismal, or cancerous. This is a subject for a lecture in itself. I can only allude to it here. Tumours often cause epilepsy, as well as headache. If the tumour is aneurismal, it may burst into the brain, with an immediately fatal result.

The treatment of epilepsy has of late greatly improved, and at least, partial benefit may now be counted upon. Typical sick headaches are, as I have said, allied to epilepsy. They are commoner now in these days of high-pressure and competition than formerly, for disorders of the nervous system have taken the place of the disorders of the circulation which so frequently affected our easy-going free-living ancestors.

A few words now about treatment. First *preventive treatment*. Had this been more successful in times past many valuable lives might have been saved.

Isaac Newton always found that when he worked at the theory of lunar irregularities it made his head ache, but it never ached when studying any other subject. He neglected the warning, and after resuming his intense application to this abstruse subject, the severe illness which ultimately cost him his life, commenced; and thus the world lost with Newton the power of mastering other

phenomena as important perhaps as that of gravitation.

The value of one such life who shall estimate!

Congestion of brain, when habitual, leads to feeble memory, dimmed intellect, weak sight, or perhaps even to blindness and deafness; a cautious bleeding (old-fashioned remedy though it be) may prove the best treatment in such a case.

Symptoms ought to be *early* attended to; work must not be too prolonged or intense, nor must the intervals between meals be too long, or the quantity taken unsuitable to the habits and requirements of the body. Hard mental work cannot be done without good sustaining food, any more than an engine can work without fuel. Let the diet be regulated; let the clothing be ample but not excessive; let the digestion be kept in order, the exercise be appropriate, the rooms airy.

These are general principles applicable to all. But remember that headache is a symptom. Its cause must be discovered and obviated.

When ascertained, if found to be dependent on rheumatism, a great effort should be made to secure a dry comfortable house, on a gravelly or sandy soil. Flannel should be worn near or next the skin, vigorous friction after the morning bath, a diet nutritious but not such as to develop acidity, for many forms of rheumatic headache are promoted by sugar, by porter, and sweet wines.

I need not repeat what I said about the character of rheumatic headache, that it is superficial, accompanied by tenderness increased on moving the scalp; nor need I allude further to its causes or the treatment, which is that of rheumatism generally.

The *congestive* or *plethoric* headache may be known by the sense of fulness and weight in the head, with occasional giddiness. The pain is throbbing, it comes and goes, it may be produced by stooping, sleeping with the head low, wearing a tight necktie (or "choker," as it may more appropriately be called), or even by tight stays. This form of headache is not confined to those who indulge in good living, but it affects those, too, who are pallid and bloodless, for persons with too little blood are even more prone to congestion than those with too much. You will all see how essential a sound diagnosis must be under such circumstances, for what may cure the full-blooded, will certainly greatly injure those whose blood-supply is deficient. These cases may be benefited by derivation, *i.e.*, attracting blood to other parts, as by warm baths, or mustard plasters, by cupping, or by vigorous friction. Suitable drugs are too manifold to name.

In *nervous* headache and headache from overwork, the grand desideratum is *rest* for the over-taxed organs. As with rheumatic subjects, those prone to *nervous* headache are like barometers, and feel every change of weather. The ordinary pressure of the atmosphere is 15 lb. to sq. inch, a fall of one inch (from 30 to 29) will take off ½ lb. pressure on every inch of surface, or about 1,000 lbs. over the whole body. If you go to top of Mont-Blanc, you reduce pressure by one-half.

Humidity and dryness have an equally marked effect. In dry air, moisture is given off by the skin, and thus the amount of fluid in the body is reduced, but in damp air this evaporation is checked. Thus, many people who have headache in low-lying damp swamps get well in dry air.

The electrical conditions of the air tend to influence the feelings of sensitive invalids, and when a thunder storm is imminent, many people suffer from headache, which is relieved when the storm has passed off. Again, a cold, raw, north-east wind blowing in the face will often give headache either to a person subject to rheumatic, congestive, or nervous headache. Thus travelling, often so beneficial, may become a source of evil.

The palliative remedies in many such cases are numerous. Eau de cologne and camphor water are often comforting. Ice is refreshing, or iced seltzer water; smelling salts to the nose, or snuff may be useful. A mixture of ether and aromatic vingar is grateful at times.

In dyspeptic headache, the pain is at the back of the eye, with a throbbing at the temple on movement. Care in diet is the grand requirement. If due to acidity a simple antacid and carminative, as soda with ginger, or rhubarb and magnesia, will do great good.

Sedatives are generally *bad*, they either fail to relieve, or stupify the patient.

In this lecture, I have felt it better to describe a few main varieties of headache clearly, so that you may realise the nature and treatment of each; although in practice each case may have something in common with two or more varieties.

Thus a nervous dyspeptic may suffer from sick headache, or a full blooded plethoric person from gouty and organic as well as congestive headache.

We cannot treat every case even of the same variety of headache on the same plan; every case is a study in itself, and that practitioner is the most successful who best adapts broad principles to the personal idiosyncracies of the sick person before him.

Do not neglect a headache nor attempt to remove it by a dose of opium, but—*find out its cause*—and *then* think no pains thrown away in removing it; few things are more easily dealt with in an early stage, and few maladies try the skill more when they have been long established.

Much may be done by judgment and discretion, and in a large proportion of cases cure may be counted upon if the effort to attain it is proportionate to the importance of the end in view.

The *prognosis* must depend entirely on the *diagnosis;* if there is organic disease of the brain recovery cannot be counted upon; happily, however, such cases are quite exceptional. In the *Rheumatic*, *Neuralgic*, *Congestive*, *Dyspeptic* and *Nervous* varieties, cure should be determinedly sought and found. In *Sick Headaches* alleviation and diminution of frequency in the attacks is certain. In *Gouty Metastatic Headache* the prognosis is less hopeful, and when the disorder depends on jaundice or deep-seated disease of distant organs, recovery from the headache must always be dependent on the course of the malady from which it springs.

Let me wish you all freedom from the disorder of which you have heard so much, and let me urge you, if you are so unfortunate as to suffer, to set yourselves to find out the *cause*, and, in many cases at least, the removal of the evil will then be easy.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 360.)

DIAGNOSIS.

We have now to consider two other forms of syphilitic invasion of the nervous system, namely, one where the sympathetic ganglia are involved, and lastly, the peripheral nerves. Relative to the pathology of the sympathetic ganglia in syphilis, there is very little evidence at present to guide us. M. Pietrow, it appears, has been the chief investigator of the sympathetic ganglia in constitutional syphilis, and from his remarks it seems that there is a more marked pigmentation and colloid degeneration of the protoplasm of the ganglion cells, and a proliferation of the cells that form the capsules, and also a transformation of the interstitial cellular tissue into a more rigid and dense mass, which compresses the nerve-cells. If changes like these exist in, and arise from, constitutional syphilis—and, we certainly have no reason whatever to doubt M. Pietrow's conclusions—we can the more readily find an explanation for the cause of many of those functional troubles which

we are now unwilling to place under the designation, neurose. Up to the present time too little attention has been given to the pathological changes in sympathetic nerve centres, and great difference of opinion still exists as to the effect produced in the animal economy by such changes as well as in their absolute existence. The names best known in this field of research, according to Eulenburg, are Claude Bernard, Virchow, Traube, and Recklinghausen, Fournier, Wilks, &c. I believe that most of the ailments with vascular and trophic disturbances, as megrim and other conditions which are in many cases vaguely termed hysteria, merely indicate an unstable condition of the sympathetic nervous system in persons who are essentially the offspring of syphilised progenitors. Pathology has shown us that the doctrines taught, even by recent observers, concerning functional nervous disorders are no longer tenable. I think it must be admitted that the time has passed for us to consider chorea and paralysis agitans as mere functional nerve disorders, but how far functional troubles are due to acquired and hereditary syphilis, is certainly a question of considerable importance, and I am inclined to think they are of far greater prevalence than is generally admitted. Here we are, unfortunately, wanting in pathological proof, but the following cases, from a clinical point of view, are significant :—

Case XX.—*Vaso-motor Derangement—Recurring Storms of Sympathetic Symptoms—Absence of the ordinary signs of Hysteria—Menstruation Normal—Acquired Syphilis—Recovery.* "Abbreviated notes."

L. B———, æt. 34, has been under my care for some years. There is no neurotic history. She is short of stature, but well developed; there is neither lateral or angular curvature of the spine (but during the attacks there is general spinal hyperæsthesia). Menstruation is regular, and the uterus is, in all respects, normal. Has enjoyed excellent health until the past four years. When 26 years of age she contracted syphilis, and suffered from its effects for nearly twelve months. At the age of 29 she became so changed in character that her friends could not account for it; she was irritable, violent-tempered, and morose, and at the time of *her attacks* they seriously contemplated sending her to a lunatic asylum, as she was scarcely manageable. These attacks, the signs of which I shall briefly describe, were not periodic, neither were they associated with menstruation.

They were ushered in by increased irritability of temper, want of sleep, parched mouth, dry tremulous tongue covered with a thick whitish-brown fur, loss of taste and smell, as well as visual derangement. Pupils widely dilated; congestion of optic discs, as well as of sclerotic and conjunctival vessels; redness of the ears and of the face, sometimes unilateral or bilateral. Formications over the face, at times localised, at others diffuse; no vomiting. Constipation. Respiration hurried and panting, inability to take a deep breath. Pulse, 60; temperature very variable, occasionally reaching 105° Fah. Associated with these was cardiac and epigastric depression, and she complained greatly of a sharp pain passing through the abdomen as though the intestines were being torn out. The power to digest and assimilate was for the time in abeyance, and the intestines were usually distended with flatus. The head jerks about laterally from side to side. Has heavy hot perspirations and cold clammy sweats. The speech is jerky and syllabic. No objective paralysis or cramps of voluntary muscles. The urine is high-coloured, loaded with lithates, free from albumen. She usually remains in this state for a week, ten days, or a fortnight, then the tongue clears up, and, to use her own words, a load seems to be taken off her. After this, in the course of a few days, she is fairly well and getting about.

For some time I was much puzzled as to this woman's condition, and I certainly did not attribute the attacks as being in any way due to syphilis; on the contrary, I rather looked upon them as due to functional sympathetic depression inducing an hysterical or *abortive* epileptiform state, the cause of which I was at a loss to determine, until she came to me with rupial elevations all over the body. Anti-syphilitic remedies were prescribed and used persistently. This was nearly three years ago, and her health has remained remarkably good since.

Case XXI.—*Vaso-motor Paresis—Sympathetic Depression—Chronic Syphilis—Recovery.*

E. I., æt. 65, contracted syphilis when young, the remains of which are visible, as depressions of the skull and cicatrices of the scalp. She ceased to menstruate at 47 years of age, has never had a fit either hysterical or epileptic. There are no especial signs of degenerative change. No arcus senilis; no abnormal arterial tension; no albumen in the urine. She says that for the past eight years she has suffered greatly from depression of spirits, and at times thinks she is going out of her mind, and has a feeling as though blood was trickling over the eyes. There is no headache. The attributes of mind are normal. At times if anyone speaks to her suddenly, it causes her to tremble from head to foot, and produces profuse perspiration with a sense of heat and burning, and hot flushes of the head and face. Says she always feels better without food. After food she feels heavy and drowsy, and is distended with wind. When perfectly quiet she says there is not much the matter with her, but when she becomes excited there is a burning heat going down the left side to the foot, and extending from thence over the abdomen. After this the sensation becomes one of fluttering, and the bowels take on a swaying to-and-fro movement (as she compared it) like a bubble of soap floating on the water. This account to some may appear ridiculous, but a careful survey of disease of the sympathetic nervous system will explain this and a vast deal more. At first the valerianates and remedies of a like nature were persevered in with no good result. Anti-syphilitic remedies cured her.

Case XXII.—*Vaso-motor Paresis—Sympathetic Depression — Hypochondriasis — Syphilis — Recovery under Specific Treatment.*

C. G., æt. 33, a well-grown woman with no spinal distortion, good family history, says she contracted syphilis at the age of 29, and since this has never been well or menstruated regularly. For the past twelvemonths she has suffered more or less from unaccountable nervous symptoms, has dyspepsia after every meal, and when she first gets out of bed in the morning, the arms feel powerless for five or ten minutes. The sight becomes weak. There is violent palpitation of the heart, and she fancies that she will die suddenly. No organic disease can be detected. The urine is of normal gravity, free from albumen and sugar. Although she has never had a fit, fancies that she is going to have one. She suffers from periods of mental abstraction, and then suddenly becomes conscious to things around her and wonders what she has been thinking about. At other times she shows signs and symptoms which are usually attributed to hysteria. Amongst others there is the feeling as though cold water was trickling down the spine or being poured upon the back of the head. A feeling as of a flash of lightning striking across the eyes producing transitory blindness. The head feels too large, as though it would overbalance the body, and sometimes she feels as though she was made of cork. Flushings of the face and ears occur as many as twenty times during the day, succeeded by coldness and numbness of the extremities and clammy sweats. The treatment of this case consisted in the first place in the administration of bromide and iodide of potassium, and nervine tonics and stimulants with counter-irritation to the spine, and galvanism also, but no improvement took place. Mercurial salivation cured her.

Case XXIII.—*Vaso-motor Depression—Constant Vomiting—Incipient Mania—Syphilis—Recovery.*

S. T., æt. 27, of good family history, said she enjoyed excellent health until she was 22 years of age. At this

time she contracted syphilis, but did not suffer severely from it, but has never been well since. Menstruation normal.

At the age of 24, she was much worried and suffered from excitement, with tremblings in the inside which she was unable to explain correctly. They come on when she is suddenly spoken to, and usually accompanied with flushings of the face and a sense of burning on the palms of the hands and soles of the feet, which became bedewed with moisture. She is never free from headache and a constant burning at the top of the head, with throbbing and sounds of something "going click."

The attacks usually come on with violent agitation, thirst, dryness of the throat, intense burning pain extending down the spine from the occiput to the left hypochondrium, feeling of heaviness about the heart, distension of the stomach and intestines, with flatus, general suffusion of eyes, ears, and face, furred tongue, offensive breath; respiration, hurried and panting. Pulse and temperature very variable. The legs and feet are usually cold and so painful that she cannot bear to have them touched. The bowels are constipated and vomiting most persistent.

There is sometimes albumen and blood in the urine. This is not due to organic renal change, but to a paresis and want of tonicity in the renal vessels, for as the attack passes off, the urine becomes perfectly normal. The optic discs are clear.

When I first saw her she said that she had been suffering from these attacks every six weeks or two months, and at times she became violent and almost lost her reason. Anti-syphilitic remedies were not at once adopted in this case, but measures were resorted to in order to improve her general health and equalise and control vaso-motor energy and correct functional disturbance, but all to no purpose. Gentle prolonged ptyalism cured her.

I have records of a considerable number of cases similar to these noted, in which at one time I took an especial interest, and where the etiology was obscure, unless it were referred to the sympathetic ganglia, and in a large number of these there was a decided syphilitic history, and they yielded only to appropriate treatment.

(*To be continued.*)

THE INNER LIFE AND ECONOMY OF A LOCK HOSPITAL IN INDIA. (*a*)

By Surgeon-Major W. CURRAN,
Army Medical Department.

(*Continued from page* 482.)

So much for the hospital and its surroundings. Let us now turn aside for a moment, and inquire into the condition, social and otherwise, of the women for whom it has been prepared. Let us, in other words, descend from our stilts, and study the *vie intime* of an Indian prostitute. The subject may not be a savoury one, but that is no fault of mine. I must take things as I find them, and the wisest course in this and other matters medical is "to tell the truth and shame the devil." I have already said that she is often more sinned against than sinning in the selection of her calling, or rather that she is, probably in ninety cases out of every hundred, the victim of an arrangement or a necessity that has been impressed upon her by her birth. I have also hinted that she does not appear to be dissatisfied with her lot, or desirous of changing the same. On the contrary, she is indifferent, or hopeful, as the fancy takes her, or the market directs. She take the easy epicureanism of Tibullus for her motto, without knowing what it means—

. . . . . Credula vitam
Spes fovet, et fore cras Semperait Melius;

and there is no doubt that, whatever inconvenience may attach to her life in private, she is not subjected in public to that censure, or contempt, which is so often, and so unsparingly, dealt out to her sister in the cooler West.

She earns (*a*) quite as much, and often much more, than her virtuous neighbour, especially so, if to the *rôle* of prostitute she adds that of dancing-girl—no uncommon combination. She occupies as good, or at times a better, house than the poor, but more virtuous, native woman of the same class; and she is altogether free from the toil and seclusion which caste, prejudice, or necessity imposes on the latter. In short, her life is, from her own stand-point, neither unprofitable nor unpleasant. She has long since cast shame and conscience—if she ever possessed either—to the winds; and what I have seen of her health and physique during the past year, inclines me to believe that there is nothing in her office that tends to shorten life, or diminish her enjoyment of it. She lacks, of course, the ease and polish of a Western training. She does not assume the airs, or approach her *employès*, like a London or a Parisian favourite—

Qualiterin thalamos formosa Semiramis esse
Dicitur, et multis dais amata viris.

She is not, on the other hand, so subject to the ups and downs of fortune as is the home article, or so dependent on the changing hues of a "foolish face;" and like the former she often marries in a sphere above her. But we need not carry the comparison any farther; it is not in either case a very savoury or edifying one; and I will only add in this connection that these Indian women can support themselves, after their fashion, on a pittance for a year, which would scarcely satisfy their more fleshy or exacting English sisters for a week.

As regards her other habits and liabilities, she is often a confirmed opium-eater or bang-smoker, though the former failing is much commoner than the latter. Nor does either indulgence exercise, as far as I may judge, any very appreciably injurious effects on her sexual appetites or generative powers. (*b*) These women menstruate

(*a*) It may be necessary to explain, for the benefit of those who do not understand Hindoostani, that the word "purka" means, in reference to a well, wall, or building, masonry, as distinguished from clay; while the words "dhai," "chowkedar," and "bhistie," mean respectively a nurse, a watchman, and a water-carrier.

(*a*) I have come to the conclusion, after much inquiry into, and examination of, the point, that 6 rupees, or about, say, 12s. to 15s., constitutes the average monthly income of the public women of this station. Many, of course—especially so those *quæ decurionibus anglicanis versantur*—earn much more; but others—the less fortunate or favoured ones, who are obliged to consort with natives or private soldiers—earn, I am satisfied, considerably less than this; and 4 annas, or 6d., is "a legal tender" on the part of a European soldier for the services of a registered prostitute. How different is all this from what one sees or hears of this class at home; and the drought has greatly enhanced their troubles. Verily—

It is the pasture lards the brother's sides,
The want that makes him lean.

And I often feel humiliated when these poor creatures tell me that they cannot get a living even on the terms, or at the terrible sacrifice they make, for it. Small as this income is, yet it is larger than that which accrues, from all her toil, to the poor virtuous villager, as appears from the following extract, which I take from the last census report of the N. W. Provinces:—"At a distance from towns, the ordinary wage of an agricultural labourer, almost invariably a married man—I refer more particularly to the Allahabad district—is, in the ploughing season, 1 seer 9 chittaks (equal to 50 ounces) of *behjur* (a mixture of grains). When digging and weeding he gets about two-thirds of the above quantity. The wife is also occasionally employed in light field-work, and when so engaged she gets from 25 to 30 ounces of *behjur*. The husband, in addition, receives about 2 *rupees, either in coin or its value in grain, once a year*, from the zemindar as a retaining fee. *The above constitutes the highest daily earnings* of man and wife when in regular work; but during the hot season, and occasionally throughout the year, field hands are not required, and the family subsist on the irregular earnings of the husband while employed in repairing houses, &c., in the village. Should the husband become sick, no rare event, *absolute starvation stares them in the face.*"

(*b*) Having lately read in an article, "A Run Through Kathiawar," that appeared in "Blackwood's Magazine," for October, 1876, p. 404, that "One injurious effect of the habit of opium-eating, which the Chief admitted, was sterility in their families," I inquired into the circumstance, and find as above—that, as far as can be gleaned from the facts at my command,

Statement of the Quantity of Crude and Prepared Opium that is Consumed every Month by 14 Eaters and 5 Smokers of that Drug; including also some account of its Cost and and Mode of Preparation.

Classification of consumers		Average cost of the article.		Amount of either consumed monthly.		Remarks.
Eaters.	Smokers.	Crude opium.	Prepared opium.	By those who eat it.	By those who smoke it.	
14	5	One chittack—an Indian measure, which is equivalent to 2 oz. Avoirdupois—costs 1 r., or in other words, about 1s.	A tolah of this equals 3 ds. Avoirdupois; costs 1s 8as., or something about 1s. 2d. English.	These 14 women consume on an average 2 lb. 1 oz. 3 ds. of crude opium between them every month.	These smokers consume in the same time through a hooka or bubble-bubble about 4 oz. 4½ ds., or, say roughly, 1 oz. each all round.	The prepared opium—viz., opim made into an extract like tobacco by means of guava or betel leaves—is much dearer than the crude article. Hence the greater consumption of the former. But the cost is nearly the same to both classes of consumers—viz., 16rs. 9as. to the one, and 16rs. 14as. to the other, or an aggregate total of 33rs. 7as between these 19 women. In other words each woman spends on an average 2 rupees each (4 shillings) monthly in this drug.

regularly, and apparently without any serious discomfort or suffering. Many of them have borne healthy children, and one, at least, of their number is now *enceinte*. They rarely complain of those ill-defined or anomalous aches and pains that are so common among females elsewhere. Their uteri are rarely altered, either as to size or situation; and speaking generally, they appear to me to enjoy more immunity from the infirmities of their sex, than falls to the lot of European women out here, or than is enjoyed by their congeners in the West. They are altogether free from many of the uterine ailments which civilisation has developed in Europe, or a more artificial life has intensified everywhere; and I have often been surprised at the absence of change in these parts, which I have noticed during my incumbency here, in these women. But these points had, perhaps, better be summarised in a table, than dwelt on categorically in this place; and I have constructed a form accordingly, which will explain, or enforce, them better than I could hope to do without extending this already too lengthy paper unduly. This is, moreover, my usual mode of acquiring or imparting information on minute technical details, and any or such comments as the situation may indicate or require, can be squeezed into the column of remarks hereafter.

this indulgence exercises no such injurious effect on these women's powers of gestation, as might be supposed. But then the facts are too few for a deduction, and the habit is more cultivated by the older than the younger women. Of the 36 women who acknowledged to me that they habitually ate or smoked this drug, 22 were over 30 years of age; while 10 were under that age, and 4 others appeared to be under 20; and the following rough table—which is based on some inquiries that were made for me, by my native subordinate, among 19 confirmed eaters or smokers of this article—may prove interesting:—

TABLE No. 9 *shows thoroughly the History, Habits, and other General, or Sexual, Characteristics of* 83 *Indian Prostitutes.*

No. examined.	Probable age of these women.	No. of each class observed.	Previous history.		Present condition.				Other sexual peculiarities, or conditions, of these women.	Remarks.
			Fertile.	Barren.	Menstruation.		Habits.			
					Normal.	Abnormal.	Opium eaters.	Bang or Wine Drinkrs		
83	Over 30	37	24	12	32	2	22	3	One woman has a cyst on the right side of the vagina, which has not been explored. Another, a pregnant woman, has a large fleshy polypus protruding from the os, which is greatly increased during the menstrual period. And three, or more, examples of the condition which I have called nævus of the os have been met with during the year.	Premising that this table—though I have done my very utmost to insure accuracy—is at least but an approximation to the truth, I proceed to say that I infer barrenness rather than actually assume it, from an absence of child-bearing in women who are otherwise capable to all appearance of bearing children; and it does not, of course, follow that those who may not have given birth to children are, *ipso facto*, barren. It will be seen from the table that at least 76 of these women, or at the rate of about 90 per cent., menstruate regularly; while the number that does not is very small; and one or more of the younger women appear uncertain on the point. The 37 cases of opium eating, or bang or arrack drinkers, include those noted from time to time during the year; and the use of these articles is occasionally discontinued in obedience to the requirements of the market, or the circumstances of the consumer. My native subordinate fancies that the women who habitually indulge in this habit are paler or more lethargic than their neighbours; but I have not been able to verify this impression.
	Between 20 & 30	35	20	51	34	—	11	—		
	Under 20	11	5	6	9	1	4	—		

(To be continued.)

Special Articles.

HYDROPHOBIA IN LANCASHIRE.

CONSIDERABLE interest, and almost excitement, has been roused in Lancashire by the announcement in the daily local papers, of two reputed cases of rabies at Oldham. Some of the paragraphs referring to the occurrence have been of the most sensational and inaccurate character, and nervous people may probably suffer from reading such exaggerated descriptions of the symptoms and condition of one of the patients. It is unfortunately true, that Dr. Patterson has had under his care two patients, pronounced by competent observers to be affected with

this much dreaded disease, and we are enabled, through his courtesy, to furnish some particulars in anticipation of a more detailed and extended report which will shortly be published.

On Sunday, April 28, a rabid dog gained access to the Oldham Workhouse and attacked one of the inmates, tearing his coat to pieces. The man, thereupon, procured an iron bar and struck the animal on the head, and thinking it belonged to some of the Union officials, he quietly went away, leaving, as he thought, the dog in a dying state. The animal was subsequently discovered in a lobby leading to the kitchen. The porter and his wife repeatedly passed it, and a young woman, a friend to dogs, having heard that the animal had been struck, gently patted it on the head, without exciting the animal to bite her. Owing probably to its being disturbed by some passers-by, the animal wandered into an open yard, through which the inmates had to pass to the church. Here it bit the two patients John Carr and Eda Williamson. It would probably have injured others, had not a pauper, named Greenwood, seized a crowbar and killed at one blow, the rabid animal. Though efforts have been made, the owner of the dog has not been traced, nor is it known where the animal came from.

Case I.—Eda Williamson, æt. 9, bitten on left eyelid and left side of the nose. The wound was immediately attended to, cauterised, and healed without any difficulty. The girl's health continued unimpaired until Tuesday, June 4th, when the schoolmistress noticed that she seemed a little depressed. On Wednesday, June 5th, she was admitted to hospital, though there were no special symptoms ; she only complained of *malaise*. On Thursday, the characteristic symptoms developed, consisting of difficulty of swallowing, dislike to drink, &c., &c. She was conscious in the intervals of the paroxysms, smiling and laughing, and died suddenly at half-past three on Thursday, June 6th, whilst Dr. Patterson was taking her axillary temperature, which at its highest reached 101·4°. A *post-mortem* was made, 24 hours after death, by Drs. Patterson, Lauder Brunton, and Professor Gamgee ; a detailed report of which will be published. We may, however, state that the implication of the medulla oblongata pointed out by us in our "Report on Rabies and Hydrophobia," has been further confirmed by the *post-mortem* disclosures. This case presents some features of interest, as regards period of incubation (37 days), time of death, situation of wounds, &c., and we have no doubt these and other salient points will be noted by the medical attendants.

Case II.—John Carr, æt. 19 or 20, bitten same day (April 28) on hand ; the wound was cauterised immediately, and healed in the usual way. Though he was carefully watched, no symptoms of ill-health were noticable until June 6, when a complete change of manner indicated that he was poisoned. He was characterised previously by his active habits, cheerful, and even noisy disposition, but he now became silent, reserved, depressed, and a complete change of his *morale* took place. He was at once ordered to bed, and Dr. Lauder Brunton telegraphed for. An immediate response was made by this distinguished expert, as he reached Oldham on Thursday night and at once commenced with his special treatment.

This patient was delirious, his delirium running on dogs, and he tossed about the bed, making noises with his hands as if calling an animal to him ; pupils contractile ; countenance dusky, with restlessness and sleeplessness. The difficulty of swallowing, spasm, and paroxysms were not so pronounced as in the first case, though yet sufficiently marked to establish the diagnosis. Dr. Brunton remained twenty-four hours, and was enabled to leave the patient in a more promising condition. The highest temperature during his illness was 99°, the highest pulse, 106. Thermometrical observations and sygmographical tracings were made. The mucous membrane of the throat was in a highly congested condition, and the uvula and arch of the palate inflamed and enlarged. This condition had not subsided when we saw the patient on Tuesday, June 11th. Though fairly on his way to convalescence, there was a peculiar expression of face as though he had been stupified, or was recovering from some narcotic ; this could not in any way be attributed to any medicine administered ; he was also suffering from suppression of urine, which might account for the appearances noted above. Dr. Patterson had drawn off 6 ozs. of urine in the morning. When we saw the wound on the hand we remarked its peculiar purplish appearance, though it was not painful on pressure, nor had it been so since cicatrisation. Up to the present time the patient is steadily improving, the graver symptoms disappearing, and the man's ultimate recovery we may only regard as a matter of time.

It affords us pleasure to be able to lay before our readers these brief notes, and we think they offer a sufficient encouragement to medical men not to look upon rabies as hopeless and incurable. Whatever difference of opinion there may be as to designating this case as a pure typical example of rabies there cannot be the slightest doubt that this patient was, in every sense of the word, *poisoned ;* and that the symptoms, on the evidence we have, are fairly attributable to a specific virus, which, in the majority of cases, has hitherto led to speedy and certain death.

It has been the fashion, because cases have recovered, to doubt their authenticity ; and the case lately under the care of Dr. Nichol, Chelmsford, has been disputed. In *The Times* of June 8th Dr. Prater remarks, some alteration must be made in our laws before the problem of hydrophobia can be satisfactorily solved ; and this conclusion, he says, he arrived at after reading "the last useful work on the subject"—the "Report of the Medical Press Commission." He has generously offered a prize of £100 to encourage investigation into the disease. One of the simplest and most important requirements we have pointed out—viz., the desirability of establishing a correct diagnosis ; and we have suggested the necessity of extending the powers of the medical officers under the Privy Council, so that when we have a case of recovery reported, it may be placed beyond all dispute.

At present a number of scientific and philanthropic physicians have offered their services, and at considerable expense and pecuniary loss, have assisted in the treatment of several cases. Such noble devotion to science is more than praiseworthy, but it must have a limit ; and we cannot expect this committee to sit *in perpetuo*.

Rabies is a national question, and we may fairly expect some assistance from Government, especially in the manner pointed out, as it will only entail a modicum amount of expense. We must express our indebtedness to Dr. Patterson for his kindness in furnishing us with all particulars, not only as to facts, but as to the treatment adopted. Though we have designated it as special, we do not suppose Dr. Brunton desires to give it that name, but we consider it only fair, that Dr. Brunton himself should describe his own treatment, both as to its nature and *rationale*. Our examination has satisfied us of the serious peril in which the patient had been.

DANGER FROM THE HYPODERMIC INJECTION OF MORPHIA.

E. F. Ingals, M.D., Chicago, publishes an interesting paper on this subject in the *Chicago Medical Journal and Examiner*, May, 1878, p. 491, based upon replies which he received to a circular sent out by him, to eighty representative physicians of the North-west. Fifty-five gentlemen replied to the circular, which was couched in the following terms :—

"Have you often given hypodermic injections of morphia ?"

"What is your ordinary dose of morphia when used in this manner ?"

"Have you ever seen syncope or other unpleasant results follow its administration by this method?"

Nearly all had used hypodermic injections frequently in doses varying from one-sixteenth to half a grain, in exceptional cases one grain. Two recommended from one-sixteenth to half of a grain. Three did not exceed one-sixth of a grain. The majority were accustomed to give from one-sixth to one-fourth or even one-half of a grain. A few combined atropia with the morphia for injection. Thirty-four of the fifty-five had seen no unpleasant results, and six had seen nothing worse than abscesses at the point of introduction.

The remaining fifteen were unfortunate in their experience, and the results observed by them, serve as a warning against making too light of the dangers attending this method of administering morphia. Seven fatal cases were reported. In all, save one, the ordinary dose had not been exceeded, although in some the exact quantity had not been noted. One death was caused by the injection of one-fifth of a grain of morphia, combined with one-seventy-fifth of a grain of morphia. Another resulted from the administration of two doses of morphia of one-third of a grain each, with an interval of four hours between the first and second dose. The case was one of invaginated intestines. Death from narcotism ensued six hours after the second dose. Another resulted from one-fourth of a grain given in a case of sciatica, the patient dying comatose within five hours. Another death is reported as following the administration of two doses of one-fourth of a grain of morphia, the first taken internally, the second administered hypodermically.

Another, a case of myalgia of the muscles of the back terminated fatally in the course of twelve hours, having been first subcutaneously injected with 1-60th of a grain of sulphate of atropine, then given by mouth ¼ of a grain of morphia, and finally, the pain being still exceedingly severe, being injected hypodermically with ¼ of a grain of morphia.

The exceptional case alluded to was a patient upon whom the operation of ovariotomy had been performed. The amount of morphia in this case was not determined exactly, but is estimated at 1½ grains given in the course of five hours, in two doses of ¾ of a grain each. Narcotism followed the last dose in from fifteen to twenty minutes, terminating in death within two hours.

Amongst the replies received by the author to his circular he quotes the following at length.

"I think there is always more or less danger from the use of morphia in this way, so have almost discarded its use."

"I am chary of the use of the syringe, using it when demanded—dose gr. ⅓. Largest dose ever ventured on was gr. ½ (in violent colic). The patient was asleep in one minute and did not awake for sixteen hours. No bad results."

"I have seen unexpectedly severe effects on several occasions. I do not give morphia in that way when I can give it by the stomach. The effects that I speak of were simply severe ordinary effects of the medicine."

"No syncope, but in my experience results have been so uncertain and unexpected that I now never resort to the surgical operation to introduce medicine when the patient can swallow, or has the use of the rectum. I should as soon think of introducing food as a regular thing by transfusion of blood. Put me down as opposed to the practice save in exceptional cases."

"Once, after ⅛ of a grain, syncope occurred in about fifteen minutes after administration; was given in a case of cholera morbus."

"One case, the patient slept twenty-four hours. . . . . The dose was only 1·12th of a grain."

"But once, gave ½ gr. to adult male (in case of compound comminuted fracture of tibia and fibula) to ease pain. While administering injection sudden collapse and dyspnœa, with fluttering heart. Rallied under ammonia and whisky." . . .

"In the case of an old lady nearly eighty years of age, there was almost instantly after the injection a frightful degree of numbness, as she expressed it. (The dose gr. ¼.)" . . . .

"Have seen alarming syncope in three cases, great prostration in a score at least." . . . . .

In conclusion, Dr. Ingals directs attention to the fact that, although this method of administering morphia may have been used a thousand times successfully, yet the next time fatal consequences may ensue, and that even the fact of its having suited a particular patient on former occasions will prove no safeguard against its not doing so on subsequent ones. It must therefore be used with caution, and those using it must be prepared for emergencies.

Special Correspondence.

[From our Special Correspondent].

Paris, Rue de Luxembourg,
June 14th, 1878.

In my last letter I made a cursory allusion to the International Congress of Hygiene. Sanitary science must be advanced by the mutual interchange of ideas and experiences of the hygienists of various countries, and as the Medical Press and Circular has taken a very active and prominent position in the advancement and encouragement of hygiene, fulfilling the very excellent motto of the journal "*Salus populi suprema lex*," I therefore send you an abstract of the programme issued by the Committee who have organised the scheme.

I. Formation and object of the Congress. Art. I.—An International Congress of Hygiene, under the patronage of the French Government, will be held at Paris in August, 1878. Art. II.—The object of the Congress is, to bring together the *savants* of all countries, desirous of discussing questions relating to the progress of hygiene. Governments, administrations, scientific societies, corporations, are invited to lend their aid to the project by sending delegates.

II. Work of the Congress.—Art. III.—The Committee have determined to discuss a certain number of questions, included in the annexed programme. A memoir on the exact state of our knowledge on these questions, will be published by the Committee, and will be sent to all subscribers at least a month before the opening of the Congress. Art. IV.—Other interesting hygienic subjects will also be submitted for consideration. Authors must send their papers at least a month in advance. Art. V.—Two sittings will be held daily; the first from nine to twelve, for questions introduced by individual members, the second from two to five, for the discussion of the subjects proposed by the Committee. Art. VI.—Speakers must not exceed 15 minutes, unless by consent of the assembly. Art. VII.—The work of the Congress will be published by the Committee.

III. Constitution of Congress. Art. VIII.—The Congress will be composed of subscribers, national and foreign. Art. IX.—Home members will be charged 20 frs. and will have a right to all the publications. Art. X.—Foreign members will be admitted to the Congress free of charge.

Questions fixed for discussion in conformity with article III.

I. "The Hygiene of Newly-born Children," as regards mortality prevention, &c., introduced by MM. Bergeron, Bertillion, Margarin. II. "On the Alteration of Water Courses," as regards their corruption by industrial products, drainage, &c., introduced by MM. Durand, Claye, Proust, Schloesing. III. "The Hygiene of Food," introduced by MM. Bouley, Nocard, Bouchardat, and Gauthier. IV. "On the Dwellings of the Necessitous Classes," introduced by Trelat and Du Mesnil. V. "Professional Hygiene;" Reporters, M. Gubler and Napias. VI. "The Prophylaxis of Infectious and Contagious Diseases." What are the transmissible maladies requiring the isolation of patients in general or special hospitals, and how reconcile this isolation with the practical rules of the service? Reporters MM. Fauvel and Vallin. For the morning meetings the Committee have selected some other questions, as the prophylaxis of rabies, mortuaries, cemeteries, cremation, the ventilation of schools, the hygiene of prisons and of light.

Dr. Bouchardat is Honorary President, Dr. Gubler, Pre-

sident, and Dr. Lioniville, General Secretary, to whom all communications should be addressed.

It may be interesting to medico-psychologists to know that their special branch will not be neglected, as arrangements are being made to bring together the alienists of all countries. Paris is a fitting place for such an assemblage, for her physicians hold a high and proud position in connection with insanity, and the traditions of her school of alienists are well preserved by her present representatives in psychological medicine.

Medical men are interested in the literature, and we have many worthy representatives amongst the fraternity of letters, so that the subject of copyright has a professional interest. The International Literary Congress, convoked by the Gens de Lettres Society, held its first meeting on Tuesday, the 11th, in the Masonic Hall of the Rue Cadet. M. Edmond About, who was in the chair, said he only represented temporarily the illustrious president, Victor Hugo, with whom the idea originated, of inviting literary men of all nations to meet together, to discuss at once their interests and those of literature. No patronage of such a work could be so unexceptionable as that of Victor Hugo, whose political was quite secondary to his literary fame. In the last century writers lived by tolerance, and could only flourish by the aid of a patron. Voltaire and France had taken the lead in their emancipation, and now in France and many other countries literary men were not only able to live and keep their families by their labour, but many of them had made great fortunes and enjoyed the highest social consideration. He would like to see extended to every country the same rights and privileges which they themselves enjoyed. He did not mean that at present they should ask for Russia the same liberty of the press as in Fance, nor even that France should have as much liberty as England. These were separate questions. But what he thought practical was general legislation, by which foreign authors should enjoy in every civilised country the same rights as the natives. At present copyright was ill-defined, and the cost of fulfilling formalities to claim it often more than any possible profit.

M. Zacone, the secretary, then read letters from the Austrian, United States, Italian, and Portuguese Ministers, expressing sympathy with the movement. England, Germany, Austria, Brazil, Portugal, Denmark, Sweden, Norway, the United States, Italy, Holland, and France were declared present by representatives. A president and secretary for each nation were selected. Those for England were Mr. Tom Taylor and Mr. Blanchard Jerrold. The Congress was divided into three committees, named summarily by M. About, legal, diplomatic, and social. Every delegate, on his name being called, stated to which committee he preferred to belong. M. About said that the Congress would meet till further orders in the present locality, but that when some thousands of the public came to hear Victor Hugo, another place must be found.

I promised a sketch of the Service de Santé de l'Armée de Terre of France. The military medical service should be an index of the civilisation of a country. The French medical service since it was first regularly formed, by an edict of Louis XIV., Jan. 17, 1768, has undergone many gradations, both as regards organisation, duties, pay, rank, &c., keeping pace with the requirements of more modern times, and a higher appreciation of the importance of army surgeons. The competitive system is adopted, and the terms for admission to the military medical schools are set forth in a presidential decree of October 5, 1872, and further ratified 25th April, 1878. Competitive examinations are held yearly in September for admission as *Elèves du Service de Santé Militaire;* and the successful candidates are divided according to their choice and convenience, in the following towns to prosecute their studies, viz., Paris, Montpellier, Nancy, Lyon, Marseille, Toulouse, Bordeaux, Rennes, Lille, Besançon, Grenoble, and Alger. Candidates are allowed to compete who are—1st. Possessed of two diplomas, Bachelor of Arts, and Bachelor of Science. 2nd. Or who have four, eight, or twelve certificates (inscriptions) available for the doctorate, and have passed successfully the examinations at the end of the year, corresponding to the number of their certificates.

Other regulations apply to nationality, age, aptitude for medical or military service, whilst an engagement must be entered into, that, if successful, ten years of service will be completed, dating from the grade of aide-major of the 2nd class. After these formalties are complied with, the candidates undergo an examination varying with age and certificates they possess. The subjects are Natural History, Chemistry, Elementary Physiology, Osteology, the Articulations, Myology, Descriptive Anatomy, General and Special Pathology. Successful candidates are classed in order of merit. *Elèves* who have less than twelve inscriptions, can complete their studies in one of the towns mentioned, under the direction of the appointed teachers. No uniform or pay of any kind is provided, and all expenses for instruments, books, must be defrayed by the pupils. A subvention is, however, allowed to *boursiers* of the Prytaneum, of 1200f. per year. if at Paris; 1,000f. at Lyons or Marseilles; and 800f. for all other towns. Students who have more than twelve certificates are placed under the director of the School of Val de Grâce at Paris. During their first year at Val de Grâce two examinations for the Doctorate have to be passed, and when they have undergone the three last examinations, they receive uniform and pay amounting to 2,512f per annum. This I may call the first stage, where for the present I shall leave them.

The above programme does not look very inviting, for the pecuniary prospect is not very great, while the examinations are severe, and the regulations strict. For if not successful, or dismissed, the pupil has to defray all expenses incurred in his training. We must remember that money has a higher value in France than in England; that the average receipts of the French general practitioner are very much smaller than those of his English *confrère*, so that a professional income of £500 a year is looked upon in France as a very high and satisfactory one, whilst most young practitioners in England consider it a very poor pittance to even exist on. We must also allow for the military feeling of the nation, and for the love of the army shared by all Frenchman and Irishmen.

The English Medical Service was popular with Irish gentlemen, even when the pay was less than it is now, though, for causes I need not enter on, its popularity has waned, for educated Dublin graduates do not now seek admission. The degree in arts required in the French Medical Service seems to me a *desideratum*, and I observe Professor Haughton, in your issue of June 12th, has suggested the desirability of extending the competitive examination to classics and science, as well as medicine and surgery.

The opinion of such an authority must be well worthy of consideration, for certainly, putting it very mildly, the classics—

Emolliunt mores nec sinunt esse feros.

Medico-Parliamentary

MEDICAL ESTABLISHMENTS.

In the House of Commons on Thursday last, in Committee of Supply, on the vote of £256,500 for Medical Establishments,

Mr. Parnell asked whether this vote included any charge for the hospital service of the Brigade of Guards.

Colonel Stanley was unable to speak with certainty as to the whole of the items, but if the hon. member would repeat his question on report care would be taken that definite information should be given.

Mr. Parnell said the hesitation on his part in accepting the offer of the right hon. gentleman arose from a fear that it would be impossible to give any satisfactory explanation. A total change in system seemed to him to be the only remedy for the state of confusion into which matters had got. There was a sum of £8,000 which had formerly appeared under another vote hidden away somewhere, and the Secretary of State did not know where.

Major Nolan said there was one important point to which he wished to draw attention, and that was the manner in which medical gentlemen in the army were treated. As many of the army surgeons were drawn from Ireland it was a question of great interest to Irish members. A letter which appeared in the papers about a week ago set forth that there was a want of medical officers because they felt aggrieved at not being allowed

to be members of the regiments to which they might be attached, and were not allowed to be members of the regimental mess. They were thus only able to obtain on sufferance advantages to which they ought to be entitled as by right.

Colonel STANLEY said the whole subject of the medical service had been carefully considered in the time of his noble predecessor, with a view to ascertaining what were the difficulties in the way of obtaining a proper supply of medical officers for the army. The present system had been adopted after great pains had been taken in the re-arrangement of the medical service of the army upon a basis very distinct from that which had obtained before. He was not prepared to admit that it was in the army alone that medical men were to be found who were dissatisfied with their present position; and as to shortness of numbers, that was a difficulty from which other services were also suffering. Government, however, were doing their best to increase the strength of the department.

The vote was then agreed to.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 19, 1878.

THE FLESH OF DISEASED ANIMALS AS FOOD.

CONSIDERING the comparative scarcity and high price of all kinds of animal food, and the increasing demand for it by a large section of the community, it would be unwise to place more severe restrictions upon the preparation and sale of meat than are necessary to prevent its being sent to the market in a condition detrimental to the public health. And yet there are certain facts constantly coming to the notice of our sanitary authorities which make it imperative upon them to place greater restraint upon the sale and slaughtering of cattle than that which now obtains, and—with the view of not depriving the poor of an important article of diet more than is absolutely necessary—to consider whether or not the whole of an animal which has died from disease is unfit for food.

The sale of diseased meat throughout the country is carried on to such an enormous extent that Dr. Cameron will shortly call the attention of the House of Commons to the subject. It is said that the transactions of some London dealers in diseased meat amount to many thousands per annum; that the destination of this meat is the small retail butchers in the poorer and more densely populated districts of the metropolis; and that thirty tons of diseased beef, mutton, &c., are seized and destroyed in the course of a single season. Nor does this last-mentioned fact give an adequate idea of the actual amount of bad meat consumed by the labouring population, as doubtless the above quantity of condemned meat, large as it appears, forms but a small percentage of that which escapes the eye of the sanitary inspector, or that which, in a less repulsive form, is openly sold to all classes of customers. This, however, cannot be wondered at, considering there is little or no Government supervision over the sale and slaughtering of animals for food. Even in the more wealthy parts of the metropolis we have no guarantee that the meat bought comes from an animal that was sound and healthy before it was slaughtered. In the more civilised parts of the Continent precautions have been taken to safeguard the public from the consumption of unwholesome food. The establishment of public *abbatoirs*, the official inspection of the animals brought to the shambles, and the appointment of licensed slaughtermen and skilled veterinary superintendents have been found efficient barriers against those evils and abuses which have become common in this country.

But while it is to be hoped that some legislative measures will be taken to remedy the evil complained of, it is no less desirable that the measures adopted are not of a too summary a nature, and that nothing is done which is not warranted by the experience of our sanitary authorities and the opinion of our most eminent veterinary surgeons. For it is very questionable whether all the flesh of an animal which has been killed soon after the detection of some local disease should be condemned as unwholesome food; and yet there is a popular idea (to which a leading daily paper gives expression) that no meat is fit for food unless it comes from the carcase of an animal that is wholly sound at the time it was slaughtered. As an able writer in the *Veterinary Journal* has recently remarked, the wide prevalence at times of certain diseases, and the pecuniary value o the diseased animals, make it a question of no mean importance whether it is justifiable to condemn as unfit for human food all the flesh of the animals suffering from them; and this question should not be decided on mere theoretical or sentimental grounds, but on the teaching of everyday experience. "It has been fully demonstrated that such maladies as septicæmia, anthrax, and glanders render the flesh very dangerous as food, while there is no reliable evidence to show that the flesh of animals affected with foot-and-mouth disease, pleuro-pneumonia, or cattle plague has ever produced the slightest injury or inconvenience to those who partook of it." Such, at all events, is the opinion of the veterinary authority above mentioned,

an opinion which is strongly supported by that of many eminent writers both in this country and on the continent. Some time ago, the MEDICAL PRESS AND CIRCULAR called attention to some rather startling statements that have been made by men whose judgment in the matter is entitled to some respect, and as the subject is an important one, we shall again quote them, without, however, wholly assenting to the conclusions at which they arrived. Regnal states that the flesh of animals who have suffered from pleuro-pneumonia has been in daily use in Paris for the past twenty years without any appreciable results. Loiset states that, during nineteen years, the flesh of 18,000 diseased animals has been used as food in Lille, and that during that time there was no appreciable alteration in the death-rate, nor any unusual accession of disease. Mr. Gamgee states that in 1862 more than one-fifth of the meat consumed in Edinburgh was that of diseased cattle, and yet that year was not one of unusual mortality. Dr. Greenhow, in the report sent in by him to the President of the Board of Health, in 1857, states: "I have been unable to ascertain that eating the flesh of animals that have suffered from pulmonary murrain produces any injurious consequences on human health." Dr. Druitt, of London, states that he "never saw any case of illness arise from eating the meat of diseased animals." Lèvy, in his "Traité d'Hygiene," quotes instances of the consumption of similar diseased cattle on a large scale, with no injurious effect; and Coze, in the Memoirs of the Agricultural Society of Paris, gives similar instances of the wholesale consumption of diseased flesh in Strasburg. Huzard and Frank might be quoted also in the same connection. Mr. Fleming, in his work on "Veterinary Sanitary Science," says, in speaking of pleuro-pneumonia: "Since the malady has been recognised it may safely be asserted that the flesh of millions of diseased animals has been consumed as food in every part of the world, and yet there is not, to my knowledge, a single instance of any accident attending or following its use."

It will be observed that the above authorities use the terms "diseased cattle," "diseased meat," without any qualification as to the nature of the disease from which the animal may suffer, thereby making a generalisation respecting the truth of which they fail to adduce sufficient evidence. That, however, all the flesh of unhealthy animals is not so pernicious as is generally supposed is shown by the small amount of disease that can be traced to this cause, notwithstanding the enormous quantity of bad meat offered for sale, including a large amount of stale and offensive fish with which the poorer classes are supplied. Nor is it difficult to account for the comparative innocuousness of meat derived from animals affected with certain diseases, considering that the parts of the animal not implicated in the local disease may be little or not at all affected, and that even if slightly unsound, they might be eaten with impunity by being thoroughly cooked, and in consequence of the remarkable antiseptic action of the bile upon the food in its passage through the alimentary canal. This antiseptic power of the bile is very great, and has been proved by numerous experiments. It has been shown by MM. Tiedemann, Gruelin, and Hoffman that when the bile was prevented from passing into the alimentary canal the contents of the latter were more fœtid than usual; and it has also been shown that the admixture of bile with fermenting substances checks the process of fermentation. In fact, were it not for some such provision of Nature, in combination with the large amount of exercise in the open air taken by the working population of the globe, we should be surprised that such a diet as that of the Färoese, for instance, and the large consumption of inferior meat by the working classes in this country, are not attended by more serious consequences than actually result from the eating of so much unwholesome food. The Färoese islanders live during a large portion of the year upon meat in an incipient state of decomposition, and introduce (says Dr. Carpenter) *rast*, or half-decayed maggotty flesh, fowl, or fish as a special relish at the end of a meal. And yet, although it has been shown that such a diet is attended with serious consequences in the event of any epidemic appearing among these islanders, the rate of mortality among them is very low. Besides, it could not be expected that the habital consumption of such disgusting food would be attended with impunity, and probably the consequences would be more serious did they not live in a very cold climate, and lead an active life in the open air.

We make these remarks to show that perhaps a distinction should be made between the flesh of an animal killed in the *incipient* stage of such a disease as pleuro-pneumonia, and that of an animal that has died from, or that has only been killed at a far advanced stage of that disease; and surely it is competent upon our veterinary and sanitary authorities to decide, once for all, whether in the former case the meat may not be sold as wholesome food, as food which, though not of the best quality, is positively harmless, and which may therefore be sold at a reduced price to the advantage of the poorer classes. At the same time it would be very hazardous, under the present defective regulations respecting the sale and slaughtering of animals for food, to allow such doctrines as those above-mentioned to be published among all the purveyors of meat in this country. Even were it proved that under certain conditions the flesh of animals that have suffered from certain diseases may be eaten with impunity, it would still be incumbent upon the State to see that those "certain conditions" should be strictly complied with, which would be simply impossible unless public slaughter-houses were established, and the animals were inspected before and after slaughter by experts appointed for the purpose, and receiving such a salary as would induce them to perform their duties in a thorough and conscientious manner. Whether such officers should be taken from the members of the medical or from those of the veterinary profession is not a question into which we can now enter. There are obvious reasons why those who have most to do with animals, both in a healthy and diseased state, should be the best judges of their fitness or unfitness for food. But whichever plan is determined upon, and whatever may be the measures adopted by Government to check the sale of unwholesome meat, it is to be hoped that something will soon be done in this direction, and for the sake of the poor, with such discretion as not to put a greater premium upon animal food than that which now exists.

THE DEFEAT OF THE COUNTER-PRESCRIBERS.

THE campaign of the Medical Alliance Association against the counter-prescribing druggists is, we are gratified to observe, likely to result in an unmistakeable victory for the doctors, and already the counter-prescribers have sustained a heavy blow which we trust may be but the prelude to their capitulation.

The case of the Apothecaries' Company *v.* Wiggins was tried on the 23rd of last month before Mr. Justice Field, it being an action instituted nominally by the Apothecaries' Society, but really by the Medical Alliance Association against the defendant, a druggist, for having acted as an apothecary in the advising and prescribing for patients. Both sides were represented by eminent Queen's Counsel, and the arguments and evidence occupy the entire of the *Pharmaceutical Journal* for the 1st of June. It was admitted by Mr. Wiggins that he compounded and sold the medicines in question, and the issue to be tried was whether he confined himself to "the buying, preparing, compounding, dispensing, and vending of drugs, medicines and medicinable compounds" as he was entitled by the Act to do, or whether he went further, and consulted with, advised, and prescribed for the patients. That he did so advise was conclusively proved in evidence, it being sworn that he cross-questioned the patient, felt the pulse, examined the tongue, and stated his opinion and advice freely. It was also pleaded for the defence that the Act of Parliament authorises all druggists to "use, exercise, and carry on the same trade or business in such manner as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act," and voluminous evidence was produced with the object of showing that what the defendant Wiggins did was the custom of the trade at the time when these words became law, in which case, of course, the same proceedings might legally be continued. Mr. Justice Field laid down the law at great length in his summing up, in the cause of which he said:—

I have before me the definition of an apothecary, as I find it laid down by those who have gone before me. "I should tell you that the duty of an apothecary is that he is a person who professes to judge of internal disease," (but internal here merely means as distinguished from surgical, it is not intended to mean one particular part of the body) to distinguish ailments such as fevers; it would be difficult to find one word which expresses it all, but you know the meaning of that, "to judge of internal disease by its symptoms, and applies himself to cure the disease by medicines." That is the definition laid down by a very learned judge, Mr. Justice Cresswell, in a case he left to the jury as far back as 1845, and I adopt that and tell you that is the law. I take his language, adopt that language, and tell you that a person practises as an apothecary, if he does what Mr. Justice Cresswell here says: If he professes to judge of internal disease by its symptoms, and applies himself to cure that disease by medicines. I should ask you to keep that definition in your minds when I come to read you the evidence, and to see whether or not, what the defendant did here falls within that. Then I find another definition some years before, in which the learned Lord Chief Justice of the Queen's Bench of that day was of opinion that a man who kept no shop, but advised patients and made up and sold to them medicines which he himself ordered, did act as an apothecary in the ordinary sense of the term, and that it made no difference if he prescribed as well as prepared the medicines; he was still acting as an apothecary.

I give you those two decisions of two very learned judges, and I adopt them as the law which I lay down to you to-day.

Eventually the learned judge left it to the jury to say: 1. Did defendant act and practise as an apothecary in advising and supplying medicines or both. 2. As to the complaints he so attended, were they complaints within the custom of the trade before the passing of the Apothecaries' Act.

On both of these issues the jury found against the counter-prescribers, and his Lordship gave judgment for the amount of the penalty (£20) and costs.

The *Pharmaceutical Journal* considers that this decision is "to be regretted by all who have the welfare of pharmacy at heart;" that "the position of the chemist and druggist has not been in any way improved by the defence that has been made, and that the trial of the case, and the discussion to which it has given rise, may prove injurious to the interests of the trade generally."

Our contemporary comforts itself with the consideration that this verdict "does not in the least call in question the right which chemists and druggists possess by the authority of the 28th section of the Apothecaries' Act." We concur in this view, and would observe that the medical profession has never disputed those rights, nor attempted to deprive the chemists and druggists of one iota of their legitimate privileges and benefits. The *Chemist and Druggist*, the Bombastes Furioso of the pharmaceutical trade, claimed as a right the perpetuation of the abuses of medical practice, which the carelessness of medical men had allowed to develop. That claim has been, in great measure, now disposed of; it may be taken as the established law that counter-prescribing in the form in which it is upheld by the Druggists' Defence Association is utterly illegal, and cannot be pursued without danger of prosecution and penalty.

We are pleased to learn from the *Chemist and Druggist* that "The Executive Committee of the Trade Association has met at Birmingham since the trial of the action—and having received the opinion of their solicitor that it would be useless to appeal, have resolved to take no further steps in that case." In fact, the representatives of counter-prescribing would seem to have arrived at the conclusion that the law is dead against them, for we find their trade organ advising them to seek protection for their prescribing trade in Parliament. The *Chemist and Druggist* says:—"In view of the observations made by Mr. Justice Field at the recent trial in the Court of Queen's Bench, it would seem to be extremely desirable that an effort should now be made to get the fair and legitimate rights of chemists and druggists recognised by the legislature."

After the experience of what Parliament will swallow afforded us by the Dental Druggists' Bill of Sir John Lubbock we can speak with no certainty, but we should be greatly surprised if the counter-prescribers would improve their position by an appeal to the House of Commons, and we suspect they are well aware of this fact.

THE loss of the ship *Loch Ard* is announced, on board which were Dr. Carmichael and Mrs. Carmichael, formerly of Mountrath, in the Queen's County, and their family, consisting of two sons and four daughters, and that only Dr. Carmichael and an apprentice were saved.

VISITING PHYSICIANS IN IRISH LUNATIC ASYLUMS.

We have many times referred to the persistent attempt made by the Inspector's Department at Dublin Castle to reduce the office of Visiting Physician to a sinecure, with the view of eventually getting rid of those officers altogether; and we have pointed out how this object has been sought to be attained by insidious alterations of a word here and there in the regulations, by which trick the contest which would inevitably have arisen out of any decisive change of rule, was avoided, and the purpose gradually, but none the less effectively, achieved.

Availing itself of the opportunity afforded by the recent sitting of the Lunacy Inquiry Commission, the Council of the Irish Medical Association has fully exposed the existence of the policy to which we have referred, and has warmly protested against it in a communication addressed to the Commissioners, which will be found *in extenso* in our supplement for May 22. The Council premises that:

"The questions respecting the duties, powers, and responsibilities of Visiting Physicians which are raised by this inquiry, are of great import to the efficiency of the lunacy system in Ireland, especially considering how vitally essential it is to maintain in full force an independent and extraneous supervision of asylums."

The Commissioners are reminded that under the first code of rules for the management of asylums, promulgated in 1843, the manager was not necessarily a medical practitioner. In 1862 it was made essential that he should be a fully qualified medical man, and he was entitled Resident Medical Superintendent. In 1870 the rules for management of asylums were revised, and again in 1874. The Council directs the attention of the Commission to the alterations of phraseology of the rules at these periods, and points out that the tendency, if not the purpose, of those alterations, and of the methods of asylum administration founded thereupon, has been steadily and surely to divest the visiting physician and the Board of Governors of that controlling and supervising power which they had previously possessed, and to concentrate in the Resident Medical Superintendent the highest and largest authority, for the exercise of which he is, practically, responsible only to the central department.

The Council then proceeds to recapitulate the alterations of the phraseology of the rules to which it refers, and it gives *seriatim* the changes effected at each period of revision; and, in proceeding to comment upon them, says:

"It will be obvious that by these alterations of rule, the Visiting Physician is divested of much of his authority in respect of the treatment of sick lunatics, and the Council is aware that the rules have been construed in many asylums, as precluding the Visiting Physician from taking official notice of inmates suffering from severe bodily illness unless when required by the Resident Medical Superintendent to do so."

The Council submit to the consideration of the Commissioners the question whether it is desirable that the medical care of lunatics in serious, possibly fatal, disease should be confided to the Resident Medical Superintendent with a purely discretionary power to seek other advice. The Council expresses its opinion that the treatment of inmates suffering from bodily disease, and the management of epidemics within the institution, ought in all cases, to be confided to the Visiting Physician, and that it should be declared to be the duty of the Resident Medical Superintendent to report such cases to the Visiting Physician on their occurrence.

The Council goes on to say: "Of far higher public importance, however, is the hindrance which the alterations of rule referred to above interpose against the supervision of the asylum by the only officer who is unconnected with its internal management, and against his communicating freely to the Governors such facts as may come to his knowledge, or his opinions respecting details of the management of the institution. It is hardly necessary for the Council to point out—respecting the visitation of the asylum by an officer whose duties are under the complete control of the Resident Medical Superintendent—who is only permitted to visit at a stated hour—who is not allowed to see the patients except in presence of the Resident Medical Superintendent—who is not authorised to interfere in respect to their mental condition, except with permission of the Resident Medical Superintendent, and in case the patient is under restraint—who is doubtful as to his right to notice even their bodily condition unless 'consulted' by the Resident Medical Superintendent—and who is not permitted to state his views to his Board of Governors either personally or by report—that such a visitation can be of little value either as a safeguard for the inmates, or as a check upon possible abuses within the asylum."

While emphatically deprecating any intention to detract from either the administrative or professional repute of the Resident Medical Superintendent of District Asylums in Ireland, the Council cannot hesitate to express their decided opinion that the fullest opportunity ought to be afforded for external supervision of every asylum in which lunatics are confined, and for observation of the condition and progress of its inmates by persons outside its walls, and not concerned in its administration; and that, with this purpose, the Visiting Physician—the only continuous link between the lunatic within the asylum and the world without—ought to be restored to a position of independence in the discharge of his duties; and the Council dissents from the policy of administration of a lunatic asylum by the hands of any one officer, that officer being responsible almost solely to the central department, which cannot be fully aware of the day-to-day working of the institution.

We most warmly approve of the views expressed by the Irish Medical Association, and of the emphatic yet temperate terms in which those views are expressed. We entertain the hope that the Resident Medical Superintendents will recognise the fact that the protest is made in no spirit of hostility to them, but with a view to the preservation of a class of officers whose threatened extinction would, both from a public and a professional point of view, be greatly to be regretted. The Visiting Physicians are, indeed, in the position of the assailed, and the assault comes not only from the the central department, but from the Resident Medical Superintendents themselves; and the Irish Medical Association would fail in its duty if it hesitated to use its influence for the protection of the Visiting Physician. The profession has remained silent on the subject for many years, because, as we have said, the abolition policy has been pursued so insidiously as never to provoke serious dispute but now that it is recommended to supplant the Visiting Physician by a student resident, who will be, body and

soul, under control of the Resident Medical Superintendent, it is not too soon to record the protest to which the "Association" has given utterance.

Notes on Current Topics.

State of the Thames.

A VERY important question is just now under the consideration of the Metropolitan Board of Works. In 1875 the Board received a report from the Thames Conservancy Board on the subject of an increased deposit of mud in the bed of the Thames at Halfway Reach, near the southern main drainage outfall at Crossness. The Conservators alleged that the increased deposit was due to the discharge of the metropolitan sewage at the outfall, but this allegation the Board, after making careful inquiry, was unable to admit as correct. In the meantime, in June, 1877, the Thames Conservators instructed Captain Calver, R.N., F.R.S., to make a thorough investigation of the subject, including the analysis by Drs. Letheby and Williamson of samples of the bed of the river in the vicinity of the spot above mentioned. In October Captain Calver issued his report to the effect—"That accretions have recently formed within the channel of the Thames; that a material portion of these are in the neighbourhood of the sewage outfalls, and have formed since the outfalls came into operation; that the constituents of these accretions are the same as those of the sewage, and that the latter is discharged in sufficient quantity to account for them, the character of the tidal streams in the neighbourhood of the outfalls, as to direction and force, being the effective cause of the accumulation. He further expresses the opinion that the increase of soil in Woolwich Reach and elsewhere above the outfalls has been derived from the sewage discharge, and that the operation of accretion has been effected by the superior disturbing and transporting power of the flood stream, aided by the peculiar character of the suspended material." In consequence of this report the Board of Works has been requested to protect the Thames from the sewage discharge, and to remove at once, by dredging, the mud-banks near the southern outfall, and in Woolwich Reach. The Board, however, still thinks that Captain Calver's report is little more than a restatement of charges that have been made before and disproved; but, to settle the question, the Board's engineer has received instructions to make a thorough investigation, and to report fully to the Board.

We need scarcely remark that this report will be looked forward to with great interest, for should the allegations of Captain Calver prove true, the present system of drainage into the Thames will have to be very materially altered, more particularly as the alleged evil would be one that must inevitably increase every year, until the districts near the sewage outfalls would become remarkably unhealthy. The Board has been very properly requested to consider the practicability of depriving the sewage of its solid constituents before it was discharged into the river; and until this is done, or until the sewage is carried still further out to sea, we are afraid that most of the conclusions at which Captain Calver arrived will turn out to be too true. The plan of separating out the solid constituents of the sewage and using them for agricultural purposes has so much to recommend it that no doubt the obstacles which at present surround it will be before long surmounted, and should the report of the engineer of the Metropolitan Board of Works substantiate the statement of Captain Calver, there will be a very powerful incentive to the adoption of some means by which the sewage can be deprived of its solid constituents and turned to some better account than that of polluting the river and impeding its navigation.

Silicate Paints for Sanitary Purposes.

THE profession cannot be too generally acquainted with the sanitary and economic advantages of these new paints. The basis of these paints is silex, found in a finely comminuted state on the bed of a lake in North Wales. This fine sand, when worked up and levigated for use, contains over 90 per cent. of silica. The paint is non-metallic, and non-poisonous. It covers better, and goes farther than the white lead paint; it mixes freely with colouring pigments, is impervious to damp, resists the action of heat, and is unaffected by noxious vapours. Exposed to the foulest sewer gas it remains uninjured, while the ordinary white paint is quickly discoloured; and not only does it retain its colour better, but, hardening with time, it is much more lasting. For decorative purposes, says the *Local Government Chronicle*, and also for the preservation of iron, stone, wood, or zinc—but not lead—the preparation called enamelling paint, or silicate enamel, is very valuable; and in a sanitary point of view it answers admirably for covering the walls of hospital wards, being impervious to damp, non-absorbent, and bearing any amount of washing. Another silicate preparation has still greater claims upon the attention of medical men and sanitarians, namely, the petrifying liquid or solution of silica which is said to be a real remedy for damp buildings, and appears to be an impervious and non-absorbent covering for walls, and capable of being applied by any ordinary workman or inmate of a house. As a protective covering for stone, brick, or cement, it is supplied in a colourless fluid state, ready for use. Mixed with any of the ordinary stainers, it forms a very superior distemper paint, and like the silicate oil paint, is, when dry, impermeable, lasting, and washable. It is, therefore, both from a sanitary and economic point of view, a most desirable covering for the walls of union infirmaries, cottage, and other hospitals, school-rooms, bed-rooms, kitchens, corridors, &c. It is supplied in kegs in the form of a paste, which has to be thinned with hot water to the consistence of cream, and if the directions are carefully followed, can be applied by any handy inmate. This last point appears to us a great advantage, as the housekeeper who is disposed to keep his premises clean and wholesome, need not put himself to much expense, and can be independent of the landlord or the painter. If, moreover, it be desirable to make the room cheerful in appearance, the dado may be of a darker hue, and the line of separation defined by a simple stencilled pattern. At the Silicate Paint Company's Offices, 107 Cannon Street, City, rooms may be seen very effectively treated in this way. The upper walls are painted in distemper of a sage green, and the dado in enamel paint of a deep blue, with a simple stencil pattern between.

Recent Remarks on Small-pox and Vaccination.

An article which appears in the current number of the *Nineteenth Century*, from the pen of Sir Thomas Watson, and some recent correspondence in the *Times*, are intended to draw the attention of the public to a subject in which, as a rule, it takes very little interest. Whatever means are best calculated to ward off those epidemics of small-pox by which the country has been visited, they are, in our opinion, more likely to be enforced through the exertions of the profession than through representations made in the columns of the lay press. An occasional letter in a leading newspaper may prevent the public altogether losing sight of the subject, but, with a few exceptions, it does little more. On the other hand the medical profession are in almost daily communication with every family in the kingdom, and are therefore in the best position not only to suggest, but in a great measure, to enforce, the adoption of whatever steps are best calculated to prevent an outbreak of small-pox.

With regard to Sir Thomas Watson's article, there is one point to which we would draw attention, namely, his advocacy of the Belgian method of vaccination with the view of avoiding the risk of inoculating certain loathsome diseases along with the vaccine lymph. The fear of such an accident, is, he says, by no means groundless, and he can readily sympathise with those parents who submit to be fined time after time rather than let their children undergo an operation which they think may do harm. We regret that Sir Thomas Watson has given expression to his sympathies in so public a manner, inasmuch as the opponents of compulsory vaccination will no doubt be encouraged by the opinion of so high an authority, to persist in their evasion of the law. We would not deny that the accident to which Sir Thomas Watson refers does occasionally happen, but the frequency of its occurrence has been very much exaggerated, and a long and universal experience has shown that if the lymph be carefully selected, and the operation properly performed, there is no danger of introducing anything but pure and healthy vaccine. With regard to the Belgian method, all we have to say is that there are many obstacles in the way of its being successfully carried out among a population so great as that of this metropolis. Besides, there is no evidence to show that the vaccine matter now produced is less powerful than it was in the days of Jenner. Individual idiosyncrasy, and the carelessness of the operators, are alone responsible for the occasional inefficacy of the lymph.

The two letters to the *Times* are from Dr. Domett Stone, and Dr. Ducat, respectively. The former chiefly draws attention to the subject of re-vaccination, on the importance of which we dwelt so fully more than twelve months ago, that we shall only reiterate the hopes then expressed, that every medical man will think it his duty to press upon the public the necessity of children being re-vaccinated when they have arrived at adolescence.

In the letter of Dr. Ducat we have a graphic description of the "round-about and circumlocution office" arrangements made by the authorities to meet an outbreak of small-pox. They serve to show, he remarks, that the great art of "how not to do it," still survives. A district medical officer, for example, who meets with a case of small-pox in his district should report it to the relieving officer; the relieving officer should then report the medical officer's report to the vaccination officer. It is the duty then of the vaccination officer to visit the house in which the case has occurred, and ascertain if any persons require to be vaccinated. If so, then the vaccination officer sends off his report to the public vaccinator, and the public vaccinator's duty is now to go to the infected house and vaccinate those requiring it.

Can it be wondered at, adds Dr. Ducat, that with regulations like these epidemics of small-pox so frequently recur and spread? Certainly not; and it is evident from all past experience that compulsory vaccination and prompt re-vaccination are, along with isolation, the only means of preventing outbreaks of this disease.

Victims of the Late War.

At their meeting last Friday the Stafford House Committee had placed before them some interesting statistics of the dangers which attended the heroic efforts of the surgeons who have been employed in the East. Stafford House and Lord Blantyre sent out 35; of these 13 were stricken by dangerous maladies, and 2 died. The Red Crescent employed 45, of whom 14 were invalided, and 7 died. The Red Cross furnished 14 surgeons, of whom 3 were ill, and 1 died. The Turkish Compassionate Fund employed 11 doctors, and 3 suffered from dangerous illness. Forty sisters of charity lent their aid in the work of mercy, and of these 30 were prostrated by fever, and 13 laid down their lives in their holy mission. These facts would almost suggest the propriety of only sending out those surgeons and those sisters of charity whose health and strength are likely to stand the hardships and dangers to which they are exposed. It is to be feared that many men and women with more spirit than strength are induced to go through a campaign for which they are, physically speaking, but ill-fitted, and to which they will very probably succumb.

The Centenary of Lord Brougham.

We are not aware that any preparations are being made to celebrate this event in either England or Scotland, but we are glad to hear that the late eminent and learned Lord Chancellor is not forgotten by those people among whom, in the latter part of his life, it was his habit to pass the winter season. Steps have been taken by the Mayor and other prominent citizens of Cannes, not only to hold a grand *fête* in honour of the occasion, but to erect a noble and expensive statue to his memory. The statue is to be executed in the best white marble, and it will represent the illustrious orator and law reformer as wrapped in his cloak and pointing with his finger to the soil which he has chosen for his winter residence. It will be surmounted on a suitable pedestal, on which there will be also allegorical figures representing the British Lion reposing among some olive trees, and other subjects, The whole undertaking says much for the good taste and gratitude of the people of Cannes, and it is certainly an honour which all Englishmen will duly appreciate.

Belladonna Poisoning.

A CASE of poisoning by belladonna in a male child under 4 years of age is reported in the last number of *Guy's Hospital Gazette*. Although the child swallowed but a very small quantity (two or three drops it is stated) of a liniment containing the poison, the symptoms were very alarming and characteristic. The child screamed, clenched its hands, and was seized with tremblings and convulsions. On admission the pupils were dilated, conjunctivæ injected, and face swollen. He was delirious, often screamed, put his clenched hands up to his mouth, and had frequent slight convulsive attacks. The breathing was accelerated, with sonorous inspiration and elevations of the alæ nasi. He was treated with emetics of sulphate of zinc, followed by 5 gr. doses of tannic acid every half-hour. The next day he was quite conscious, and ultimately recovered.

Statue of Claude Bernard at Lyons.

A COMMITTEE has been formed to organise a public subscription with a view of erecting a statue of Claude Bernard at Lyons (the second city in France) near which he was born. A circular has been sent out by the committee which reminds the profession that Claude Bernard, the great physiologist who has lately been honoured by France with a triumphal funeral, was born near Lyons; he never forgot his native place, but returned thither each year, to renew in the repose of the village his ardour, and his energy wasted by hard work. During his life, the humble village where he was born and to which he was so deeply attached, became to the people of Lyons almost a place of pilgrimage, where they were sure to receive, with the reception which he knew how to give his guests, encouragement and wise counsels from the learned, to the workers who were recommended to his sympathy, by their love of science and industry. Claude Bernard has thus exercised a considerable influence in the direction of medical and physiological studies among the middle classes at Lyons by whom he is remembered with the most lively gratitude. Paris, remembering its duty to this French physiologist, will shortly erect, to him, a statue in front of the college where he went through his principal studies. The Faculty of Medicine of Lyons, which owes a great deal to Claude Bernard, has itself organised a committee to raise a public subscription, the product of which is to erect a statue in the palace of the Faculty.

The Will of Mr. Bury, of Dublin.

IT will be recollected that some months ago we announced that a sum of £20,000 had been bequeathed by Mr. Bury for the purpose of founding a hospital in Dublin. It was found necessary to institute a suit to establish the will, and the trial came off last week. Testator died on the 13th of January last. The will was dated June 9th, 1877, whereby the testator left the great bulk of his property, value £20,000, to Cardinal Cullen, Mr. Theobald Purcell, Q.C., and Serjeant Sherlock M.P., for the purpose of founding a hospital in or about the neighbourhood of Dublin for the treatment of diseases; or, if his property should prove insufficient for the purpose, of adding a wing, ward, or beds to some existing Dublin hospital. These three gentlemen were appointed trustees and executors, and for their trouble were left £20 each, but Serjeant Sherlock renounced and disclaimed the trusts of the will. The testator directed that his medical attendant, Dr. Joseph William Hepburn, should be retained as consulting physician to the hospital, and that his trustees and executors should employ Mr. William Thomas Daniell as their solicitor in the management of his affairs. The will was disputed by the defendant, Mr. Barry, of Downings, county Kildare, as heir-at-law, on the usual statutable grounds—want of due execution, testamentary capacity, and knowledge and approval of the contents; and also alleging that it was obtained by undue influence exercised by Mr. Daniell, Dr. Hepburn, and Mrs. May, the testator's housekeeper, to whom was bequeathed a legacy of £100. After a trial extending over five days the jury failed to arrive at a verdict, there being, it is understood, ten jurors in favour of the will and two against it.

The Health of Dublin.

THE total mortality of the city for the week ending June 8, is rather more favourable than that of the previous week, the deaths being only 11 over the average of same week of ten years (165 against 154). This apparent improvement has reduced the death-rate to 27·3 per 1,000 of the population, which is only 6 per 1,000 above London (21·6). The change for the better in the health of the city is unhappily only apparent, for it appears that the zymotic deaths numbered as many as 59, which is 27 in excess of the average of ten years, and 19 worse than the previous week. Of these deaths 19 were from small-pox, and the admissions of variolous patients to hospital (86) were higher than those of last week. There are now under treatment in hospital 234 cases.

The Abuse of Hypodermic Injections.

A NOTE in the *Philadelphia Medical Times* draws attention to a flagrant instance of the abuse of this valuable method of administering certain remedies. A young lady suffering from a mild attack of melancholia, came under the care of Dr. Betton Massey with seven slight ulcers on each arm. In addition to these, a series of as many deep abscesses afterwards showed themselves, and extending far in between the muscles. Her physician had thought it necessary to administer repeatedly as much as lx. gr. chloral hydrate by the hypodermic method on account of a fancied inability to give it by the mouth. By a little persuasion, Dr. Massey succeeded in overcoming her repugnance to the taste; but her previous physician's rash experiment had cost the patient three months of suffering and a lifetime of scars.

Treatment of Diphtheria.

IN the *New York Medical Journal*, Dr. G. A. Van Wagenen has given an analysis of 112 cases of diphtheria which came under his own observation. With regard to the treatment of this disease he speaks very favourably of the continuous inhalation of steam, as recommended by Oertel in Ziemssen's "Cyclopædia." The vapour is to be inhaled for 15 or 20 minutes every hour. When the membrane attacked the larynx the vapour was used constantly; and in many instances where the membrane

was light, and in some where it was heavy, the deposit broke down into a suppurating mass after 12 to 24 hours. The writer is quite confident that in five of the six who recovered after membrane was deposited in the larynx, this happy result was due to a most constant and untiring use of the vapour.

Local Sewerage and Drainage.

THE Metropolitan vestries and district boards are now by Act of Parliament compelled, before constructing new sewers, to submit the plans to the Metropolitan Board of Works for approval, in order that the proposed sewers may harmonise with the general system of drainage. During the past year plans for about 36 miles of sewers, varying in size from 4 ft. by 2 ft. 9 in. in brickwork to a 9 in. pipe, were submitted to the Board, and were all carefully examined. Moreover, 427 branch sewers have, during the year, been connected with the main sewers, under the superintendence of the Board officers.

THE poor of Dolgelly, Wales, have not much to thank their Guardians for if we may judge from the report of the Local Government Board inspector, who writes, "I must again request the special attention of the guardians to the notes made by me on both my last previous visits as to the case of the children and others being left to the care of imbeciles. At present the male nurse is an 'imbecile,' and Jane Richards, also an 'imbecile' of violent temper and the mother of illegitimate children, is in charge of the children. I can only characterise such a condition of things as a disgrace to the union."

THE parents of a child who was allowed to die at Plaistow in Essex a few days since, and whose life, according to the medical evidence, might have been saved had medical aid been summoned, have been committed for trial for manslaughter. They belong to the sect known as the Peculiar People, whose creed is in case of sickness to "send for an elder, who will lay hands on the sick, anoint him with oil and pray in the name of the Lord," medical assistance being absolutely denied.

THE Hereford Infirmary and the Aberdeen Hospital for Incurables, have each received bequests of £500. The Lancaster Asylum for Idiots has received a bequest of £184. The East London Hospital for Children, £105. The Sheffield General Infirmary, and the Public Hospital, £100 each. Sir Curtis Sampson has given £105 to the Victoria Hospital for Children, Chelsea; and "A Friend" has sent £100 to St. George's Hospital, Hyde Park, all during the past week.

THE annual rates of mortality, according to the most recent weekly official returns, were: in Calcutta, 38; Bombay, 45; Madres, 42; Paris, 25; Brussels, 27; Amsterdam, 24; Rotterdam, 25; The Hague, 27; Stockholm, 27; St. Petersburgh, 58; Berlin, 33; Dresden, 26; Breslau, 33; Munich, 35; Vienna, 33; Buda-Pesth, 45; Naples, 33; Turin, 26; Alexandria, 41; and New York, 22 per 1,000 of the population.

THE mortality last week in the four principal cities of the United Kingdom was at the rate of 22 per 1,000 in London, 23 in Edinburgh, 26 in Glasgow, and 27 in Dublin. The death-rate in all the other large centres continues exceptionally low.

SMALL-POX caused 42 deaths in London last week and 19 in Dublin, not one being reported from any other part of the kingdom. The deaths from diseases of the respiratory organs were somewhat above the average last week in London, mainly due to the extreme fluctuations of the weather.

Literature.

SCIENCE AND ART OF SURGERY. (a)

THIS work has reached the seventh edition, but the improvement in the present edition far exceeds that of any former edition over those preceding it. The whole work has been carefully revised, and new and important matter has been added. The type is more pleasing and less fatiguing to the eye, and all important points are rendered prominent by clarendon type. One hundred and fifty new illustrations have been added to the text, and many of the old ones have been re-drawn. New operations, with all their difficulties and dangers, have been described in detail, a matter of considerable importance, not so much to the student as to the young surgeon who, unguided by experience, and wanting the records of carefully compared operations, is too apt to select forms of operative interference entailing unnecessarily dangerous risks.

Throughout the work the author has endeavoured to direct the student to accuracy of diagnosis, carefully detailing the signs and symptoms of resemblance and of difference between injuries and diseases which bear any similarity to each other.

We have no hesitation in stating that the seventh edition of Erichsen's Surgery is the best work on systematic surgery in the English language.

In passing through the more important chapters we find everything that is new in the subject of surgery carefully valued.

The merits of chloroform and ether, together with the other anæsthetics, are introduced in this edition, and are compared. Esmarch's bloodless operations are referred to, showing how various English surgeons have adopted methods closely touching upon, though just falling short of that for which all honour must be accorded to Esmarch. The chapter on amputations is interesting, and indeed, exhaustive. Each operation is illustrated by a diagram, and the advantages of the one over the others under variations of circumstances are explained. The modified circular amputation which is attributed to Liston is well portrayed.

It would be well if this operation were more commonly performed than is at present the case. It consists of short double cutaneous flaps dissected up somewhat higher than the angles of the incision, the rest of the operation being according to the plan known as the circular. Another useful point referred to in this chapter is the position of the cicatrix after an amputation; the two-third and one-third double flap, the longer being in front of the bone, developing the cicatrix clear of the exposed part of the stump.

The subject of *inflammation* might be further revised with advantage.

In fractures there is but little to be added. The recent improvements in appliances for fracture are explained, and among them we notice a woodcut of Hamilton's double thigh splint with cross-bar. In fractures of the femur in children it is often difficult to maintain the limb in a good position on account of the restlessness of the patient. Hamilton's splint is applied to both limbs, so that the child is unable to move, whilst at the same time it can be turned about for cleansing purposes without pain, and without any probability of displacing the fracture.

In the chapter on injuries of the head is an interesting table showing the results of contusion of the bones of the

(a) "Science and Art of Surgery." By John Eric Erichsen, F.R.S. Longmans, Green, and Co.

head without fracture. It is taken from the records of the War Department of the United States army. Of 328 cases, 55 died, 175 were disabled, and 100 recovered. The deaths were chiefly from compression of the brain by blood or pus, or from intra-cranial injuries. The complications affecting the disabled were persistent pain with vertigo, paralysis of limbs, impairment of vision from injuries to the frontal region, impairment of hearing from wounds in parietal and temporal regions, epilepsy, and insanity. With regard to the use of the trephine, the author says it may be applied for the fulfilment of one of two principles—either with the view of preventing inflammation and its consequences, or for the purpose of removing some cause of compression. The only case in which preventive trephining is practised by modern surgeons is that of punctured or starred fracture of the skull without stupor. In all other instances the object of its application is the removal of a cause of compression, or of irritation of the brain, such as depressed bone, foreign bodies either fixed in the skull or lying close under it, or pus or blood extravasated within the cranial cavity.

At page 679 commences the chapter on diseases arising from the absorption of septic matter, or the products of infective inflammation, and the chapter following is on the subject of pyæmia. It is impossible to give an abstract of these chapters; they must be read in their entirety. All surgeons are aware of the time, trouble, and thought bestowed by Professor Erichsen upon the question of causes of pyæmia and its associated disease. His ideas were put forward and discussed at the Debate on Pyæmia opened by Mr. Prescott Hewett, when President of the Clinical Society.

The essential point of his opinions is contained in the following quotation:—

"Of all causes overcrowding is undoubtedly the most frequent and the most fatal; more particularly is overcrowding of patients injurious, if there be many *suppurating* wounds under the same roof. That pyæmia is the result of the faulty hygienic conditions just alluded to, viz., want of pure air, overcrowding, and insufficient and unwholesome diet, is evident from the fact of its being rife and most destructive where those diseases prevail, as amongst the poorer classes of all large and densely-populated towns; while in the purer air of country districts, or in private practice amongst the wealthier classes, it is rarely met with. It is one of those causes of death after operations that might and ought to be prevented." In the Franco-German war, the fact, which, however, was well known to all scientific surgeons, was established beyond all possibility of a cavil, that the danger of pyæmia increased *cæteris paribus* in proportion as wounded patients were closely crowded so that the atmosphere surrounding them became contaminated by morbid exhalations from *suppurating wounds.* Indeed there is no fact better established in surgery than that pyæmia is the result of the aggregation of the wounded, and that its development may be prevented at any time by reference to the cubic space allotted to each patient. As this is diminished so the disease increases, and this *cæteris paribus* in an exact ratio.

It must, however, be added that occasionally cases occur in private practice where the operation performed is unimportant, and where every surrounding condition is such as would be desired by the surgeon. In these cases it must be said that the constitutions of the patients are peculiarly deteriorated; there is then a tendency to develop sub-acute inflammation, or perhaps it may be more in accordance with pathological reasoning to say that any inflammation, either extrinsic or intrinsic, once established, tends by some means, possibly by embola, to bring about inflammation in other parts of the body. The healthy body is capable of combating the disease, the darts cast by the primary disease fall harmlessly among the healthy tissues, but in the deteriorated constitution each one takes effect, and pyæmia or some one of its associated diseases is the inevitable result.

The results of experiments in lower animals accord with such a view, for the injection of fluids derived from a part in state of acute inflammation into the blood of an animal, bring about effects similar to the forms of pyæmia or septicæmia in man. As Professor Erichsen says, "every stage may be produced at will between the cases of the most malignant blood poisoning and the mildest febrile disturbance by varying the nature of the fluid and the conditions of the experiment." The effects will vary with the quantity of the fluid injected, and to an extent with the condition of the animal experimented upon; but should the animal escape the acute fever, the chronic effects produced are identical in every way with tuberculosis.

Tumours.—The classification of tumours is completely altered, the German views being accepted *in toto.*

The tumours and pathological subjects, the author tells us, were illustrated by Mr. Rickman Godlee. The illustrations are numerous, very true, and well executed and form a valuable addition to the work.

It is only in recent years that this subject has received the attention of pathologists, and it is to be regretted that the different museums attached to the London schools of medicine are even at the present time crowded with specimens of tumours labelled according to the fancy of a curator at a time when our knowledge of the structure of tumours was on a par with our present knowledge of the structure of the heavenly bodies.

Under the head of tumours, is a lengthy and instructive disquisition on the origin of cancer. The author does not venture his own opinion upon a most important, though yet doubtful, question, but he appears to lean to the theory of the local origin of cancer, a theory with which we concur. There are some able surgeons and pathologists who do not doubt that cancer is of a constitutional origin; and one whose opinion on any and every subject we are bound to receive with respect, Sir James Paget, has expressed the opinion that the local disease is but a manifestation of a specific and morbid state of the blood descending from parentage, and that though many cases of cancer occur in persons among whose blood-relations the disease has never exhibited itself, yet in such cases, if the relatives had achieved a certain age, the disease would have undoubtedly appeared.

If such opinion is of grave weight, it is a very painful matter for reflection to those whose relatives near or far have been the subject of cancer or malignant growths, and it imparts a sense of self gratification to be able to comfort a multitude of minds with a strong conviction, such as expressed by Velpeau, Virchow, De Morgan, and ourselves, that this scourge of disease is but a local disease primarily, and therefore not being constitutional, cannot be greatly influenced by heredity.

(To be continued.)

THE PROGRESS OF THE DUKE OF RICHMOND'S BILL.

THE amendment introduced into the Duke of Richmond's Bill at the instance of the Marquis of Ripon, the effect of which would be to entitle the examinees of a Conjoint Board to be placed upon the Medical Register without having obtained any degree or diploma whatever, has, as we anticipated it would, evolved a most determined and active opposition on the part of the licensing bodies, especially of the corporations, which institutions, having no other sources of income than diploma fees, would be actually extinguished if this proviso became law. The English bodies are, no doubt, satisfied to think that their interests are not seriously threatened, inasmuch as the English Conjoint Scheme is (by the 14th clause of the Bill) recognised and made law, subject to the approval of the Privy Council. This approval is, however, in respect of the fee question, by no means assured, and the English licensing bodies, therefore, cannot be free of apprehension that the thirty guinea conjoint examination fee named in their scheme might yet be reduced to a nominal sum, at the instance of those who do not see why a licensing corporation should be maintained at all, or why the student should pay for his examination anything more than its bare cost.

The Scotch Bodies are, as might be expected, united in their desire to upset the Bill, *per fas aut nefas.* Their objection runs against conjoint examination in any form, and against enforced uniformity of education, and of fee; and

as it is the chief object of the Bill to secure these principles, the Scotch medical authorities are antagonistic to its progress, no matter how it may be amended in detail. They will, therefore, probably join, *vaut de mieux*, in the proposal of the British Medical Association, to remit the whole question to the limbo of a Select Committee, hoping, no doubt, that a change of government, or some unlooked-for dispensation of Providence, may interpose to prevent the enactment of conjoint examination.

The Irish Bodies, on the other hand, are warm in their desire for compulsory conjoint examination, as provided by the Bill, but, nevertheless, earnest and uncompromising in their determination to resist the Bill by every means, if the Marquis of Ripon's amendment be not modified in such manner as to admit of the continued efficiency of the Corporations.

The majority of the Irish Licensing Bodies had, it will be remembered, actually agreed upon a Conjoint Examination Scheme, which received the approval of the Medical Council; and that Scheme would, probably have been in working for the last three years, but for the refusal of the Queen's University to co-operate, and the obvious imprudence of leaving that institution free to dispose of its degrees on terms far beneath those which bound the other bodies together for conjoint examination. If the Duke's Bill had remained as it originally stood, it would have met rather with support than opposition on the part of the Irish bodies, and, we believe, we state accurately the policy of the whole of those bodies (saving the Queen's University) when we say broadly that they would desire to see the Duke's Bill made law, but will obstruct it with all their energy in the absence of a defined assurance as to the question of diplomas and diploma fees.

We understand that the Royal Colleges of Physicians and of Surgeons in Ireland have taken steps which show that they are quite in earnest. They have both petitioned for amendment of the measure, and after special consideration of the matter, have deputed representatives to act for them in London, and in the House of Commons for the furtherance of this object. The Irish College of Physicians has adopted as its programme, *a*. Direct representation; *b*. abrogation of Lord Ripon's amendment; *c*. Reference to a Select Committee if found desirable.

The Deputation named to act on behalf of the College consists of the President, Dr. Gordon, the Vice-President, Dr. Lyons, with Dr. Finney, Dr. J. W. Moore and Dr. Grimshaw, if he be able to accompany them. The Royal College of Surgeons has, in its petition intimated its readiness to aid the principal object of the Bill by co-operating in Conjoint examination, but asks generally for such amendments as may secure the continued efficiency of the Licensing Corporations. The Deputation named on behalf of the College consists of the President, Dr. Smyly, the Vice-President, Dr. Mapother, the representative of the College, Dr. Macnamara, and with them, Dr. Jacob. These gentlemen are now in London and in conference with the representatives of other licensing bodies and with members of Parliament. The medical question will probably receive some definite settlement within the coming week. Dr. Lush's Bill is set down for its second reading for this (Wednesday) evening, Mr. Arthur Mills's (the Bill of the British Medical Association) for Friday, and the Duke's Bill, we believe, will probably be considered on Monday.

Obituary.

DR. PENTLAND, KELLS.

LAST week all that was mortal of Dr. Henry Pentland was interred in the churchyard of Kells. The deceased gentleman resided in Kells for a period of close on half a century. He died on Friday week in the house where, 76 years ago, he was born. He thus lived through an eventful period in his country's history. Nearly fifty years ago he attended Lord Oriel, better known as John Foster, the last Speaker of the Irish House of Commons, in the illness which eventually proved fatal to him. Later on he watched the dying couch of the famous Irish musician, Stevenson. It is, however, of his services to the poor of Kells we would principally speak. In the dreadful years of the cholera, fever, and famine, Kells suffered most severely. Grass grew in the streets, all business was suspended, whole families died in a single day, and panic was universal. In this trying time Dr. Pentland was physician to the fever hospital. Night and day cases came pouring in, until at last even the short quarter of a mile between his residence and the hospital became too long a distance to traverse at night when instant succour to the agonising or the dying was imperative. Determined to do his duty thoroughly he had his bed removed to the fever hospital, and there day and night for over two months he lived and laboured, breathing the death-laden atmosphere, exhausted with fatigue and watching, and risking his life every hour. He finally caught fever himself, and with difficulty recovered. Such self-denying heroism as this should not be disregarded, and in the large concourse—in which all ranks and classes were fully represented—which surrounded those who bore him to his last resting-place on Tuesday, a very general wish was expressed that some steps should be taken to erect a memorial over his grave with a suitable inscription.

Medical News.

Royal College of Surgeons of England.—The following members, having passed the final examination for the Fellowship at the recent meeting of the Court, were duly admitted Fellows of the College on June 13th:—

Boulter, H. B., L.R.C.P.Lon., Hull.
Brockman, E. F., L.R.C.P.Lond., Kensington.
Cross, F. R., Redland, Bristol.
Edwards, F. S., L.R.C.P.Lond., St. Mark's Hospital.
Firth, C., M.B.Lond., St. Giles, Norwich.
Frost, W. A., L.R.C.P.Lond., Ladbroke Square, W.
Hames, G. H., L.R.C.P.Lond., Leicester.
Harrison, C. E., M.B.Lond., Chelsea Barracks.
Manders, H., L.S.A., Marlborough, Wilts.
Mercier, C. A., Salford, Manchester.
Paul, F. T., L.R.C.P.Lond., Liverpool.
Pughe, R. N. A. J., M.B Lond., Liverpool.
Roth, B. M. S., L.S.A., Wimpole Street, W.
Schofield, R. H. A., M.B. Oxon., Cambridge Gardens, W.
Williamson, G. E., L.S.A., North Shields.
Wright, G. A., M.B.Oxon., Millman Street, W.C.
Yeo, G. F., M.D.Dub., Albemarle Street, W.

The following gentleman have been elected without undergoing the usual examination:—

Army, E. S. D., M.R.C.S. diploma, 1840.
Houghton, J. S., M.R.C.S. diploma, 1838.
Kellock, W. B., M.R.C.S. diploma, 1843.
Mann, R. J., Wandsworth, M.R.C.S. diploma, 1840.

The Mineral Springs of Tarasp. Switzerland.—The Mineral Springs of Tarasp, though little known fifty years ago, are now amongst the best frequented of the Spas of Europe. Schœnlein was the first who drew attention to this district as one of the richest in mineral springs in Europe, and since then several English physicians have written upon them: Drs. Yeo, Lee, Sedgwick, Ker, &c., and they all agree that the magnificent Alpine scenery, amidst which Tarasp is situated, its

beautiful climate, its mild and equable temperature, and its unequalled abundance of springs, render it one of the most attractive and certainly one of the most efficacious health-resorts, since there are no more powerful alcalo-springs to be found anywhere. There are two classes of waters here: The Alcaline Saline Springs, to which the place owes its principal reputation, and the acidulous Chalybeate Springs which are very numerous. The St. Bonifacius Spring has been hitherto the only one used for drinking purposes, but now the Wyh and the Suotsass Springs, situate in the immediate neighbourhood of the village of Schuls, have also been enclosed and provided with spacious, handsome spa-buildings, and in order to use the aforesaid acidulous chalybeate waters for bathing also, a commodious building has just been finished at Schuls. Some of our readers will doubtless be glad to know of a place which is not yet spoiled by the crowding of fashionable people, where they can send patients needing a complete change of climate and treatment for convalescence, and as such a desideratum seems to present itself at Tarasp, we are glad to give these brief particulars, which were kindly furnished to us by Dr. Pernisch, of Schuls.

Small-Pox in the Metropolis. — At the meeting of the Metropolitan Asylums Board on Saturday last a memorial was presented from the vestry of Paddington upon the subject of small-pox, stating that as the sanitary authorities they had endeavoured to find a site for the erection of an hospital for small-pox patients of the non-pauper class, but had wholly and entirely failed. It pointed out the absurdity of the thirty-nine local authorities of the metropolis each building its own small-pox hospital, and the want of unity that would ensue, as well as the enormous expense which would be incurred, not only in the building and furnishing, but in having to sustain thirty-nine separate staffs of officers. It urged that the proper and legitimate course would be to have the control of a small-pox hospital for patients of the non-pauper class placed under the managers of the Asylums Board as a central authority, and further suggested that the sanitary authorities of each district should pay to the managers an annual sum, duly apportioned, whether they availed themselves of accommodation for their parishioners of the non-pauper class or not. It was remarked that there was a general concurrent opinion in the views expressed in the Paddington memorial on the part of nearly all the sanitary authorities of the metropolis, and the subject was ultimately referred to a committee.

Accident to a Medical Man.—On Monday evening as Dr. Neale, dispensary medical officer at Clonaslee, was driving, his horse was frightened by a donkey and bolted. Dr. Neale was thrown from the car, and his arm was broken by the fall.

ABBEYLEIX UNION.

ASSISTANT MEDICAL OFFICER. DR. STONEY'S APPOINTMENT.

A letter was read from the Local Government Board, Dublin, expressing their sanction of the appointment of Dr. Stoney as *assistant medical officer of the workhouse*, at a salary of £40 per annum.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber,' "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Notice to Subscribers.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

CLINICAL LECTURES ON DISEASES OF THE CHEST.

We have much pleasure in announcing that with the first number of the new volume (July 3rd) we shall commence a series of valuable unpublished lectures "On Diseases of the Chest" by the late Dr. Stokes, whose name is sufficient to command the attention of medical men throughout the civilised world. These lectures have been prepared for our columns, and will be revised in passing through the press by Dr. Stewart Woodhouse, Professor of the Institutes of Medicine in the Carmichael School, to whom our best thanks are due.

Prof. Spencer Wells will continue his lectures "On the Diagnosis and Surgical Treatment of Abdominal Tumours" at the Royal College of Surgeons, London, this day and on Friday next at 4 p.m.

The Social Science Congress.—This Association is now making the preliminary arrangements for the holding of the annual congress, which takes place at Cheltenham in the second week in October. The necessary pecuniary guarantee of £750 has been raised at Cheltenham for expenses, and the committee has been appointed. The president for the year is the Earl of Aberdeen. The departments in which papers will be read are—1. Jurisprudence and Amendment of the Law: 2. Education; 3. Health; 4. Economy and Trade; and 5. Art.

Dr. F. E. R. should read the little brochure entitled "Medical Men and Manners" in connection with Mr. Erichsen's pamphlet "On Surgical Evidence in Courts of Law."

Hospital Sunday Fund.—The Council of the Metropolitan Hospital Sunday Fund are summoned to meet this day at the Mansion House, under the presidency of the Lord Mayor, to complete the necessary arrangements for the 30th June, on which day the annual appeal on behalf of the medical charities of London of 1878 falls. Last year the Fund amounted to £25,000. At the lowest estimate, double that sum is needed to supplement the general annual incomes of hospitals and dispensaries. It is hoped and anticipated that the collection this year will be more up to the requirements of the Fund than hitherto.

Mr. James T.—The style savours very much of quackery, but is scarcely sufficiently pronounced for us to condemn in these columns.

Excelsior.—Your letter is unavoidably held over to our next.

Mr. A. B, London, is thanked for the notice of his book, but as it is totally opposed to our custom and that of all respectably-conducted journals to allow authors to review their own works, we have consigned his MS. to an oft-used receptacle, as our estimate of Mr. Thom's work might possibly differ from his own.

Unprofessional Conduct.—Our attention has been drawn to an advertisement of E. W. Alabone, M.R.C.S.Eng., who offers, through the medium of the lay press, to supply the public with a work on the cure of consumption for 12 stamps, by writing to his address, Lynton House, Mildmay Road, London, N. We herewith give the author of this unprofessional announcement, and of the book—which is doubtless a wonderful production— a gratuitous insertion in our columns, at the same time we beg to draw the attention of the college which granted his diploma thereto. Mr. Alabone dubs himself M.D. in his advertisements; as no such degree is on the Register the Medical Defence Association might perhaps take cognisance of the fact.

A. W. W. (Parsonstown).—The symptoms described by our correspondent are those of chronic gastritis, and we are inclined to agree with his medical friends in ascribing the occasional exacerbation of pain from which he suffers to neuralgia. Be the pathology of his case what it may, however, it is clear that he suffered more whenever the weather is wet and cold than at any other time, and hence he should seek some climate dry and warm, or at least dry. For in such a case, the hygrometric state of the atmosphere is of far greater importance than its temperature. Hence, if our correspondent be decided on expatriation, we would recommend him either the warm dry climate of Western Australia, perhaps the finest climate of this class in the world, or else the cold dry and bracing atmosphere of Upper Canada, and of these two we should decidedly recommend him to give the preference to Western Australia.

Irish County Infirmaries and Workhouses.—We have received a further letter from Dr. Laffan on this subject, but as we can see no advantage in instituting an invidious comparison between the surgical opportunities of these institutions. and as we consider that the statements of our correspondents on both sides have been already sufficiently explained, we think it well to close the controversy, and are, therefore, obliged to decline Dr. Laffan's letter with thanks.

The Army compared with Civil Practice.—We have received a communication on this subject in which the writer takes exception to the statement put forward by the Professors of the School of Physic in Ireland as to the educational superiority of the M.D. of a University which requires for a degree a full graduation in Arts from its Doctors of Medicine. The letter expresses a good deal of the writer's views and some of his impressions, but not a single fact or argument bearing upon the subject upon which he writes. We must remind him that the proceedings of an individual M.D., even if truly stated, cannot alter the educational level of the degree which he holds, and we take it the public will consider that a medical man who has devoted four years to the study of Arts is likely to be more highly cultivated than his neighbour.

Mr. Rendle.—We are uncertain as to the point, but will answer you definitely in our next.

Vale.—Your communication is unavoidably postponed.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Phosphates in Nutrition. By M. F. Anderson, L.R.C.P. London: Baillière, Tindall, & Cox.

Aids to Chemistry. Part II.—Inorganic. By C. E. Armand Semple, M.B.Cantab. London; Baillière, Tindall, & Cox.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 26, 1878.

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Clinical Lectures.

ON CONTRACTIONS.

By S. MESSENGER BRADLEY, F.R.C.S.

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.

Gentlemen,—I wish to direct your attention this morning to the different varieties of contractions, and in order to render this clinical lecture as far as possible an "object" lesson I have brought before you many varieties of deformity. I shall first ask you one by one to examine the cases for yourselves, and after giving your opinion, I will proceed to make some general remarks upon the subject of contractions illustrated by the cases before us.

[The students then examined the cases.]

I have drawn up this table, gentlemen, not that I think it a perfect classification of contractions, but because its pathological basis serves my present purpose better than any other with which I am acquainted. I have here divided contractions, according to their origin, into Nervous, Muscular, Diathetic, and Traumatic, and arrange them under these heads as follows :—

Nervous	Organic ...	Talipes, whether spastic or paralytic; wry-neck; some forms of club-hand; contractions resulting from rigid atrophy.
	Dynamic...	Hysterical contractions.
Muscular		All contractions of muscles dependent solely on long retention of one position.
Diathetic	Strumous Contractions	As, *e.g.*, contraction of joints following strumous, gouty, or rheumatic inflammations.
	Gouty ,,	
	Rheumatic ,,	
		Contractions of fascia of fingers, or toes.
Traumatic...		Contractions resulting from injuries of any kind.

Taking this table as our guide, I will first refer to the cases of talipes—numerous examples of which are before you—illustrative of varus, equinus, valgus, and two excellent cases of that somewhat rare form of talipes, the hollow club-foot, or *griffe pied creux* of Duchenne. No case of calcaneus has presented itself. Now each, and all these cases of talipes, are of nervous origin, dependent upon some mischief in the medulla spinalis, or it may be in the motor area of the brain itself, the result of which is *paralysis* of certain muscles, and thence overbalancing action by their antagonists, or primarily and solely on *spastic* action of certain groups of muscles; as a matter of fact, however, the latter condition hardly, if ever, is found alone, for almost invariably some form of paralysis is the initial cause of the resulting contraction. Bearing this in mind, you will be prepared to admit, what experience has now abundantly proved, that tenotomy is not the be-all and end-all as a curative agent, which it was once represented, but rather at the best must be looked upon as the less of two evils, and certainly as a remedy never to be resorted to until proved essential to restoring the proper form of the foot. The nervous lesion, whatever and wherever it may be, is sometimes congenital, when hydrocephalus, cleft palate, &c., often give other collateral evidence of the defective development of the nervous centres, or it may manifest itself under the form of infantile paralysis, or convulsions during early childhood. I think the more carefully you examine into the history the more frequently you will trace talipes to a paralytic source—in varus to paralysis of *peroneal muscles*, in valgus to paralysis mainly of *tibialis posticus and anticus*. Such is the case even in hollow club-foot, when you would certainly be inclined to think at first sight the sole error was spastic. Not so, however, as Duchenne pointed out, the cause of deformity here is paralysis of the *inter-ossei* and of the *adductor* and *flexor brevis pollicis*. We test the accuracy of this statement by Faradising the two feet of this patient who, in the left side, presents the deformity in a much more marked manner than on the right. You perceive how different is the response to galvanism on the two sides, vigorous flexion of toes taking place on the sound side, while the muscles of the affected foot scarcely respond at all.

In this case, if Faradisation of the paralysed muscles fail to abolish the deformity, I shall stretch the peroneal nerve as it winds round the head of the fibula.(a) Here, however, as in the case of talipes, galvanism and vigorous shampooing must constitute an essential—perhaps the most essential—part of the treatment. The earlier treatment is resorted to in talipes the better, for after a time the deformity becomes so extreme, and the articular relations of the bones to one another—and even the shape of the bones themselves—so altered, that complete restoration to a normally-shaped foot is often impossible, although treatment be supplemented by the freest tenotomy.

Every case of talipes, even the slightest, must be dealt with seriously, for it seriously interferes with locomotion. As Onimus has pointed out, the individual so afflicted no longer *rolls* on his feet from one uneven surface to another, but the whole of one side, or it may be the dorsum of the foot, presses equally upon the ground, and for this reason it happens that club-footed persons, unlike sound-footed folk, walk better upon a moving soil, like sand, than upon an unyielding ground.

To this group of contractions, dependent upon organic change in the nervous centres, also belong this case of torticollis and this case of club-hand.

The case of torticollis, unlike the general run of cases of talipes, depends upon spasm directly, and not upon a paralysed state of the opposing muscle—the opposite sterno-mastoid, indeed, appears to be quite healthy and vigorous; it is true that torticollis sometimes depends upon one sterno-mastoid overbalancing the opposite unnaturally weakened one, but this is not the most usual origin.

Hence it follows that tenotomy is most commonly the best practice to adopt in the treatment of wry neck; so strong, indeed, is the spastic tendency that it frequently happens that the deformity, cured for a time, recurs on the reunion of the divided tendons. If the spinal accessory nerve were easily accessible, it would be good practice to stretch it in these cases of spastic torticollis. Of course, in the paralytic form tenotomy should not be performed, but a cure should be sought for in electricity and calisthenics.

Look now at this case of club-hand; you will at once perceive that besides the contracted limb, the old woman is suffering from another mischief of a central character. There is a rigid contraction of the flexor muscles of the forearm, with a weakened condition of the extensors. When she raises her arm you perceive a general quivering of the muscles of the arm and shoulder, her left leg, too, is very weak and stiff. In fact, she has been the victim of cerebral hæmorrhage into the motor tract of the brain, followed by contraction, the flexor muscles of the forearm are permanently and structurally shortened, and are the seats of a rigid atrophy. In this and similar cases all you can do—and you can sometimes accomplish a good deal—is to stretch the contracted tendons and keep them straight. Tenotomy does no good, and simple extension will often effect a cure. You must carefully distinguish these cases of club-hand, the result of nerve-lesion, from such deformities as this case of contracted fingers of rheumatic origin, or this, which is the result of an old accident, or this, where some of the fingers are bent because the fascia is contracted.

Similar cases of club-hand to the one I show you are met with as the result of lateral amyotrophic sclerosis, and of sclerosis in patches, and in these affections also we meet with that same curious quivering of the weak muscles when they are thrown into action. But I must leave this part of our subject to draw your attention to the important group of hysterical contractions, and you will find that accurately as hysteria mimics most diseases, she here may be said to excel herself.

(a) I subsequently exposed and stretched the peroneal nerve in this case, but, owing to structural shortening of the muscles having taken place, with imperfect success. A complete cure was eventually obtained, however, by binding the toes down upon a curved splint, releasing them from time to time for the purpose of galvanising them.

The girl before you presents us with a good example of hysterical contraction. You perceive that she is extremely lame, when she walks she places her left hand above her left knee, tightly clasping it, and so helps herself along with it as if it were a crutch. She has been in this condition for seven or eight months, and attributes it to a doubtful fall she thinks she had about a year ago. The left knee is, as you see, bent to a considerable angle, and the hamstring tendons are very tense. Now, how are we to distinguish between this and contraction due to real shortening of these muscles. Well, in the first place there neither is, nor has there been, any joint disease; often hysteria mimics true arthritis, copying all the symptoms except the heat and redness; but in this case there has not even been any mimicry of articular mischief. Now unless there has been some *bona fide* cause for a patient to bend the knee for the sake of ease, I should advise you to doubt the real nature of the contraction. If from any other cause the knee is bent for a long time, then the shortened flexors become structurally shortened, and this law is immensely important to remember in dealing with contractions of talipes or of muscles contracted by being kept in a compressed condition for a length of time, often an injury. They become, as I say, organically shortened, their fibres undergo a fatty degeneration and absorption, and the distance between origin and insertion is permanently decreased. This is true in every case except hysterical contractions; here be it that the muscles relax in sleep, or be it from other causes, it will, I think, be found that the muscles do not undergo an organic change. But to return to the case of this girl: besides this absence of a sufficient cause for the contraction, our diagnosis is aided by the lameness being quite out of proportion to the amount of contraction, and further by the age, sex, and aspect of the patient. But how are we to *prove* our diagnosis—by chloroform? Chloroform is the Ithuriel's spear which unfailingly detects the deceptions of hysteria. Let us place our patient here under the influence of an anæsthetic. Having done so, you see that it is as I predicted; without force, without anything more than a touch, the rigid muscles relax, and the crooked becomes straight. I cannot help referring to another case of hysterical contraction, though they are so numerous that it seems scarcely necessary to swell the list. Still the case was seen by many of you, and as it tells against myself, the relation has some piquancy.

Four years ago a healthy-looking girl came to the out-patient room of this hospital with aggravated talipes equino-varus of the right foot. The muscles of the leg were wasted, and the limb was blue and cold. She remained under treatment (my treatment) for some months with very little benefit, when I sent her into the hospital with the intention for performing tenotomy. The then house physician, however, for some reason or other, appeared to suspect the real nature of the case, and administered a vigorous dose of the galvanic battery, when, as if by magic, the deformity disappeared, the girl jumped on to her feet, and very literally the lame walked. She required little further treatment, and soon after joined us as a nurse, in which capacity she has remained up to the present time.

In every case of doubt I would certainly advise you to use these two admirable detective objects, galvanism and chloroform, but the greatest of these is chloroform.

I think we should perhaps place those cases of ideal contraction after a real injury under this head of hysteria, though in some important respects they differ from true hysterical contraction. Thus the patients are often men, or if women, have never exhibited any other evidence of the polarised state of the nervous system which characterises hysteria. Again, there has been a real injury, and for the relief of pain the limb has probably assumed or been intentionally placed in the faulty position. Well, here again, chloroform will solve the riddle, and often nothing but chloroform will do so. I lately saw a "bonnie fishwife" who had suffered from an acute attack of traumatic synovitis, and whose knee was almost bent to a right angle. So rigid were the hamstring muscles that I

thought adhesions had formed—it was evident from her face and manners that she was no more the subject of hysteria than Bismarck. Chloroform was therefore given, and I seized the foot with the intention of using probably considerable force to bring the limb into position, but nothing of the kind was necessary, it fell into position of its own accord, much I assure you to the surprise of myself and the gentleman with whom I saw the case.

Contractions dependent upon long Retention of Muscles in one position.—This class is represented by these two cases of rigidly contracted fingers following an injury to the the hand. They are important, because they are preventible, or rather because they should very rarely if ever occur. Sufficiently early passive motion will generally prevent this form of contraction, and they are important, again, because, as remarked above, the muscles so placed do after a time become organically shortened. Whenever met with the proper treatment, is of course, forcible straightening under chloroform, followed by vigorous shampooing.

The next group is a large one, comprising as it does all contractions dependent upon diathetic causes.

Diathetic Contractions. — We will consider seriatim strumous, gouty, and rheumatic contractions.

Strumous Contractions.—Nothing is more common than for a case of strumous arthritis to be followed by a rigid contraction and true shortening of the muscles (the flexor muscles for the most part) around the joint. This condition, it is true, resembles the contractions of muscles referred to immediately before, but the treatment differs so importantly that I purposely relegate its consideration to another heading. As in the former class, prevention is better than cure—much better, indeed, in the strumous class, for whereas, in the former, vigorous movements are indicated, and often sufficient, in the latter, *noli me tangere* may be taken as our motto. Never rashly pull about or try to straighten a contracted strumous joint. Be the disease in the joint never so thoroughly subdued, rough handling will very often rekindle the slow scrofulous fire. All you can safely attempt in this unfortunately numerous class is by patience and extreme gentleness to gradually restore the limb to its proper shape.

Rheumatic Contractions.—Turning to rheumatic contractions, the most common are, like the hands of this poor woman, cases of rheumatic arthritis. These contractions are the result of a spasmodic action of the flexor muscle of a reflex nature, as Charcot has shown in his "Cliniques sur les Maladies des Veillards," the rheumatic poison acting as the irritant. So vigorous often are the resulting contractions that luxation of of the phalanges from each other or from the metacarpal bones frequently ensues. Mournfully grotesque are the deformities which are caused in this way, and, unhappily, neither surgery or medicine have as yet availed anything in either prophylactic or curative treatment.

Gouty Contractions.—I have here two cases of contraction of the fascia of the fingers, which are possibly of a gouty origin—at least, a gouty origin is often attributed—and though, in many such cases, I admit it is difficult to trace, still, like the blue bar in the pigeon, cropping up after ever so many generations in the "pouter" or the "carrier;" if we went far enough back we might perhaps succeed in tracing them to a gouty ancestor. It is certainly a curious affection, this contraction of the fascia of fingers and toes, and often hereditary. In the one case you see the little fingers of both hands are bent to a right angle; in the other the ring finger of the left hand alone is the one affected. Though sometimes a slight injury may set this contraction going, such a cause is by no means necessary, or even usual. Most frequently no traceable cause, as I have said, can be assigned, so we fall back on a possible history of gout. The contraction affects the fascia alone, the tendons always remaining quite free from participation in the deformity. Tenotomy is, then, manifestly out of the question, but still an operation is required. This consists in dissecting off the skin and dividing the constricting and contracted bands of fascia. When this is done the finger or toe is at once loosed from its bonds, and becomes quite straight. In operating freely divide all such bands rather than burst them, as by the latter procedure you may tear the skin, and so give rise to ulterior and obstinate contraction.

Those cases of contraction of joints, contraction of the flexor groups of muscles, resulting from long retention of one position, come under this same head of "Diathetic Contraction." They are pre-eminently the cases which bone-setters cure—at least, that is to say, some of them. If a healthy man has had an attack of synovitis, with subsequent lameness and stiffnesss from contraction, then the rough manipulation of the bone-setter, by which he puts the imaginary bone, which was out of its imaginary joint, into its place, will often loose him from his bonds and set him free, but woe betide that joint should it be in a strumous subject; then nothing is more sure than such rough handling will be followed by further mischief, and the last state of the patient be worse than the first. If it chance to be a contracted joint, again, in a rheumatic subject, or from rheumatic causes, sometimes good and sometimes harm will accrue from vigorous movements. A scientific decision as to whether force should be employed in these cases can only be arrived at from carefully considering each case. It may be laid down as a general rule that, so long as there are any active symptoms of inflammation, any pyrexia, any heat, or pain, or redness, no violence is admissible, and that, after all these evidences have subsided, we must be content to treat the cases according to their individual nature, and the diathetic habit of the patient. In the healthy, force used even extremely, may be practised with advantage; in the rheumatic considerable force, too, may be used, with frequent slighter exercises, to prevent re-formation of adhesions; in syphilitic and gouty cases (with caution, and the employment meanwhile of suitable internal remedies) adhesions may be broken down, and contracted muscles stretched. Whenever such means are employed it is, I think, a good plan to apply an ice bag for twenty-four hours or more to the wrenched articulation. In strumous cases, however, as I have said, nothing but ill can be expected to follow such treatment; then, if gentle exercise, such as quiet continuous extension with a weight and pulley, fail to remove the contraction, it is far better to divide the contracted tendon, or band of fascia, by subcutaneous section.

Traumatic Contractions.—It remains for me to speak of contractions following wounds and burns, of which there are several examples here. All of them are alike in this—they are extremely insidious in their progress. They do not—at least, very frequently they do not—appear at all threatening or severe, at first, but little by little they produce the most terrible deformities. Whenever and wherever skin is destroyed, the resulting cicatrix occupies a less space than the original wound. A cicatrix is like old Trapbois—"Do not trust my father," said Martha to young Nigel, "for, simple as he looks, he will take you in and ruin you"—and so with the contractions of traumatic origin, unless we are specially on our guard counteracting their evil tendency, we shall be drawn, or rather the arms, and legs, and faces of our patients, will be drawn, into all sorts of unfortunate and inconvenient positions. The habit, too, seems to be almost life-long; this habit of contracting steadily continues as if the cicatrix were a stock-broker. More will be done in the green than in the dry—that is, more good is to be effected in these cases by extreme care during reparation by stretching and constantly keeping the part stretched, than by operation afterwards. Still, when the deformity is pronounced and confirmed, much good is to be achieved by careful surgery, and few fields afford more room for ingenuity than cicatrices. Plastic surgery of every kind, slipping, grafting, sliding, &c., is to be put in practice as the case requires, and it is evident that no set rule of procedure will apply to all cases. I think, however, it should be taken as a rule, never to put the parts on the

stretch immediately after performing a plastic operation upon an old cicatrix; if you do, the cicatricial tissue left —and I am presuming that some is left behind—is sure to tear, and so, by and bye, you will find that you have had your trouble for nothing. Here, more almost than elsewhere, the best results wait upon the careful, painstaking surgeon rather than upon the brilliant operator, if he be a brilliant operator *et preterea nihil.*

Original Communications.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

By THOMAS STRETCH-DOWSE, M.D., F.R.C.P. Edin.,

Late Physician-Superintendent to the Central London Sick Asylum, Highgate; Physician to the North London Hospital for Consumption and Diseases of the Chest.

(*Continued from page* 503.)

Syphilis of Peripheral Nerves.

It is certainly questionable if we have any reliable clinical evidence to guide us concerning syphilitic changes in the peripheral spinal nerves. We have seen that syphilitic disease of the cranial nerves is not uncommon. Dr. Barlow gave an instance in the Path. Soc.'s "Transactions," 1877, and others have been recorded by Virchow, Leon Gros, Lancereaux, and Graefe. The case recorded by Dr. Barlow, the pathology of which is given in the article on "Hereditary Syphilis," shows well the ordinary form of degeneration which is usually met with, and proves most clearly that the nerve substance may be the seat of a definite and distinct neoplasm. But it is from pressure, rather than from intrinsic inflammatory changes, that the peripheral nerves even in syphilis have been proved to undergo degeneration, or by a direct extension of the infiltration into them of gummatous inflammations. In the article of Dr. Heubner upon the subject in Ziemssen's "Cyclopædia of the Practice of Medicine," he says that the nerves may be affected in various ways under the influence of syphilis. "It may occur that the peripheral nerves or their nuclei in the central nervous substance or their roots, or the ganglia which are dispensed along their course, are altered during the existence of constitutional syphilis in such a manner, that grave functional disturbances are excited, although it has been as yet impossible to demonstrate the alterations in question by means of the knife or the microscope." I would extend this observation of Heubner, and say, that syphilis in some persons so alters the normal attributes of the spinal nerves, that their motorial vaso-motor and trophic action is so interfered with that any external exciting cause is particularly liable to suddenly or progressively arrest their function. It has never been proved satisfactorily why an injury to the shoulder in a young subject should be followed by rapid atrophy of the deltoid rhomboid and scapular muscles, whilst in another subject, under similar conditions, no such consequences ensue, and the same remark holds good in reference to writer's cramp and palsies of the thenar and hypothenar eminences. Without entering into the argument of central or peripheral primary molecular disturbance, I can only say that I have cured such cases by the aid of iodide of potassium and mercury, when other treatment has failed. I mean, of course, where I have sought for and found clear evidence of syphilis.

Dr. Brown-Séquard remarks (*Archives Scientific and Practical Medicine*, New York, Jan. 1873): How quickly atrophy may appear in muscles of which the nerves have not been injured, and through an influence exerted by neighbouring nerves.

As far as the peripheral spinal, no less than the cranial nerves are concerned, whenever in fact there is an arrest of function, I make myself as sure as it is possible by clinical evidence to do, that syphilis is not mixed up with it.

If a patient presented himself with an internal squint, and diplopia or ptosis with a dilated pupil, and an external squint or a partial or complete palsy of the facial nerve, which came on gradually without other cranial or spinal nerves being involved, our first idea would be that we had syphilis to deal with, and I am quite sure of this, that the surgeon would be amply repaid if in the muscular and nerve degenerations resulting from injury, he made himself certain whether or not he had to do with a syphilitic constitution. Mr. Erichsen in his admirable work on Concussion of the Spine, dismisses the question as to the part played by constitutional syphilis in producing nervous disorder after railway and other accidents in a very summary manner, and I am quite sure that the subject is deserving of much more attention than he seems inclined to give it. He says, "that the paralysis of a syphilitic patient may be traumatic, and not in any way dependent upon a syphilitic taint. Thus the ptosis, strabismus, and double vision, which are so common in the syphilitic forms of brain disease, are very rare after spinal concussion." One can easily understand why a palsy of the third nerve should not necessarily follow a concussion of the spine, although it may produce extreme sympathetic depression, but I maintain that it is impossible for a syphilitic patient to receive an injury to the nervous system, either central or peripheral, without the constitutional taint playing its own part (and an important one too) in the course of, or it may be the extension of, the disease.

In Dr. Mitchell's most excellent volume "On Injuries of Nerves and their Consequences," I have failed to find that this important element has been taken into consideration, but in speaking of trophic nerves, the idea must have suggested itself to him, for he says, "we can only conclude from these facts," referring to the power of repair in tissue, "that a certain individuality of cell life controls the results, and that the cell life of one man so differs from that of another as thus to present us with varied phenomena under what seems to be equality of conditions." If there be no objective signs of syphilis, we have little to guide us beyond the patient's history, and our discriminating powers of observations. If there be a neuritis in the course of a mixed nerve causing atrophy of its substance, and of the muscles which it supplies, then there will be loss of the electric irritability and co-existent want of electro-muscular contractility. But it must be clearly seen that this is no test of syphilis, but merely indicates loss of the conducting power between the peripheral twigs and ganglionic centres. In disease of the anterior horns of the spinal cord, with resulting muscular atrophy, and in a hemiplegia from central disease, we know that electro-muscular contractility is rarely interfered with, and I cannot for my own part see in what way we are aided in our diagnosis, provided we find that only an isolated nerve, and its supply, is cut off from the main branch, or its point of origin; but if under anti-syphilitic treatment the function is restored, and if in a short time from some depressing cause its neighbour is similarly influenced, then in all probability we shall have good reason for believing that syphilis is present. The nocturnal character of the pain in syphilis of the cerebral nerves is a marked feature, and the same condition exists but to a limited extent in neuralgias of the spinal peripheral nerves. The following case is instructive in this respect.

Case XXIV.—*Syphilitic changes at the Base of the Brain, involving especially the Optic Nerve and Gasserian Ganglion.*

W. E., æt. 62, came under my care on the 10th June, 1876. He was of temperate habits, but contracted syphilis when he was thirty-seven years of age, and suffered

severely from it for years. Of late he has suffered from flying rheumatic pains in the muscles and joints. About seven years ago he lost the sight of the *left* eye. He knew nothing about it until he closed the *right* eye and found that the sight of the *left* had gone. At this time there was no affection of the face, like that which he now has. In the month of January, 1876, he got up at his usual time in the morning, and the wind was blowing very cold from the east, when he suddenly experienced a sensation over the *left* half of the face, as though a number of pins and needles were pricking it. In a few minutes he became so giddy that he was scarcely able to support himself. He lost neither consciousness or voluntary power. On the following day when he put the *right* hand into *hot* water it felt cold, and for the past six months when he washes the *left* side of the face with *cold* water it burns and gives him intolerable pain.

There is a *constant* feeling over the *left* side of the face, as though pins and needles were pricking it, but this is varied by sensations of a most unpleasant character. Sometimes it feels as though a red-hot iron was being pressed against the skin, at other times, as though boiling water were being poured over it, or hailstones were being driven against it, or that innumerable flies were tickling the left side of the nose. These strange sensations were a source of great trouble to him.

When I first saw him he looked careworn, and without questioning, it was apparent that his sight was imperfect. There was no objective paralysis. Upon ophthalmoscopic examination, there was found white atrophy of the *left* disc, and advancing atrophy of the *right*, the line of separation between the preserved and obscured halves of the field of vision was vertical. The vision of the left eye was gone.

The urine was free from albumen and sugar, and of normal gravity.

Cranial Nerves.—1st, Defective on the left side; 2nd, as noted; 3rd and 4th, normal; 5th, normal on the right side. On the left there is marked synæthesia, variations, and abnormalities, uncommon sensation, as noted, and slight decrease of electro-muscular contractility in the muscles supplied by the third division of the 5th on this side. At times he complains of stiffness about the muscles in mastication. 6th and 7th, normal; 8th, the taste on the *right* side of the mouth has always been natural, but on the *left*, he says it seems as though he had strong cheese or pepper there. There is constant accumulation of saliva in the mouth; no dysphagia or dysphonia. The chief points in this case, which is one of exceptional interest, are the right hemiopia and the neuralgia of the sensory divisions of the left fifth nerve, and the constant aching wearying pains which are localised to the parts supplied by this nerve, greatly increasing towards night. It at once brought to my mind the words of Dr. Anstie in his Lettsomian Lectures, 1866, "On certain Painful Affections of the Fifth Nerve." He said, "supposing *it were possible* that a patient should be affected with universal and equally violent neuralgia of all the branches of the fifth nerve, the situations in which the most important of these painful spots would be developed are—1st, the parietal; 2nd, the supra-orbital; 3rd, the trochlear; 4th, the palpebral; 5th, the ocular; 6th, the nasal; 7th, the infra orbital; 8th, the malar; 9th, the superior labial; 10th, the mental; 11th, the auriculo-temporal."

Now, these points alluded to by Dr. Anstie were all more or less influenced in this patient, and he improved very considerably under the use of anti-syphilitic treatment, when other remedies had no influence whatever upon him.

CASE XXV.—*Neuralgia of the Sciatic Nerve—Atrophy of Right Buttock—Neurosal and Syphilitic History—Cure.*

F. B., æt. 42, came to me in March, 1876, complaining that she had been in indifferent health for years. Her mother was subject to fits, and her father died insane. Her grandfather fell from his horse and died in a fit. Her grandmother was found dead in bed. Her nephew died in a fit at the age of 18 years.

She married at the age of 21, and contracted syphilis from her husband, and from this time her health began to fail. She has given birth to thirteen children and miscarried four times. Only five of the children are living. Three died in convulsions before they were three months old; one died in fits at 7, and the other at 16 years of age. She says that she has been subject to seizures affecting the top and back of the head, dimness of sight, twitchings about the mouth and eyes, with numbness and coldness about the extremities.

The uterine and ovarian functions were normal, the bowels acted regularly. She said that for eighteen months before she consulted me she had been suffering severely from pain of the right hip running down the back of the leg; it was always very much worse at night after going to bed; at times the limb felt numb and cold, and then again the prickings and shootings were indescribable. She stated that the doctors told her she was nervous, and that when she got strong the pains would go away. I was inclined at first to look upon it as hysterical, but upon examining the limb I found such marked atrophy of the muscles and integument of the buttock with diminished cutaneous and electro-muscular contractility, that I concluded there must be some pressure upon, or chronic interstitial inflammatory change in the nerve itself. I satisfied myself, as far as I could, that the disease existed rather without than within the pelvis, and there were no signs indicative of hip-joint disease. At times the muscular cramps were persistent and intolerable, and the movement of the limb gave her intense pain. Upon making pressure between the trochanter major and tuberosity of the ischium and just a little below the pyriformis muscle it gave her excruciating pain. I treated the case as a chronic syphilitic neuritis, first, with leechings and hot chloral solutions to the seat of pain, after this flying blisters were had recourse to; and lastly, the induced galvanic current soon altered the condition of the atrophied muscles. Anti-syphilitic remedies were administered, and in two months she was quite well.

I quote these two cases, as I could a large number of others, to show how difficult it sometimes must be to make a correct diagnosis in cases of peripheral nerve lesion, and how much more difficult it is to diagnose a specific from a common neurosis. But I should say never attempt the excision of a nerve until syphilitic remedies have been exhaustively tried.

(*To be continued.*)

THE INNER LIFE AND ECONOMY OF A LOCK HOSPITAL IN INDIA. (*a*)

By SURGEON-MAJOR W. CURRAN,
Army Medical Department.

(*Continued from page* 504.)

THE uterus itself is, as I have already observed, very little altered or affected by the irritation to which it is subjected, in these women; judged by an ordinary female sound—for I have not Simpson's instrument by me—its calibre is, for the most part, unchanged: the cervix is, however, sometimes, though rarely, elongated, and I have noticed a tendency towards prolapse in two or three of the older women, the walls of the vagina also bulge out sometimes, and the orifice of the meatus urinarius is often red and pouting. The clitoris is, strange to say, almost as free from the appearance of irritative change as is the uterus, but it is enlarged or actually hypertrophied in a few instances, chiefly among the older women, and I have had no reason to suspect the influence of any other form

(*a*) It may be necessary to explain, for the benefit of those who do not understand Hindoostani, that the word "purka" means, in reference to a well, wall, or building, masonry, as distinguished from clay; while the words "dhai," "chowkedar," and "bhistie," mean respectively a nurse, a watchman, and a water-carrier.

of abuse or indulgence among any of them. I infer, as well from these appearances as from their own acknowledgements, that the sexual act is, with most of these women, more a matter of mere mechanical compliance, for filthy lucre's sake, with the requirements of their situation, than one of excitement or passion, the erotic element seems, in short, to be, with most of them, in abeyance in the business.

Touching the os and its belongings, not much has been said, for the best of all reasons, that there is little to say about either, and the absence of structural change here, as elsewhere, seems to be their prevailing characteristic. It is, as we might expect, generally enlarged throughout, or elongated laterally in those who have borne children, but this is not always so, and there are several women in my *clinique*, in whose os, impregnations can scarcely be said to have produced any change at all. I have noticed a very similar enlargement or prominence in some of the older women, who have never borne children, or even conceived, and there is often such a narrowing of this aperture in others, as scarcely admits of the entrance of a probe. This narrowing does not, however, appear to interfere with the menstrual flux, and as regards the condition, which I have ventured to call *faute de mieux*. Nævus of the os is very rare, so rare, indeed, is it, that I have only seen two or three typical cases in all the women who have passed through my hands during the last year. There are, however, four or five others in whom it exists to a lesser degree, but it is more dependent, in these, on a better developed after-menstruation than it is in the instance just referred to, and yet is it permanent in all? It occurs exclusively on the lower lip, and is characterised by a diffused pale pinkness, or a deep reddish—according to period—hue, and the vessels that pervade it are usually so enlarged or reticulated, as to resemble the appearances produced by an arrest or irritation of the circulation in the web of the frog's foot. In one instance, only, have I seen it as a corona surrounding the os, and in this instance its vessels converged, like the spokes of a wheel, towards that opening, or were lost within the cervix. To simplify the matter and carry out my old programme to the end, I will subjoin a table, in which my estimate of the appearances so imperfectly set forth above, will be included, and my reasons for regarding this condition as akin to, if not absolutely identical with nævus, will appear under the heading of "Remarks."

Finally, having made, through my native subordinate, some experiments on the temperature of these women, and I need scarcely point out how suited they are for such a purpose, I subjoin the general results, and simply adding that I cannot vouch for their accuracy, I leave them to speak for themselves. The observations were taken by means of one self-registering and one plain thermometer, which may account for their variation, and I am, I regret to say, precluded by other engagements, from verifying or enlarging them. Out of the fifteen cases subjected to examination the temperature averaged 97·26 in the axilla, while it only reached 92·13 in the mouth. It reached 96·8 as an average in the anus, and 99·13 in the vagina, and there was no febrile disease amongst them at the time. I had hoped to be able to present some microscopic illustrations of the vaginal and other secretions of these women, but "non sum qualiseram bonæ sub regno curæ." Fifteen years of almost continuous service in the tropics, has robbed me of much of the suppleness and elasticity I formerly possessed, and zeal or enthusiasm would appear to be thrown away in a department which takes no cognisance of such voluntary efforts on the part of its members, and metes out its rewards according to the laws of longevity, or at the request of friends. I thought it a pity, however, to lose an opportunity that may never occur again, and if a man cannot bring himself to undertake inquiries of this kind for their own sake, he had better not undertake them at all. That was the view I took of the situation from the beginning, that was the view that induced me to wade through such a mass of falsehood and filth, and that is the view that now enables me to bring this, my review of it, to a close. Though presenting, possibly, many traces of hasty generalisation or incongruous grouping; nevertheless, is it substantially a true one, and I can freely say, that I spared no pains upon it. I have, however, no books to refer to for guidance or reproof. The season and the situation are alike unfavourable for minute investigation or protracted research, and I must plead for indulgence accordingly. The subject is, moreover, neither pleasant nor inviting, and any or such crudeness or boldness as may appear to characterise my treatment of it, should, in fairness, be ascribed, not to a want of care or thoughtfulness on my part, but to those effects of climate or errors of constitution, which no man may hope to entirely surmount or control.

TABLE No. 10 *shows the Appearances Exhibited by the Cervix in 85 Native Prostitutes; as well as of the Os, in its Relation to Nævoid Pigmentation, or Vascularity.*

No. examined.	Appearances of the cervix.				Nævus of the os.		Other features of this inspection, as well as of these parts.	Remarks.
	Healthy	Abnormally vascular.	Ulcerated. Merely abraded	Ulcerated. Honeycombed	Perfect.	Imperfect.		
85	39	8	9	6	A perfect nævus occurred in 2 to 3 instances during the year in all the women I have examined.	An imperfect one occurred in 3 to 5 instances within the same period.	The os was reduced in size in 10 of these women, and 5 of them were found to be menstruating naturally. One had a wart growing from its side; and there were only 3 admissions—2 for leucorrhœa, and 1 for abrasion. By the term "honey-combed," I understand an aggravated condition of ulceration, which only exists among the older women, and which sometimes suggests an actual agglutination of the opposing surfaces. It is very intractable to treatment, though apparently incapable of spreading infection; and the women in whom it exists appear to be beyond child-bearing.	If it be true, as laid down in Lane's edition of Cooper's "Dictionary," vol. i., pp. 318-19, that "nævi comprehend all the stains, spots, and deviations of a part of the skin from its normal state, which are congenital," or, that "some of them are merely superficial or stain-like spots, which are most commonly of a purplish-red colour of varying degrees of intensity, such as the presence of a considerable collection of blood-vessels situated near the surface and covered with a thin cuticle, naturally occasions," then is this term applicable to the condition noted within, and the increased turgescence and vascularity that menstruation imparts to the lip on which it is situated (always the lower) lends additional support to this assumption. Anyhow, such is my belief; and were we able to inspect the parts we would, I think, find, on removing their surroundings, that (Todd's "Cyclopædia," vol. i., p. 243) it consisted "of a series of vessels, arranged in a uniform manner, dilated at some points and contracted at others." Whether this condition has yet been described in books or not I am just now unable to say, but of its existence I have no doubt at all; and there is no reason that I can see why it should be peculiar to the Indian prostitute.

Clinical Records.

SOUTH LONDON OPHTHALMIC HOSPITAL.

Under the care of Mr. SPENCER WATSON.

Cases of Glaucoma.

CASE I.—*Traumatic Glaucoma.—Iridectomy.—Recovery with useful Vision.* (Date of operation, Nov. 19th, 1872.)

An engineer, of about 28 years of age, was struck in the eye by a chip of cold iron. When seen a fortnight after the accident the cornea was abraded, the globe tense and congested, sight so imperfect that he could only just count fingers, pupil dilated, and constant pain in brow and temple preventing sleep. A small iridectomy was made upwards and inwards. A week after all the symptoms had disappeared, but the sight had only so far improved that he was able to read No. 19 of Jæger's text-types.

Remarks.—The noteworthy feature of this case was the age of the patient. Very few cases are recorded of glaucoma below the age of 30, and it is possible that in this case there was some deep-seated ophthalmitis set up by the injury which gave rise to the glaucomatous condition.

CASE II.—*Double Glaucoma.—Iridectomy in both.—Result good.* (Date of operation, Oct. 3rd, 1873.)

Eliza N——, æt. 63, had suffered from glaucomatous symptoms in the right eye for two months, and in the left for two or three days. The *right eye* has T_3. V. O. *Left* T^2. V. Tells the time by the watch.

Iridectomy upwards in both eyes, a rather smaller piece of iris being removed in the right eye than in the left.

Four days after operation.—*Right eye.* Still tension, pain very severe. *Left eye.* Vision much improved, pupil clear.

Ten days after.—*Right eye.* Tension normal, less pain, and anterior chamber more formed. *Left eye.* Vision improving. Tension, no pain.

Six weeks after the operation.—*Right eye.* Slight pain occasionally. V. O. *Left eye.* V. J 16. Tension, no pain.

Remarks.—The patient in this case was suffering from asthma and bronchitis, and her general health was very defective. The results of the operation were therefore less satisfactory than in some cases, but quite as good as might have been anticipated.

CASE III.—*Chronic Glaucoma.—Iridectomy.—Success.*—(Date of operation, April 24th, 1874.)

Elizabeth Gill, æt. 74, sight failing the last two years.

Right eye. V. J 16. F. limited. Optic disc excavated. *Left eye.* V. J. 16. F. limited. Optic disc white and excavated. T. ½. Orbital and nasal pain. Chromopsiæ.

April 24th.—L. Iridectomy upwards.

May 18th.—L. Tn. V. as before. No pain, no chromopsiæ.

Remarks.—This appears a very limited amount of success as compared with the results obtained after iridectomy for acute or sub-acute glaucoma, but is more than can always be reckoned upon in the chronic form of the disease, especially if, as in this case, there happens to be incipient atrophy of the disc and great limitation of the field of vision, as well as of its acuteness. No improvement of sight was obtained, but the eye was placed in such a condition that it will not become rapidly deteriorated, and it is not exposed to the danger of a sudden acute attack.

Remarks.—In reference to the asthmatic condition of the patient, Eliza N. (case 2), I have twice since been struck by the fact of the occurrence of glaucoma either in asthmatic or emphysematous subjects. It is a fact of some significance and may possibly serve to elucidate the pathology of this disease. I am, however, unable, as well as unwilling, to form any theory on the subject without further data, the mere coincidence of the two diseases being in themselves not necessary to indicate more than the relation of predisposing cause and effect; congestion of the head and of all the cranial organs being one consequence of any form of dyspnœa, and therefore often associated with asthma and bronchitic emphysema.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 26, 1878.

THE MEDICAL REFORM BILL AND ITS PROGRESS.

THE past week has been, as we anticipated, marked by the most energetic action on the part of the profession in view of the alarming crisis in which the Duke of Richmond's Bill has placed its affairs. The unexpected, and, we may add, injudicious, introduction of Lord Ripon's amendment, by which all diplomas were rendered supererogatory, has evoked amongst the qualifying bodies an agitation hitherto unfelt, and has given birth to a discussion of medico-educational affairs, which, of itself, cannot but be of much value to a future understanding of the subject. As we stated last week, the Irish and Scotch Colleges of Physicians and Surgeons had lost not a moment in considering anxiously the position in which the amendment placed the licensing bodies, and—being to all intents in accord as to the effect of that enactment—had sent their highest responsible officers with other delegates to London to represent their views to Government, to Parliament, and to representatives of the English qualifying bodies. We are gratified to understand that the result of the conferences held with ministers, members of parliament, and the leaders in the profession in London, has been eminently satisfactory, inasmuch as such interchange of views has shown that the feelings and interests of the Irish licensing bodies are, in great measure, in accord with the influential views of the English licensing bodies, and—in principle—are quite compatible with the policy of the Government. The Scotch colleges, on the contrary, are ill at ease with the progress of the measure, and offer the most strunuous opposition.

Speaking generally, we may assert that all the parties to whom we have referred, are agreed that the Duke of Richmond's Bill ought to pass this session if it can be made compatible with the continued wellbeing of the licensing bodies, and coincident with the good of the public, and we are glad to understand that a means has been found which we hope may be considered sufficient to meet these necessities.

The Marquis of Ripon's amendment was, in fact, dictated by a desire to meet the case of the lady doctors. It was urged on behalf of these rather unaccommodating persons that they could not be reasonably asked to pay a fee towards the maintenance of licensing bodies as long as they were refused admission to the privileges of diplomates of those bodies, and that, therefore, the Bill should be framed so as to admit the ladies to registration and practice without either paying for, or holding, a collegiate diploma. But if ladies were to be admitted to registration on such terms, the same privilege must of necessity be extended to men; *ergo* it became necessary to do away with the necessity for any diploma, and hence, the contemplated subversion of the medical licensing system. There are, it is true, many who hold that it is unwise and unnecessary to legislate for so small a class as the female aspirants, and that—if admitted at all—these ladies ought to enter the profession by any way they can, or else remain out; but the general feeling is, that, if for no other reason, their demands ought to be met, lest the passing of the Bill might be imperilled. We believe that an understanding has been arrived at to meet the difficulty by the following means, *i.e.*, to have in the Bill the right of admitting to the Medical Register all those who pass the Conjoint Board, but with the proviso that if the medical authorities of any division of the kingdom make it part of their scheme that women shall be eligible to their diplomas, then—in that case—the diploma shall be indispensable, the scheme as so agreed upon having the force of law. Thus, if the licensing bodies of (say) Ireland agree together to admit women on exactly the same terms as men, then the women will receive the same diplomas, enjoy all the same privileges, and must be expected to pay the same as men; but if the licensing bodies should refuse such admission, then the ladies will, *ipse facto*, be admissible to the Register without diplomas and without paying for them. Thus, it is left to the discretion of the medical authorities of each division of the kingdom to decide the matter, but the ladies are not unfairly dealt with in any case. This appears to us to be a perfectly reasonable and statesmanlike settlement of the matter, and we entertain strong hopes that it may be accepted by Government and by Parliament.

The Bill was set down for its second reading on last Monday, but was deferred by consent until the coming week. It is opposed by Mr. Sergeant Simon in a motion to read it this day three months, but we imagine this is, to a certain extent, *pro forma*, and to ensure discussion.

Mr. Arthur Mill's Bill (which is the Bill of the British Medical Association, and is, practically, the Government Bill *plus* direct representation) got its second reading on Friday night last by consent, and it will be debated along with the Duke's Bill.

We may state, finally, that the principle of Conjoint Examination seems to be finally and definitely accepted and that the provisions of the Government Bill in this behalf will surely become law either this or next Session, but that difficulties present themselves still as to matters of most important detail, especially in regard to Lord Ripon's amendment, and that, until these difficulties are adjusted, the prospects of the Bill cannot be predicated.

THE IRISH APOTHECARIES' COMPANY AS A LICENSING BODY.

THE mind of the profession, and of the corporate institutions, whose business it is to consider projects of medical reform, have been so anxiously occupied by proposals for conjoint examination—extinction of corporations—reconstitution of the Medical Council, and other great questions that there is a present danger that less urgent, but still very important matters, may pass without the attention and the action which they deserve. One of these questions is the relation of the Irish Apothecaries' Company to medical licensing in Ireland and to the Board of Conjoint Examination which it is proposed to establish in that country. A few words of the history of that peculiar institution may not be inappropriate. In the reign of George III., the "Hall" was incorporated, its function being, as stated in the Act of Incorporation, "to promote pharmacy." In order to enable it to fulfil that function it was authorised to examine, and license pharmacists, inspect apothecaries' shops, suppress unlicensed practice of pharmacy, and generally to superintend the supply of pure drugs to the public. It opened a central establishment for the sale of genuine medicines, and this it did by means of shares taken up by shareholders, which shares are still a valuable property, inasmuch as all the earnings of the Hall, whether from drug-selling or from the granting of licenses, go to pay a dividend upon them to the holders. For many years the directors continued to pursue the functions thus confided to them with great advantage to the public, until, in an evil day, the chief influence in the counsels of the Company lapsed into the hands of a gentleman who, feeling apparently ashamed of the practice of the business of an apothecary, set before him for accomplishment a project of converting the Hall into a doctor-making body. With this purpose in view a curriculum was fixed, and examinations instituted, which included in their scope anatomy, surgery, physiology, and all the usual branches of medical education. As this project was developed, so the legitimate functions of the Company came to be neglected. Inspection of shops fell into abeyance, the practice of pharmacy by unlicensed persons became general, the sale of impure drugs was universal, and the final abandonment by the Company of its control of pharmacy in Ireland was consummated when the Poor-law Commissioners most improperly recognised the L.A.H. as a licence in medicine for the purposes of the Poor-law Medical Service, and accepted it as sufficient evidence of medical knowledge on the part of an officer of that service. But the plans of the secretary, who was the author of this scheme, failed after all, because the public would have none of the L.A.H. as a medical qualification. It was felt that an apothecary was, after all, for purposes of

practice, an apothecary and nothing more, and students looked with suspicion on the curriculum and the examination, and on the title of L.A.H. To entice them to the doors of the Hall the diploma fee of the Company was reduced to *half-a-sovereign*, but all in vain, for the number of licences fell away year after year until they reached the imposing number of *ten*, representing a diploma income of £5 to the Hall. At this period the Medical Act of 1858 was passed, and it was necessary to recognise a pharmaceutical body in Ireland, and, therefore, the Apothecaries' Company, being the only legal pharmaceutical corporation, was placed in the Schedule of the Act, and its licence admitted to registration; and thereupon, the secretary in question was crowned with the highest dignity to which he could have aspired—that of being elected to represent the Irish "Hall" in the General Medical Council. In like manner, when the Irish Conjoint Examination Scheme was in course of construction, it became necessary to permit the participation of the Apothecaries' Hall in it, because pharmacy had to be provided for in the conjoint qualification, and it was the only legal guardian of that art, however it might have shaken itself clear of its practice.

We are now on the eve of a reconstruction of the medico-educational system, and the question which we ask to-day is: What title has the Irish Apothecaries' Company to continue to occupy a place in the Scheme or to take any share in the qualifying of medical men? Originally consisting of sixty members, we find, on looking over the list of shareholders that the proprietors of the Irish Apothecaries' Hall are now, from negligence and carelessness of the directors, reduced to some twenty-one apothecaries, and that *fifteen* of these gentlemen, without any previous training for their position, annually elect each other for the important posts of Examiners and Directors of this Royal Charter Company.

The shareholders are now nominally forty-four in number, but of these twenty-three are the widows or other non-medical representatives of deceased shareholders, for whom the shares are—in order to evade the law—held by third parties who have no financial interest in the concern. Of the remaining twenty-one persons, fifteen are, as we have said, directors, and they manage the affairs of the corporation and annually re-elect each other, the Licentiates having no voice whatever in that or in any other of the Company's proceedings.

As a licensing body, the Company has ceased to exist. It has repudiated pharmacy, and, if it had not, Parliament has taken that guardianship from them and given it to the Irish Pharmaceutical Society. Its licences seldom exceed ten per annum, and they are granted, we assert, on the flimsiest examination. We are assured that a licentiate was lately qualified as a *medical practitioner* who failed to recognise aloes, poppy-head, colocynth, or gentian, or to suggest any way for detecting potash.

Having now no actual relation to pharmacy other than the keeping of an open shop for drug-vending, the Company has lost all claim it ever had to take part in a Conjoint Examination. It refuses to contribute pharmacy to that examination, and it is totally incompetent to contribute anything else. Are these fifteen gentlemen to be retained in the position of a Licensing Corporation endowed with a vote in the settlement of the affairs of the profession. Above all, are they to be longer permitted to send forth into medical practice and into the Poor-law Medical Service licentiate apothecaries for whose professional competency the world has no better guarantee than the *imprimatur* of an effete pharmaceutical institution.

The Government of the country has concerned itself about providing competent medical men for the service of the public. We fail to see how it can consistently recognise an institution like the Irish Apothecaries' Company as a means for providing such a class of practitioners, or how it can place the testing of students in the hands of a Corporation so false to its original purpose and so unworthy of trust as the Irish "Hall."

THE INTRA-VENOUS INJECTION OF MILK.

The ingenuity and enterprise of three American physicians have raised the question whether the injection into the circulation of fresh cow's milk might not be found to be a good substitute for the transfusion of blood. At present the novelty of the proposed practice is so great that doubtless many of our readers have never heard of it. Most of the facts before the profession will be found in a small pamphlet that has just been published on the subject by Dr. T. Gaillard Thomas, of New York, who entertains strong hopes that this substitution of milk for human blood will be found both a more practicable and more successful operation than that hitherto adopted. We must admit that the transfusion of blood is not an operation that has found much favour with the profession. As Dr. Thomas truly remarks, "it holds the position of an operation, the plausibility and theoretical advantages of which all admit, but the absolute utility and practical results of which amount to very little indeed." Many of our most eminent surgeons have never performed it, and many patients are dying among us without receiving the benefits which are claimed for it.

At first we might wonder that such an operation as that suggested and practised by Dr. Thomas could be ever entertained, considering the apparent want of homogeneity between milk and blood. This difference is, indeed, very great, but not so different is milk from that fluid, namely the chyle, by which the blood is being constantly replenished. The chyle collected in the receptaculum chyli passes up the thoracic duct, and, as an oily, white, milky-looking fluid is emptied directly into the left subclavian vein. The chemical constitution and microscopical appearances of the two fluids are not very different. Chyle is fat in emulsion in a serous fluid; milk is fat molecularly divided and suspended in water with casein and sugar; and they both contain about the same amount of salts. On theoretical grounds, therefore, the objections to the operation need not be so great as some may feel inclined to make; and if at present there is not much evidence that it has done much good, there is none to show that it does any harm.

The operation was first suggested to Dr. Thomas by the recollection of some cases in which it was employed twenty-eight years ago by Dr. Edward M. Hodder, of Toronto, Canada. In 1850 Dr. Hodder injected m[illegible]

into the veins of three patients moribund from Asiatic cholera. He injected as much as 14 ounces at one sitting; no alarming symptoms occurred; on the contrary, good results manifested themselves from the first, and two recoveries took place in patients who appeared moribund when the operation was resorted to. About twelve months ago Dr. Joseph W. Howe, of New York, adopted this method of transfusion in two patients. In one of them the operation was successful; in the other, a patient almost moribund from tubercular disease, it was not.

Donnè had also shown that milk might be injected into the veins of rabbits and dogs without injury to them; and Dr. Eugene Dupuy found that while the intra-venous injection of decomposed milk into dogs is uniformly fatal, the use of pure and fresh milk rendered the experiment entirely innocuous. Lastly, we have the cases of Dr. Thomas, the results of which were sufficiently satisfactory to encourage further inquiry into the subject. His first case was that of a woman on whom the operation of ovariotomy had been performed. Four days afterwards she appeared to be rapidly sinking, bathed in a cold sweat, temperature 101°, pulse 150, and a countenance expressive of approaching dissolution. Eight and a half ounces of milk were injected into the median basilic vein, with the transfusion apparatus of M. Colin, of Paris; and although one or two objectionable symptoms resulted, such as increase of temperature and headache, the patient ultimately made a good recovery. In the second case, also a case of ovarian dropsy, the operation for which was followed by dangerous complications, the result was not so satisfactory, as the patient did not recover. The next and last case was not a fair test of this method of transfusion, as the patient died from internal hæmorrhage after the operation of ovariotomy. Dr. Thomas concludes his observations by remarking that the intra-venous injection of milk is infinitely easier than transfusion of blood; and that it need not be limited to patients prostrated by hæmorrhage, but might be employed in disorders which greatly impoverish the blood, as Asiatic cholera, pernicious anæmia, &c.

We are not, however, so sanguine as Dr. Thomas is with regard to the future of "Intra-venous Lacteal Injections," and do not think it will take the place of transfusion of blood. The difficulties and dangers of the latter operation arise from the tendency of the blood to coagulate, and from the risk of admitting air into the blood of the patient. The first objection is usually got rid of by using defibrinated blood, while the second accident is just as liable to occur in the lacteal, as in the sanguinous injection. Nor is the injected milk so capable of being assimilated to the blood with which it is mixed, as the blood of another person would be; and indeed it is not so constitutionally analogous to the chyle as Dr. Thomas has represented. It does not, independently of its colour, bear so close an affinity to blood as chyle does, and consequently it cannot be so readily assimilated to the former fluid. It is, more than chyle is, in the position of a foreign body. By the time the chyle ascends the thoracic duct, it has become of a reddish tinge, several corpuscles resembling those of the blood can be seen in it, and like blood it coagulates directly it is removed from the duct containing it. Still, we will admit that theory is often wrong and practice right, and therefore we shall be glad to hear that the good opinion entertained of this method of transfusion by Dr. Thomas, is endorsed by that of other eminent physicians and surgeons.

THE ACCOMMODATIVE FACULTY OF HOMŒOPATHY.

It is sufficiently evident that globulism is on its last legs. A few weeks since we recorded a formal recantation of the schism by the vote of a large majority of the members of a Homœopathic Medical Society in America, and perusal of our exchanges shows us that, all the world over, homœopaths who are not prepared for formal recantation are seeking a way out of the dilemma by practising homœopathy only as an alternative, being perfectly ready to accommodate themselves to the tastes of their patients in the selection of a system of therapeutics. In the *Australian Medical Journal*, for instance, we find the following observations respecting the position of homœopaths at the Antipodes:—

At this moment the homœopath is no longer what his current belief presumes him to be. He gives real doses, or infinitesimal doses, accordingly as there is no need or a good deal of need for active treatment. Or he will make it optional with you to give you globules or real doses. You can take your choice, so long as you pay your money. As it is necessary, however, to keep up the credit of the system professed, whenever good results follow upon treatment they are set down as due to infinitesimalism and the magic of *similia cum similibus*. When occasion requires, this readiness to take either side is made no secret of, and in this way the homœopath sometimes is able to persuade the legitimate practitioner to meet him. There is, he points out, common ground upon which they can confer. He has no prejudice; Cæsar and Pompey are all the same to him. He will give half a grain of morphia or he will give the decillionth of a grain. He will dissolve ten grains of iodide of potassium in the Pacific Ocean and give you a drop of the solution, or he will give you the whole ten grains at a dose. His pliability is charming; his therapeutic cosmopolitanism overflowing. Some time ago a well known surgeon of Melbourne, on finding himself unexpectedly in the presence of a patient with one of these pliant disciples of Hahnemann, refused to remain. "Oh," said this latter, "you need not be afraid to meet me. I do not give any exclusive preferance to homœopathy; I *practise both ways*." Another who had been informed by Dr. ——— that he could not meet him in a case where he had been requested to do so, said, "But perhaps you would like to know what I have been giving the patient, as it may be some guide to you in shaping your own treatment?" "Oh, no," said Dr. ———, "that is quite useless, as your method has necessarily nothing in common with mine." "There you are in error," said the globulist, "for I have been giving five-grain doses of iodide of potassium." "But that is not homœopathy," responded Dr. ———. "No, it is not; but we are eclectics, we range over the whole domain of therapeutics, and so have the advantage of those who abide by allopathic doses." Now, says the *Australian Medical Journal*, this would be amusing if it were not shockingly dishonest. The non-professional public do not understand its immorality, and it is not to be supposed they should; but to all right-thinking persons, there is but one name for such a system of charlatanry. For if homœopathy were even remotely true, that system which we hold to be rational medicine is logically a uniform error. No honourable man can practise both methods, and to encourage a belief in the popular mind that they can stand side by side, is only a trick to bolster up the failing credit of the globulistic delusion.

We perfectly concur in the view adopted by our contemporary. A belief in infinitesimals and in the *similia similibus* dogma are as incompatible with the therapeutics which we practise as the creed of Juggernaut is with Christianity. There is no iota of fact or theory common

to both systems. Homœopathy may be the incarnation of truth, but, if so, allopathy is the embodiment of falsity and mischievous folly.

We commend this consideration just as fully to physicians who play "cat and pan" with homœopaths as to those practitioners to whom the *Australian Medical Journal* refers. No distinction can fairly be drawn between the physician who accommodates his opinion of the symptoms of his patient, and mitigates his advice as to the course to be adopted for a cure, in order to earn the consultation fees of homœopaths, and the homœopath who gives ten thousand of his doses in one in order to please the consulting doctor. Both are dishonest, both are guilty of sacrificing the patient to their own interests, both are disloyal to what they know to be truth, or else they don't know what the truth is. We regret to say that there are physicians (aye! and some of those who could, if they pleased, well afford to indulge their consciences with a little honesty of practice, and who would be transfixed by indignation if any one aspersed their social, professional, or moral characters), who yet will submit themselves to the indignity of aiding a person whom, if consistent, they must consider to be a charlatan, to practise principles which they know to be false upon the person of a helpless patient who has confided his health, perhaps his life, to their care.

To do his duty to his patient an honourable physician must, if he met a homœopath at all, tell the patient honestly and truly the opinion formed of his case, and the treatment recommended, and leave him to select for himself the cause to be pursued. Is it possible to do this in consultation and in prospect of consultative favours to come? Is it worthy of a gentleman to do otherwise?

Notes on Current Topics.

Diphtheria in St. John's Wood.

In Saturday's newspapers we have an announcement which is remarkably indicative of the times we live in, and of the change that has, within the last few years, come over public opinion with regard to sanitary matters. On Friday evening a public meeting was held at the Eyre Arms, St. John's Wood, "to consider the question of the present epidemic of diphtheria in the district." The chair was occupied by Prof. Huxley. The audience comprised a number of ladies, and several influential parishioners addressed the meeting. Such a meeting on such an occasion, would not have been thought of twenty or thirty years ago. If an epidemic broke out in those days it would have been regarded by the general public as a visitation of God, and no other steps taken to prevent its extension, or the occurrence of future outbreaks, beyond the use of a little chlorinated lime, and keeping a respectful distance from the infected. Now, however, owing to the repeated representations of the profession, and more particularly to the untiring zeal of such sanitary reformers as Mr. Simon and his coadjutors, both the Government and the public are fully alive to the preventibility of epidemic diseases, and to the nature of the precautions that should be taken to prevent them. As a result of this awakened interest on the part of the public in questions of a sanitary nature, we have the meeting in St. John's Wood above mentioned—not that the company present that evening was called upon to check the extension of the disease, inasmuch as the epidemic is virtually at an end. But much remains to be done by way of inquiring into the causes of the outbreak, and the best means of preventing its future occurrence, and the interest which the public has taken in the matter will be an additional inducement to the Government Inspector to make a thorough investigation into the subject.

Dr. Howell, who first addressed the meeting, was convinced that the outbreak was due to the escape of sewer gas, but, as we remarked last week, we doubt whether it will be proved to be entirely due to that cause. We would therefore endorse the reservation made by the Rev. Canon Duckworth, who reminded the meeting that some were of opinion that diphtheria was propagated by definite organic germs, so that when they talked about the disease being due to the escape of sewer gas, it should be remembered that sewer gas alone, without zymotic germs, would not have caused the epidemic.

Of course, too, the poor milkman came in for his share of the blame. A gentleman present said that three of his children were large consumers of milk, and they were the only members of the family attacked. The cans of the milkman who supplied his house were washed out with water from a well supplied by the Company's water, and his belief was that, owing to the heavy rains, the water had got contaminated. So at present there are, with respect to the etiology of this epidemic, the "sewer gas" theory, and the "contaminated milk" theory; but perhaps it would be better to wait for the forthcoming report of the Government Inspector before pinning our faith to any particular doctrine. In our opinion there is as yet no sufficient evidence to show that the outbreak is due either to the one or to the other of the two causes to which the disease has been attributed.

Colonial Degrees.

The clauses of the Duke of Richmond's Bill which admit colonial degrees to the Medical Register have been received with no little apprehension by the profession, and we ourselves have expressed our serious doubts as to the possibility of ascertaining the actual value of these diplomas, or ensuring that, at any moment of their recognition, they are equivalent as evidences of professional competency to the licenses of our Conjoint Boards. *On paper*, at all events, we are gratified to observe that some of these colonial licenses are above criticism for we find in the *Canadian Medical Journal* for the current month the examination questions of the Colleges of Physicians and Surgeons of Toronto, and are thus enabled to assure our readers that every diplomate of that body who has answered the written questions is, indeed, an emporium of professional knowledge. The papers for first and second-year candidates are twenty in number, including three on chemistry, three on anatomy, two on surgery, two on physiology, two on midwifery, and one each on microscopic anatomy, forensic medicine, botany, practice of medicine, toxicology, materia medica, and

sanitary science. The aggregate number of questions is *one hundred and fifteen*, which, being divided between two examinations, leaves fifty-seven written questions for each student, besides his *viva voce* examination.

If the *Canadian Medical Journal* would oblige us with a specimen of the answer paper of one of the monsters of erudition who have digested this dose, and eliminated a satisfactory result, we shall be able to appreciate the nature of the proposed legislation on colonial degrees.

Heroic Dose of Alcohol in the Treatment of Disease.

We should like to draw the attention of the authorities of the London Temperance Hospital to the very heterodox opinions and practice of Dr. A. H. Chandler, an American physician, with regard to the use of stimulants in the treatment of diphtheria. In an article in the *Canada Lancet*, he asserts "that alcohol in the form of whisky or brandy, given in large and frequently-repeated doses, at the very onset of the disease, is not only antidotal, but abortive and curative as well, in the more advanced stages." Children, he says, will bear half-ounce doses of alcohol every hour or two hours, and an adult from two to four ounces. Some of the cases Dr. Chandler cites bear testimony to the large quantity of alcohol which he gives to the patients suffering from diphtheria, so that he may be truly regarded as the Dr. Todd of American practitioners. Thus, in the case of an adult, we read, "Ordered brandy, two ounces every hour, night and day, no other treatment!" Forty-eight ounces of brandy, or more than two imperial pint bottles, is a pretty good allowance in these total abstinence days for twenty-four hours. In a girl, too, at 13, from sixteen to twenty ounces were allowed in the twenty-four hours; and what is more remarkable, these cases did very well, in consequence of, or in spite of, the treatment adopted.

American Hams and Trichinosis.

Professor Richard Heschel, the Viennese pathologist, gives a warning in the medical *Wochenschrift* to the consumers of foreign ham and bacon. He refers to the American ham which has recently found its way to Vienna, and is loudly extolled, at the expense of Westphalia hams, for its freedom from trichinosis. Dr. Heschel says, however, that while, among some 2,000 or 2,500 Westphalian hams one is infected, of the American hams inspected in North Germany, according to an official report, one in from five to ten is condemned, and there is great probability that several epidemics have been caused by trichinosis from American hams.

The Poplar Hospital.

Of all the hospitals in London there is none more deserving of support than the Poplar Hospital for Accidents. Although a few medical cases are received, it is, as its name implies, almost entirely confined to the in-door and out-door relief of patients suffering from all kinds of accidents. It is also situated near the East India Docks, where accidents are of constant and increasing occurrence; while the very situation and scope of the hospital exempts it from a charge that is often brought against other institutions of the kind, namely, that of not duly inquiring into the circumstances of the patients relieved, and thus allowing these charities to be abused by persons who can afford to help themselves. It appears also that greater demands are being made upon the resources of this hospital. From the Twenty-third Annual Report that has just been issued, it appears that the "total increase in the number of patients during the past year over the preceding one has been 195, the total number for the year 4,881; large as these numbers are, they can convey but a very inadequate idea of the frightful amount of suffering involved."

Notwithstanding the severity of the accidents admitted, it is seldom that a case of pyæmia or erysipelas occurs; and it is said that during one year more serious cases were received in the Poplar Hospital than in St. Thomas's in three years, and yet there was not one death from either of those diseases. We trust, therefore, that this hospital will have the hearty support of the charitable and philanthropic, for although the statement of the Committee of Governors is not discouraging, there is evidently need for continued and increased efforts for its efficient maintenance and prospective extension.

The West Riding Pauper Lunatic Asylum.

Every year brings with it some improvement in the sanitary or domestic arrangement or in the general management of our great lunatic asylums, and the one above mentioned is, in this respect, no exception to the rest. The Commissioners in Lunacy report that there is no record of the employment of either restraint or seclusion. One man is entered as having been once secluded for half-an-hour, and the only other case was that of a man with exceptionally violent homicidal and also suicidal tendencies; with him both restraint and seclusion have been used on several occasions since the 18th of June last, when he made a most desperate attempt to kill himself by beating his head against the wall.

Dr. Herbert C. Major, the Medical Superintendent, draws attention to the large part played by alcoholic excess in the causation of insanity, as the following table shows:

	Males.	Females.	Total.	Percentage on Admissions.
Alcoholic excess (singly) . .	30	5	35	7·5
Alcoholic excess with hereditary tendency to insanity .	14	5	19	4·0
Alcoholic excess with other *physical* exciting cause . .	9	4	13	2·7
Alcoholic excess combined with *moral* exciting causes	13	1	14	3·0
	66	15	81	17·2

It will thus be observed that in 81 cases, or 17·2 per cent., alcoholic excess either alone or in combination with other adverse influnces is considered to have induced the mental attack.

The mortality from small-pox greatly declined in London last week, when only 24 deaths were registered against 40 and 42 the two previous weeks; this is the smallest number of deaths since November last from this disease. There were 18 fatal cases in Dublin, but none in any other part of the kingdom.

The Relation of Examiners to the Medical Bill.

We find the following in the *Students' Journal*:—

"There is great consternation among the examiners connected with the Scotch and Irish examining bodies at the prospect of the Medical Bill becoming law. They fear —and with some reason—that, when the Conjoint Boards are established, their occupation will be gone. Now, to some of these Scotch and Irish, the fees received for examining candidates form a considerable item in their yearly incomes, and they can't very well afford to give them up. So they are moving heaven and earth, with a view to throw out the Government Bill; but it is to be hoped that they will be disappointed. They ought to have sufficient public spirit to forget self-interest and to do all they can to promote the passing of the Bill, seeing that the measure cannot fail to advance the interests of the profession very considerably."

We are obliged to remind our contemporary that it undertakes a serious responsibility in admitting to its columns a statement like the foregoing, in which we assert that there is not, *quoad* the Irish examiners, an atom of truth. We state as a fact that the aggregate fees of of an examiner in Ireland do not exceed £100 a year, and in most instances do not exceed £70; and that it is not true that any effort has been made or is likely to be made by Irish examiners to "throw out the Bill," but that on the contrary they are, by their representatives, anxious to pass it. In this connection we feel justified in complaining of the ridiculous unacquaintance with Irish medical affairs and Irish professional feeling by our metropolitan contemporaries. It may, perhaps, be asking too much to express a hope that our contemporaries should consult their Irish representatives before undertaking to express *ex cathedra* opinions on Irish subjects, but we are at least entitled to ask that if they do not consider Irish medical affairs worthy of this much notice, at least they should preserve silence upon a subject with which they seem to be insufficiently informed.

A Horrible Superstition.

It is an undoubted fact that even down to the time of Sydenham "mummy" was held to be a drug of great curative power, and was extensively administered in cases of fever and ague. But what should be said of the administration to a patient of human flesh freshly taken from the living subject? This exceptionally appalling medicament, says the *Daily Telegraph* of Monday last, seems to have been made use of under very singular circumstances in China. An application has just been made to the Emperor from the Governor-General of the province of Kwang-Tung, for permission to erect a memorial structure in honour of the filial devotion of a young lady twenty-one years of age, the daughter of a magistrate of Canton. In the spring of last year, this young lady's father fell ill, and was most tenderly nursed by his devoted daughter. At the end of six months the old gentleman became much worse, whereupon the young lady cut a piece of flesh from her arm and mixed it with his medicine. The remedy proved fatal to the patient: and his daughter, who had vowed to sacrifice her life for his, poisoned herself on the same day that her father died. This melancholy story of heroic filial piety, mingled with the most barbarous ignorance and superstition, may be instructively read in juxtaposition with a letter received in Shanghai from the Roman Catholic Bishop of Shanshi. Says Monsignor Monagatta, who is resident of Tai Yuen, the capital of a province in which famine is just now raging with the most fearful severity, "Until lately the starving people were content to feed on the dead; but now they are slaughtering the living for food. The husband eats his wife; parents are eating their children; and in their turn sons and daughters eat their dead parents. This goes on almost every day." Cannibalism has in a more or less marked degree been an attendant horror on the majority of great famines; but the systematic eating of human flesh in a time of scarcity is hardly to be wondered at in a country where young ladies of rank, education, and intelligence grow up to be twenty-one in the belief that a piece of human flesh can be beneficial as an inward medicament.

Catalogue of the Plants in the Society of Apothecaries' Garden at Chelsea.

We would draw the attention of our younger readers to a very useful pamphlet, edited by Dr. R. H. Semple, and containing not merely a dry catalogue of the medicinal plants in the Society of Apothecaries, but also a short description of the grounds, illustrated by three or four excellent plans. The plants are so classified, and the plans and directions are so plain, that the medical student can, with the assistance of this catalogue have no difficulty in finding any plant or class of plants he may wish to study. Plan I., for example, shows the manner in which the garden is laid out. Plan II. is a key to the beds of hardy medicinal plants, arranged after De Candolle on Plot A of Plan I. Here it will be seen that each bed contains one or more natural orders. Plan III. shows beds of hardy medicinal plants, arranged after Lindley on Plots B and C of Plan I. Altogether it is a very useful catalogue, and as it only costs sixpence, a very cheap one too. We hope that students will make a good use of it, for as a rule they show before the different Examining Boards a lamentable ignorance of the natural orders of plants from which our most valuable medicines are derived.

Irish and Scotch Colleges.

In the course of the warm controversy which has arisen out of the Duke of Richmond's Bill, we have observed that the Irish and Scotch licensing bodies have been classed together as the institutions against whose educational underselling the Bill is directed. We have read from the pens of editors who ought to know better that conjoint examination has become necessary because the "Scotch and Irish Colleges" have kept down the educational standard of the profession by the facility and cheapness of their diplomas. We do but justice to the Irish bodies, and especially to the Irish College of Surgeons, when we assert emphatically that such a statement is calumnious, and that that College so far from being a sinner in this respect, has been the greatest sufferer of the underselling system elsewhere.

Without entering into a comparison of its curriculum and examination with that of the English bodies, by means of which comparison we could readily prove our case, we meet the assertion by pointing out that, as a matter of fact, the Irish College of Surgeons does not

license three students per annum from the "preserves" of the English Colleges. This fact may, perhaps, be interpreted by caprice in a sense unfavourable to the status of the college, and to its prestige; but without discussing that point we claim the fact as clear proof that the Irish College of Surgeons does not seek to attract students by keeping down its curriculum, making its examinations easy, or cheapening its diploma; but that, on the contrary, it has for long years sacrificed to the competition of the Scotch bodies, and of the local cheap university, at least one third of its licensing income, sooner than descend to bidding against these institutions for the patronage of the student. Until these statements can be refuted, we trust that those who institute a comparison between the merits of various corporations will cease to bracket the Irish College of Surgeons with other colleges, with whose aims or methods it has no sympathy.

Therapeutical Paradoxes (Sensational Therapeutics) III. (a)

Mr. C. S. Wills states in the *British Medical Journal*, February 2, that he has used capsicum for more than twelve years in the treatment of *delirium tremens* with "unvarying success." It has never failed, he remarks, no matter how violent the patient may have been. In extreme cases thirty grains in a bolus may be given every hour, but milder cases simply require smaller doses.

We all know how troublesome these cases are to manage, and if Mr. Wills has found a sovereign remedy for this complaint in the administration of half a teaspoonful of cayenne pepper, the profession and the public will have much to thank him for. How Mr. Wills, however, could get a man suffering from a severe attack of delirium tremens to swallow a bolus every hour, is not so easily answered. Patients of this kind are often very unmanageable, and they might be inclined to resist such a pill under the idea that they were swallowing bullets. Nor do we quite see the *modus operandi* of such a remedy. We are aware that the sympathy between the stomach and the brain is very great, but should scarcely have thought that any impression made upon the former organ would have had so salutary an influence upon the latter. Otherwise it might be said that the capsicum acted upon the stomach like a sinapism, and on the principle of derivation, "attracted" as the old physicians would say "the morbid spirits" from the brain to the stomach. In many cases, however, of delirium tremens the stomach has been already pretty well stimulated by the alcoholic libations in which the patient has been indulging, a condition which would be scarcely improved by half-drachm doses of capsicum every hour.

We now turn to a very different disease, one that has been the butt of nearly every remedy under the sun. Indeed, so many remedies and plans of treatment have been vaunted as a cure for *acute rheumatism*, that, unlike others we have noticed, there is not much novelty in the simple treatment that has been recently recommended by Dr. M. J. Guerin, in the *Archiv. Gen. de Medicine*. This physician states that he has been able to abort acute articular rheumatism by the inunction of an ointment of one part of tartar emetic, and two parts of lard. This inunction is repeated every six to eight hours. A rapid reduction of the pain and swelling is said to occur, a result which Dr. Guerin attributes to a dynamic action of the remedy. The same treatment was equally successful in gout.

The production of artificial eruptions by the inunction of tartar emetic ointment, and the use of embrocations, blisters, liniments, and rubefacients, were long ago resorted to in the treatment of rheumatism, but nearly always in the chronic, and very rarely in the acute, form of that disease. It used, moreover, to be the fashion to put the patient suffering from *acute* rheumatism under a course of blistering. That plan, however, has had its day, and now we seldom hear of it. Dr. Guerin's method is in some measure a revival of a plan of treatment which was never employed to the exclusion of other remedies, and which, even as an adjuvant, never had strong recommendations. It was adopted by two or three of the older physicians whose names are now seldom mentioned, and it soon fell into deserved obscurity. Our knowledge of the pathology of acute rheumatism may not be perfect, but we do know this much, that there is no more chance of cutting it short by the use of irritant ointments than there would be of arresting by the same means the course of typhoid fever or small-pox.

Metropolitan Hospital Sunday Fund.

On Sunday next, the sixth annual collection in behalf of the metropolitan hospitals and dispensaries will take place, when every one will have an opportunity of contributing towards the expenses of maintaining institutions devoted to the sick and suffering poor of London. The annual deficiency this collection is intended to meet amounts to something like £50,000, and prior to the establishment of this Fund, hospitals and dispensaries solely depended upon the voluntary contributions of the benevolent to keep them out of debt. A wish was expressed, at the Council meeting of the Fund held last week at the Mansion House, that the amount contributed might possibly be increased, if only the whole of the services of churches and chapels could be devoted to the advocacy of the Fund. Mr. Jabez Hogg, seconded by Dr. Hamilton, and supported by Professor Marks and Bishop Claughton, moved a resolution to the effect that the clergy and ministers of the abbey, cathedrals, churches, and other places of worship in the metropolis be earnestly requested to allow all the services performed on Sunday, the 30th, to be made available for the general collection on behalf of the Fund. The Lord Mayor and Sheriffs will attend as heretofore, at St. Paul's morning service, and Westminster Abbey afternoon service.

The General Medical Council.

Although the Parliament of the medical profession has already held its annual session, it was expected in

(a) Taking the liberty accorded to every writer, that of changing the title of his subject, we have substituted the above heading in place of that previously adopted. It is perhaps less objectionable than the hackneyed word "sensational," and it has been suggested to us by calling to mind the very amusing "Budget of Paradoxes," which appeared some years ago in the columns of the *Athenæum* from the pen of the accomplished mathematician Mr. De Morgan, and in which the author reviewed and ridiculed the extraordinary and absurd opinions of certain *soi-disant* mathematicians.

view of imperial legislation upon medical matters that the necessity might arrive for another sitting; and we understand that a special meeting of the General Council has been summoned for Friday next, to consider the Bill of his Grace the Duke of Richmond for the amendment of the Medical Acts.

Increase of Medical School Fees.

Recently delegates from the staffs of the London medical schools have met together for the purpose of considering the necessity of increasing the fees to be paid by students. The majority of the London medical schools, and some also of the provincial schools, have decided upon raising the fees 25 per cent. from October next. The Scotch and Irish are still considering the matter, and three of the London schools refuse to join in the scheme. It is only just that the compounding fee should be raised. The sum charged to students of medicine bears no correspondence with the education received, and is altogether out of proportion to the sum charged in every other department of education. Further, it must be remembered that the corresponding fee at the different schools at the present date is precisely the same as it was a quarter of a century ago, notwithstanding the fact that the courses of lectures have increased nearly twofold, and the care and attention paid to students are now incomparably greater. No student on paying the higher fee could complain of it as an exorbitant charge, and it is to be regretted that the movement is not unanimous throughout Great Britain and Ireland. The policy of the new English schools who withhold from the movement is incomprehensible; it is not with them a question of principle or of justice: for the reasons we have referred to, it might be termed a policy of prudence, but we doubt whether students or their parents will be induced to enter into a contract with a medical school because the fees are a little lower than at the others. Underselling has proved of no avail up to the present time, for at the medical schools where the fees are small the annual entry of students is also small, but we are inclined to think that should any school ultimately refuse to act with the rest in this matter the fee for compounders, with its attached stigma, will prove repulsive rather than attractive to the students of the future.

The Case of the Rev. Mr. Dodwell.

On Friday last Dr. Forbes Winslow and Dr. Winn had an interview with the Rev. Mr. Dodwell, by the sanction of the Home Secretary, at the Criminal Lunatic Asylum, Broadmoor. This is the third visit they have paid him. In their report to the friends of this unfortunate gentleman they have again expressed their decided opinion that he is perfectly rational. They found him calm and collected; he gave, as on former occasions, a clear and logical account of the motives which impelled him, by the force of circumstances, to commit a breach of the peace in shooting at the Master of the Rolls. It has been proved and admitted that he had not the slightest intention of commiting a murderous assault. Why, then, is he still incarcerated on the ground that he is a dangerous lunatic? He is no doubt a man of strong feelings and determined character, but these peculiarities do not constitute him an irresponsible agent. It may be argued on the part of the medical authorities of Broadmoor Asylum that he has a morbid sense of his grievances. Some men are keenly sensitive to insult or injury. We may ask what constitutes a morbid sense of a grievance? Is a man supposed to have a sane sense of his wrongs when he can bear to be kicked to any extent without a murmur.

Mr. Thomson, of the Richmond Hospital, performed ovariotomy on Monday, the 17th inst. The woman was aged 40, and multiparous. The tumour had been first noticed six months ago. The operation was done under thymol spray, and on the fifth day the wound was found united throughout. Temperature, pulse, and respiration were normal.

The rates of mortality last week in the four principal cities of the United Kingdom, per 1,000 of the population, were: in London 19, Edinburgh 22, Dublin 26, Glasgow 27. The only other large town that reached this figure was Sunderland, the death-rate in the majority being excessively low, such as Leicester 11, Oldham 12, Brighton 14, and Plymouth, which a few weeks ago was the most unhealthy town in the kingdom, now presents a very clean bill of health with only 15 per 1,000 of its population.

Correspondence.

TOTAL ABSTINENCE IN THE ARCTIC REGIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A letter appears in a recent number of the *Medical Press* inviting attention to a surprising instance of the success of total abstinence in sledge travelling. Since the return of the late Arctic expedition, many similar letters and addresses have appeared from time to time, and your correspondent's letter deserves as much notice as most of them. The abstract of a sledging journey which he quotes is, he very modestly presumes, quite enough "to convince the most sceptical." It appears to me, however, that to have done himself full justice he should have contrasted this great teetotal sledge journey with the most successful, or rather, least unsuccessful, of the sledge journeys in which alcohol formed part of the ration. The longest of such journeys is that in which Sir Leopold M'Clintock, averaging 12 miles a day, marched 1,400 statute miles, in the hope of rescuing Sir John Franklin. The sledge crews—on similar rations—led by Admirals Richards, Sherard Osborne, and Sir Edward Parry, approached, but never exceeded, this distance. On the other hand, your correspondent brings to our notice the Arctic voyager, Wiggins, who volunteers to command the forthcoming teetotal Arctic expedition; who has "never yet taken spirits of any kind whatever to sea with him in these expeditions;" who now tells us of his sledging journey of 8,000 miles, during which he accomplished for days together, 200 miles per day. Comment on this astounding success of total abstinence is superfluous; but one of the striking incidents of the journey appears to call for explanation. It is by no means clear why, if there was no alcohol in the expedition, a non-abstainer belonging to the same sledge should have been "knocked up" by the severity of the journey *until he adopted total abstinence*. Your correspondent unmistakeably refers to Arctic explorations and sledging journeys. I should like to have seen a copy of *The Temperance Record* from which he quotes, but I could not find that publication on any library table in Dublin, or at the Westmoreland Street offices for the promotion of total abstinence. I should like, I say, to have seen Captain Wiggin's own report, because it sometimes happens that in making an abstract the eye wanders off to the wrong page or the wrong book, and some of the details quoted by your correspondent seem more applicable to a

journey by railway, or some other kind of conveyance, than to a toilsome march in the drag-belts of an Arctic sledge.

The proposition for a teetotal Arctic expedition was, I believe, first brought forward rather more than a year ago, at a temperance meeting in Leeds, where, according to the local papers, one of the speakers after descanting upon the assumed effects of alcohol in the late Arctic expedition, informed the meeting that one of the men reported dead, had nevertheless turned up safe and at sound his own home. This was even more startling than the statement published in one of the three leading London papers, that the exhausted men were hung up by the heels in the rigging until they recovered. If such gross irregularities occurred, it was indeed time to advocate temperance. Another speaker held up expeditions in which alcohol formed no part of the ration as a bright example for imitation. Three such expeditions had preceded the recent one in Smith's Sound; no one of the three accomplished any sledging worthy of the name; two of them lost their ships; in two mutiny occurred. The published records of one of these model expeditions tells of an attempt to assassinate the officer of a sledge party.

And in evidence before a Government inquiry into the suspected poisoning of the leader of another, the second in command confesses that he surreptitiously drunk the spirits supplied for the naturalists' specimens. So far as the recent expedition is concerned, anyone who spends a few hours over the copious official records in its Parliamentary blue books, can ascertain that there is no foundation whatever for the statements that total abstainers enjoyed any immunity from scurvy. The only people who could be said to display such an immunity, were the officers, who not only had (when they chose to take it) the same allowance of spirits as the men, but had sherry or madeira as well. The abstainers in the expedition suffered slightly more from frost-bite than their non-abstaining companions. This was altogether accidental, but it prevented some of them being sent in the extended sledging parties, amongst which scurvy was most severe. Now Sir, I am no opponent of total abstinence; on the contrary, I hope and trust that it and temperance will grow and flourish side by side, but I believe that the total abstinence movement is yet in its infancy, and I consider it especially unadvisable to feed it with "false stimulants," in the shape of statements so very hard of digestion as some of those brought forward by its mistaken friends. So long as teetotalism is occasionally embraced as an assistant to defective moral volition, long-tried habits of self control will have at least an equal value in the eyes of a man selecting companions for the uncertain and hazardous trials of an Arctic expedition.

It is not amongst picked bodies of men without, so far as can be ascertained, physical or moral spot or blemish, whose lives from their boyhood have been constantly under observation, and who are subjected to the strictest discipline in the world, that temperance agitators will find their most telling atrocities. Surely we need not stray into high latitudes and low temperatures to find the evils of moderate or excessive alcoholism, so long as we live in the midst of a morally paralised population draining from our gin palaces, and so-called groceries, into our hospitals, our lunatic asylums, and our prisons.

Yours, &c.,

ZERO.

THE PURIFICATION OF WATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If anything were wanting to confirm my statement of the "chalybeate" character imparted to water by the spongy iron filtering process, it has been abundantly supplied by the Company themselves, as it is evident by their letter of the 27th ult. that they were suffering from what I have heard medically described as "bungacious irritability," a very frequent result from a certain want of action induced by mineral tonics; hence, I make every allowance for Prof. Bischoff's hard words, and the only thing that annoys me, is the persistence of his extreme modesty in not letting the public know that he is the alpha and omega of the Spongy Iron Water Purifying Company, instead of leading it to suppose, when reading his numerous papers dilating on the wonders of spongy iron, that it is solely on sanitary grounds that he discourses so melodiously on the virtues of that material.

Now, as regards my assertions, which he so delicately puts it, as being throughout so inconsistent with truth, I will at once candidly admit that no doubt Prof. Bischoff can adduce *eight* official reports as to the superiority of spongy iron; but as an official report usually emanates from one person's deductions, let me ask the learned Professor how that in any way carries any proof with it, considering that against his *eight* I can bring *eight times* that number to proclaim the superiority of animal charcoal.

I am also bound to acknowledge that my obtuseness of intellect is such that even now I cannot grasp why reports respecting the value of animal charcoal should be *obsolete* merely because they were the deductions of careful chemical investigations extending from 1866 to 1870, unless, indeed, some of those wonderful Darwinism metamorphoses are developing themselves in the bones of animals which have suddenly changed their hitherto recognised chemical properties (in a burnt state), and transmitted their virtues into the pores of spongy iron. But why the learned Professor's foreign bantling should be the favoured recipient in preference to those emanating from the father of filtration through various preparations of iron (Mr. Spencer) is what, I for one, cannot understand.

Respecting Prof. Bischoff's wonderful mechanical ingenuity in the construction of filters—as illustrated in the last paragraph of his letter—I will quite believe it; but did it not strike him that as the filters of the London and General Water Purifying Company are on the syphon principle, and the grossly defective point to which he alludes is frequently half the time out of water, it follows that if when under water it allows water to be sucked in, when out of it, air would enter in its place, and the action of the filter at once stop; and if this were the case, it is only wonderful that this Company should still be in existence, after so many years trial, as the public is not so considerate as to put up with the inconvenience of being without water the greater part of the day, which would be the result of so faulty an arrangement.

I strongly suspect a joke has been played on the learned Professor, and if he will only favour me with a visit I will with pleasure show him how to make a joint, not only water but *air*-tight, which he will find far simpler than trying to imbue the public with a love for spongy iron water.

I remain, Sir,

Your obedient servant,

R. RUDING.

157 Strand, W.C.

*** This correspondence must now close.—Ed. M. P. & C.

THE NEW MEDICAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read of late many articles, including your own, on what one may designate the Medical Reform Act, which has been to my mind most mischievously hurried on by the week-minded inconsistencies and petty jealousies of medical men. I have had various opportunities of hearing the remarks of those who are well able to pass an opinion on the subject, whether in its favour or in condemnation; but I have been much surprised to find that the real *canker-worms*, the unseen uprooters of the profession, have been passed over either through culpable ignorance or blinded partiality; that the degradation into which the medical profession has fallen has been thrust aside by those who, in plain language, ought to have known better.

I confess I cannot find words to express my contempt and condemnation when I see men prominent in the eyes of the world stand forth and cavil about empty titles which, in the main, are completely useless, and yet ignore the many unprofessional and degrading practices of a *large* class of medical men, including not a few of those who possess that title (doctor) which is the bone of contention, and on which so many articles and letters have been penned, as if it were the most important question for discussion.

In this Medical Act, if it ever should become law, many a good old landmark will be swept away and cast into oblivion, and some new ones will be erected, the stability of which I very much question; for as reform seems to be the cry of the day, I suppose the same will occur again, for no doubt the future reformers will be as destructive as the present, and will be equally ready to pull down what we have erected, as useless and obsolete.

Reform is beneficial when it is in the right direction, but if it is in the wrong, Heaven help us! and I am sure that the Medical Act which is now engaging the attention of all those interested in the medical profession, instead of being a boon will prove almost akin to a curse, for it leaves untouched a great number of men who are a blight to their

better-conducted brethren—I refer to those medical practitioners who keep shops, and who are consequently no better than tradesmen; who extract a tooth for a shilling; who trade in pennies; who make up prescriptions; who sell combs, brushes, and scents, and quack medicines; who stick over their shops "doctor," "surgeon," or "surgeon-accoucheur," as the case may be. This is the class of men *we* ought to be protected against; and, forsooth, *this* class of miserables the Act leaves untouched.

Is it fair, is it just that chemists should be prosecuted for counter-practising and doctoring, when medical men openly encroach on the trade of the chemist? Why do not the promoters of this farce of a Medical Act give their attention to this anomalous state of things, instead of muddling their heads about professional titles and other minutiæ in order to suit the caprices of the querulent? Why do they not fix a standard of fees, as it is in the legal profession? Why do they not prevent medical men keeping shops? Why, if they are so anxious to prevent physicians using the title of doctor, do they not prevent apothecaries prefixing surgeon to accoucheur?

I repeat emphatically what I said at the commencement of my letter: that this Act, or rather *miscarriage*, has been hurried on by the inconsistencies and petty jealousies of medical men—inconsistencies, *i.e.*, keeping shops, accompanied with its innumerable degradations; petty jealousies, because an M.D. refuses to call a physician a doctor; and an M.D. of London thinking himself a better man than an M.D. of Edinburgh or of Dublin; and a Fellow imagining himself superior to a member.

Sir, I could enumerate many other instances and other evils which this Act does not mention, but my time is precious and your columns are well occupied.

Yours, &c.,

VALE.

[We have thought it well to allow our correspondent to express in our columns his views because they represent, no doubt, the ideas of medical reform held by many of the rank and file of the profession. Our correspondent ought, however, to understand that Acts of Parliament cannot prevent a medical man "keeping a shop," trading in "pennies," selling combs, scents, brushes, and quack medicines. All these are matters of private feeling. A medical man may degrade himself and his profession by going about unwashed and disreputable in appearance, but it is as impossible to force him to look respectable as to act respectably. Colleges may take notice of such matters (and we much regret that they do not oftener do so), but laws cannot, and the best way of putting a stop to such medical trading is to insist on medical men having an education which will raise them in mind and pocket above such a line of business.—ED. M. P. & C.]

LET US SPELL!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The literary world in general, and the medical in particular, must feel under heavy obligations to Dr. George Harley for the sturdy manner in which he has lately inaugurated his new spelling reform. Of course it must be confessed that the reader—I speak from my own experience—is likely to be more or less distracted from the subject-matter of a communication, very interesting and instructive in other respects—by his constantly meeting with words spelled entirely different to what he had been accustomed. The meaning of terms also may be rendered doubtful by the new system of *orthography*, as, for instance, when such a word as "needless" is converted into "needles." *Rem acu tetigit!* But this, after all, is a matter of little consequence, as we should soon get used to it; as, indeed, we daily do to things quite as extraordinary in this sublunary world of ours.

However thorough and seductive Dr. Harley may consider his reformation, I for one beg leave to pronounce it sadly inadequate for the end in view; it does not, in my opinion, go far enough. In order to give full perfection to the method in question, not only the duplicated consonants should be omitted, but the double, and therefore redundant and unnecessary vowels, should also be abolished. To give an example, instead of writing, as in the old obsolete (?) way, "Your field, friend, is well tilled," we should put it in this fashion: "Your feld, frend, is well tiled." This *I* consider to be the acme of perfection; and must, I am certain, commend itself, on a little reflection, to all persons of discriminating and refined taste. But in order the better to insure its universal adoption—for nothing short of this would satisfy me—I would suggest that "Spelling Bees" be started at once, and on a far larger scale than they have been heretofore.

Not wishing to deprive Dr. Harley of any share of the honour and glory of his last, but not least, achievement, and as, moreover, it might be as inconvenient for the same age and country to possess two reformers (even in the medical profession) whose claims to immortality might be equally balanced, as it was intolerable in the time of Alexander for Asia to have two kings, I shall, sir, with your kind permission, humbly subscribe myself,

Yours, &c.,

EXCELSIOR.

THE VICE-PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

GENTLEMEN,—As the contest for the honour of the Vice-President's Chair has commenced, those feeling an interest in the fray must begin to arm, while at the same time negotiation or argument may be brought into play.

I am an unwilling participator in the struggle, and it will go hard with me to oppose a man for whom I entertain such a profound respect, as I do for Dr. McClintock, one whose status, character, and writings, entitle him to the highest honours that the College can confer; but a sense of duty to the higher interest of the profession at large, constrains me to assume the position of being an antagonist. It was generally felt that when the late Dr. Mackesy was elected to the presidential chair, any inconvenience consequent on the distance of his residence from Dublin was more than counterbalanced by the general advantage to the profession at large. That in choosing a country practitioner for that high office, the social status of the provincial practitioner was enhanced, an idea I have good reason to know to be well founded.

It has since been over and over again stated very generally by the Dublin Fellows that this step should be repeated every six or seven years, and I myself have repeatedly asked to become a candidate for the chair; a course I fully intended a few years ago to take in due season, relying simply on my position as a country practitioner of respectable standing, and in no way having the vanity of putting my professional attainments in contrast with those of the eminent metropolitan practitioners who have sought the honour.

Circumstances have occurred which preclude me from seeking college honours for a long time, if ever; but "Rome hath many a worthier son than he" and a country practitioner now seeks the votes of the Fellows; one who is in every way qualified for the position; surgeon to a large hospital, in extensive practice, and living within such easy distance and access to the city that no objection could be made on the score of inconvenience. Nearly twenty years have elapsed since Dr. Mackesy sat in the chair. It is now a provincial man's turn, and I respectfully call on those Dublin men who have so kindly and so loudly called for a member of that section to come forward, to remember what I venture to call their engagements and vote for Dr. Chaplin.

I call on the country Fellows to be united and stand for their order, to set aside selfish ideas of ease and take an active part in the movement, and show how they value the prestige which accrues to the body by the selection of one of its members for the high office.

I feel strongly on the subject, as I would not oppose Dr. McClintock, and wish much that some other man was our opponent; still I think that in such a case the contest being between classes, not individuals, that the usual delicacy as to canvass may be set aside, and that a committee should be formed to carry out our object.

That Dr. Chaplin would most probably be a candidate has been well known for some time, and indeed I may say was very lately made the subject of compromise. The country practitioners turn is due, and if the country Fellows be loyal to their own interest, and that the opinions I have heard on the subject from so many leading Fellows in Dublin be still held, I have no doubt as to the result. I am sure there are few who would not engage with me—our point having been obtained—to support Dr. McClintock the following year. Apologising for the liberty I have thus taken in addressing you,

I am Sir, your obedient servant,

J. W. MARTIN.

Literature.

DISEASES OF THE NERVOUS SYSTEM. (a)

In looking over Dr. Althaus' recent volume, we are struck with a feature at once novel and important—viz., the statistical tables which appear to have been carefully and correctly drawn up from the Registrar-General's Annual Reports. In this way an attempt is made to show the frequency of these diseases at varying periods of life, and the average mortality in the male and female in England and Wales.

We have no wish to detract from the value, which at first sight, these statistics appear to possess, or from the credit which is due to the author for his laborious undertaking. But we are from common experience compelled to differ from him when he speaks of having addressed himself "to that large storehouse of facts—the Annual Reports of the Registrar-General on disease and death in England and Wales."

And we ask the question simply and in good faith—are these "dry and repulsive volumes"—storehouses of *facts?*

We do not doubt the correctness of the Registrar's Reports, but in the question of diseases of the nervous system, we are very much inclined to discredit the accuracy of the diagnosis, not from any want either of skill or care on the part of the diagnostician, but from the difficulties which beset the true understanding of the signs and symptoms of this class of disease when attended with an insufficient history.

We will take apoplexy by way of example.

A man in advancing years, or not, has a fit, and dies comatose. He may, perhaps, fall down suddenly. The cause of death, if no *post-mortem* examinations were made, would be stated to be apoplexy, and with apparent good reason. Yet in a large proportion of cases, no hæmorrhage has taken place either into the brain or its membranes.

We merely quote this to show that these statistics are not without serious sources of error, and we could bring forward good evidence to prove that many forms of internal hæmorrhage from the rupture of aneurisms may, unless due care be exercised, be referred to the brain, where this organ is exempt from disease.

To one who knows the exigencies and surroundings of general practice (especially in country life) where, at all events, until recently, certificates of death have been filled up by unqualified men, by whom the majority of diseases are conveniently referred to fever, the brain, the heart, and the lungs, scepticism as to the intrinsic value of the Registrar-General's Returns in reference to diseases of the nervous system, must necessarily exist.

With regard to the absolute subject matter of this volume, few exceptions can be taken. The author has clearly and definitely brought before us the signs and symptoms of each class of nervous disease in a manner at once comprehensive and truthful, and in every way equal to the more recent literature of the subject, which we know embraces a very wide field; and he can well be excused for having passed over lightly certain of the less common forms of disease, whose precise nature and pathology have not as yet been so well ascertained.

The reader may rest assured that he will not be wearied by any superfluous material. Every page of the book gives evidence that the author has made a complete and thorough digest of his subject, and that no pains have been spared to give the work a prominent position among the medical literature of the period.

Dr. Althaus proposes to give the name of "Charcot" to that form of disease which is known as "disseminated insular sclerosis," although he states that the malady was first described by Cruveilhier, and afterwards studied by Türck, Rindfleisch, Zeulker, and Frommann. If he wishes to pay M. Charcot a compliment, we cannot see that this is a fitting opportunity. But in the present age of diffuse nomenclature, we think the suggestion of Dr. Althaus unfortunate, and we strongly condemn the practice of giving to any special disease the name of the man who first drew attention to its especial characteristics.

There is too much vagueness in medical nomenclature, and a growing tendency on the part of specialists to create new names upon the most trivial and assumptive premises.

We not infrequently find men, for want of a better understanding, give five or six varieties of nervous disease the name of "Duchenne," and we are quite sure that M. Charcot would be sorry to see his name so mauled. Let our nomenclature be as classical as you please, but when it is possible, give us ungarnished Anglo-Saxon rather than hybrid nonsense.

Why not call the blood "Harvey's fluid," or small-pox "Jenner's disease?"

Dr. Althaus promises us another volume on the pathology of peripheral nerve diseases, and the diagnosis, prognosis, and treatment of the entire class of these maladies.

We shall look forward to this with interest, and if it is in all respects equal to the present volume, it will be most welcome.

(a) Diseases of the Nervous System. By Julius Althaus, M.D. London: Smith, Elder, and Co., pp. 360. 1877.

Literary Notes and Gossip.

We understand that the first edition of Messrs. Hanbury and Fluckiger's "Pharmacographia" has run out of print. The second edition will not be ready until October.

* * *

By the death of Earl Russell, the Presidency of the "Royal Historical Society of Great Britain and Ireland" has become vacant, and the post, which is honorary, has been offered to and accepted by Lord Aberdare.

* * *

We understand that Dr. J. Stannus Hughes, professor of surgery in the Royal College of Surgeons of Ireland, is engaged on a third edition of his "Treatise on Diseases of the Prostate Gland."

* * *

Another work from the fertile pen of Dr. Milner Fothergill, "The Antagonism of Therapeutic Agents," has just appeared. This and De Watteville's medical electricity are the only two new medical books issued during the past week.

* * *

By the death of Sir Thomas Hardy, keeper of the public records, historical literature has sustained a great loss; his researches in ancient history have given him a world-wide reputation, and caused him to be styled "The Jupiter of History."

* * *

Mr. De Watteville, assistant physician to the Hospital for Epilepsy and Paralysis, has just issued a translation of Dr. Onimus's "Introduction to Medical Electricity." Practitioners in this speciality ought to be thankful for the multitude of small and large manuals on the subject; but this advantage is not without alloy, as the difficulty of selection increases with the enterprise of authors.

* * *

The museum at University College, which is to perpetuate the memory of the late Dr. Parkes, F.R.S., is progressing satisfactorily. When finished it will contain an excellent library, which is intended as a centre of reference for every known work on hygiene and matters relating thereto. The larger hall will be furnished with plans and models of military and naval hospitals and other objects of interest to the sanatarian.

* * *

A fund has been started by an influential committee of literary and scientific men for the purpose of presenting Mr. Le Neve Foster with a substantial testimonial on his completion of twenty-five years' service as Secretary to the Society of Arts and Sciences. Those who have come into personal contact with Mr. Foster—and many of our readers have doubtless been in communication with him when reading papers or taking part in the discussions at that Institution—will appreciate the motive which has prompted the initiation of this fund.

* * *

One of those curiosities in literature for which quack doctors are famous came into our hands the other day in the shape of a pamphlet entitled "Phosphorine: a Lecture delivered at St. James's Hall by Dr. Sutton. 147th edition. See Testimonial from Sir William Stokes, M.D." Of course, we do not intend noticing this production otherwise than for the purpose of drawing the attention of one of those commendable associations which have done so much to rid the profession of

these impostors. This *soi-disant* author is not a qualified medical man; his so-called lecture was not delivered at the St. James Hall; no such member of the medical profession has lived in the present century as Sir Wm. Stokes to give him a testimonial; and the 147th edition is a myth, except probably each copy constitutes an edition. Here is a man advertising freely in the lay press with no other purpose than to deceive the public by the use of such honoured names as Drs. Stokes and Sutton—a man we have no hesitation in denouncing as an impostor.

* * *

Our Cousins on the other side the Atlantic are generally accredited with the facility of "drawing the long bow." To give an instance: we were once talking with an American among other matters about trains, comparing our own rapidity of transit with that we had experienced in America. Our friend replied that the Americans travelled so much faster, that the telegraph posts on the side of the line appeared to the passenger to be no further apart than the teeth in a comb. In the June number of the *Buffalo Medical Journal*, we notice a review of Leonard's "Vest Pocket Anatomist," in which the writer winds up by saying "50,000 copies have been ordered by a London firm for use in England." Thinking this a *slight* exaggeration, we took the trouble to inquire, and we find that Messrs. Baillière, Tindall, and Cox is the firm referred to, and the number ordered 1,500. We feel sure the editor of the *Buffalo Medical Journal* will pardon our calling his attention to this *little* error; 50,000 would be nearly sufficient to supply every medical man and medical student in the United Kingdom with three copies a piece.

Medico-Parliamentary

PUBLIC HEALTH AMENDMENT BILL.

In the House of Lords, on Friday last, the report on the Public Health Act (1875) Amendment Bill was brought up and agreed to.

Earl Delaware intimated his intention of taking the opinion of the House upon the Bill when it came on for third reading.

FORCIBLE CONFINEMENT OF AN IMBECILE.

In the House of Commons, on Friday last, Mr. Sclater-Booth said, in answer to Mr. A. Brown, that Eliza Littlehales, a pauper receiving out-door relief in the Madeley Union, was an imbecile in charge of her sister. The chairman of the guardians, finding that she was inadequately cared for, in his capacity as a magistrate ordered her removal to the workhouse with the view to her removal to the asylum. She was so removed, and the good food and treatment which she had received in the asylum had materially improved her health, and she was now again under the care of her sister. He admitted that the circumstances of her removal to the workhouse were illegal, but the medical officer was prepared to certify that her immediate removal was at the time necessary.

CONTAGIOUS DISEASES (ANIMALS) ACT.

In the House of Commons on Monday Sir H. Selwin-Ibbetson moved the second reading of this Bill, which had passed the Lords, explaining the necessity for the measure by the fact the diseases which it was designed to stamp out were imported from abroad. that their existence in this country had occasioned considerable loss, and that the present restrictions were insufficient to prevent their spread. That the diseases could be stamped out there was ample evidence to prove; but it was not to be effected by inspection at the port of landing, for inspection had failed, and slaughter at the port of landing appeared to be the only alternative, and for that alternative the Bill provided.

Mr. Forster moved, as an amendment, that the slaughter at the ports of landing of all fat cattle from the Continent would increase the cost of food, and should therefore not be made compulsory under all circumstances by Act of Parliament.

There was a long debate, which was adjourned.

PUBLIC HEALTH (IRELAND) BILL.

This Bill was read a third time and passed on Monday.

PUBLIC HEALTH (ENGLAND) AMENDMENT ACT.

This Bill stands for third reading in the House of Lords to-night, when the Earl of Delawarr will move its rejection.

Medical News.

Queen's University in Ireland.—At a meeting of the University held on Monday, June 17, the following degrees and diplomas in the faculty of Medicine were conferred:—

Doctor of Medicine.—Charles Warke Allison, B.A., of Queen's College, Belfast; Alfred Constantine Bennett, of Queen's College, Cork; John Thomas Collier, of Queen's College, Belfast; Patrick Oswald Considine, of Queen's College, Belfast; William Fleck, of Queen's College, Belfast; Robert Evans Hadden, of Queen's College, Cork; Charles Hall, of Queen's College, Belfast; J. Courtney Haslett, of Queen's College, Belfast; Francis Thomas Heuston, of Queen's College, Galway; Charles Kevin, of Queen's College, Belfast; Pershouse Wm. L. Langley, of Queen's College, Belfast; Joshua Lytle, of Queen's College, Belfast; Daniel Roderick O'Connor, of Queen's College, Cork; James Wigmore, of Queen's College, Cork.

Master in Surgery.—Patrick Maurice Corleton, M.D., of Queen's College, Belfast; Isaac C. Dundee, M.D., of Queen's College, Galway; Alfred C. Bennett, of Queen's College, Cork; William Fleck, of Queen's College, Belfast; Robert Evans Hadden, of Queen's College, Cork; Francis Thomas Heuston, of Queen's College, Galway; Charles Kevin, of Queen's College, Belfast; Pershouse Wm. L. Langley, of Queen's College, Belfast; Joshua Lytle, of Queen's College, Belfast; Daniel Roderick O'Connor, of Queen's College, Cork.

Diploma in Midwifery.—Alfred C. Bennett, of Queen's College, Cork; John Thomas Collier, of Queen's College, Belfast; Robert Evans Hadden, of Queen's College, Cork; Charles Kevin, of Queen's College, Belfast.

J. Fritz Beck, M.A., M.D., of Queen's College, Belfast, *in absentiâ*.

Hydrophobia.—On Sunday last a horrible death from hydrophobia occurred in Paris. About a fortnight ago M. Cheri Montigny, a young man of two and twenty, the only son of the manager of the Gymnase Theatre, was slightly bitten by a favourite bull-terrier, and not suspecting any harm, took no notice of it. The dog was subsequently sent to a veterinary surgeon, and died from some internal complaint, not hydrophobia, and the unfortunate youth, dining with some friends last Wednesday, actually congratulated himself on not having alarmed his father. Two days ago the symptoms of hydrophobia set in, and the patient had the strength of mind to request a strait waistcoat to be put upon him, and he died in fearful agony.

The Anti-Vivisectionists.—The second anniversary meeting of the International Association for the Total Suppression of Vivisection, was held on Friday last, at Willis's Rooms, the Rev. Canon Baynes, M.A., of Coventry, presiding. He was supported on the platform by several medical men and clergymen, but three-fourths of the audience were ladies. The report, which was taken as read, stated that the association kept steadily in view that unfaltering allegiance to the principle of total suppression, to be brought about by Mr. Holt's Bill. The object of the association was to promote total suppression by law, and to resist the practices of vivisection, as well for its debasing moral influence on those who perpetuated it, as because it was in itself a direct offence against the merciful Creator and the defenceless creatures which He had made. Dr. Scott moved, and the Rev. H. N. Oxenham, M.A., seconded the first resolution, "That the practice of vivisection is condemned alike by the absence of any proof of its medical value, and by the essentially immoral nature of the principle on which alone it can be maintained." The resolution was adopted unanimously. A second resolution re-

cording the gratitude of the meeting to Mr. Holt for again introducing his Bill to put down vivisection, was also agreed to.

Can Strychnine Spasm be confined to the Heart and Respiratory Muscles?

THE body of a woman has recently been disinterred at Crewe, on an order from the coroner, it having transpired that there was reason to believe her death had not arisen from the cause set down in the burial certificate. It appeared that her husband on returning from his work, found his wife in great agony, suffering from spasms at the heart. A medical man was called in, but on his arrival the woman was breathing her last. She had occasionally suffered from similar spasms. Mr. J. P. Brumwell, surgeon, of Keswick, said that when he saw the woman her lips were livid, and her face in a cold, clammy sweat. The action of the heart was intermittent and laboured [illegible] there was spasm of the intercostal muscles, and [illegible] the diaphragm, but there was no tetanic spasm of the muscles of the limbs whatever. He gave a certificate—*angina pectoris*. On making the *post-mortem* examination, however, he found evidence of strychnine in the stomach, such as left no doubt whatever in his mind as to the real cause of death. Had there been spasm of the limbs he might have suspected strychnine, but there was not. It was proved that deceased had purchased two-pennyworth of a vermin-killer, whose principal ingredient was strychnine, the day before her death, and the jury returned a verdict that deceased had died from the effects of strychnine, administered by herself.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

HYDROPHOBIA IN LANCASHIRE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Inasmuch as that in one of your special articles last week headed "Hydrophobia in Lancashire," you assert that the authenticity of my case has been disputed, I should like to point out that it is only last week that the *Lancet* published an account thereof, and that no other contribution to any paper has been sent by me, or any person in connection with the case. I am not answerable for any reports that may have appeared without my knowledge or sanction in the lay papers, and I am obliged to ignore *their* publications as being neither authorised or correct.

Faithfully yours,

Chelmsford, June 20. JAMES NICHOLLS, M.D, F.R.C.S.

[If Dr. Nicholls will consult our Report he will find his name mentioned. We heard, previous to the publication of Dr. Nicholl's case in the *Lancet*, some doubts expressed in well-informed professional circles, as to the correctness of the diagnosis by Dr. Nicholls, and we believe it was based on a letter of his own. We did not express an opinion, as, in the first place, we had not sufficient evidence, and in the second, we were inclined to credit Dr. Nicholl's statement. Did Drs. Burdon Sanderson, Brunton, or Callender agree with the diagnosis? In Saturday's *Lancet* Dr. Nicholl's will find an anonymous communication referring to his case.—ED. M. P. & C.]

SANITARY INSTITUTE OF GREAT BRITAIN.—The Anniversary Meeting of this Association will be held this day (Wednesday) at the Royal Institution at 4 p.m. A *conversazione* will be held at 8 p.m. at t Grosvenor Gallery.

PHYSIOLOGIST.—You will find the Silber burner answer your purpo best for laboratory purposes. The flame is exceedingly steady and t light as white as you could desire. We have had one in use for so time past, and have practically tested it. We have not tried it for d tillations, as we use a large Bunsen burner for this purpose, but t large batwing Silber burner would probably answer equally well.

ARTIFICIAL PALATES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Can you kindly inform me of the name and address of t inventor of artificial gutta-percha palates?

Yours faithfully,

Bampton, Devon. A. H. RENDELL.

[An account and diagram of the Obturator devised by Mr. Norton i to be found in the issue of the MEDICAL PRESS AND CIRCULAR of th 19th April, 1876 (page 321). The instrument was manufactured b Mr. Sewill. Any dental surgeon could make such an obturator, whi it must be understood, is applicable only in cases where the uvula an soft palate are united, though a slight modification would fit it for oth conditions, and in manufacture care must be taken not to have th body which unites the flexible rim to the mould of the roof of th mouth too tightly fitting the aperture, otherwise muscular contractio ll cause the palate to ache and render the instrument unbearabl The flexible rim is of course rather larger than the aperture betwee the nose and mouth, so that whilst the instrument is being inserte the rim is bent, but when in position the rim, returning to its natura position, lies on the upper surface of both the hard and soft palates an relaxes the instrument *in situ*.—ED. M. P. & C.]

COMMUNICATIONS. Enclosures, &c., have been received from—D Dehenne, Paris. Dr. T. Gallard, Paris. Mr. Erichsen, London. Dr Kelly, Rotherhithe. Dr. Thomas, Glasgow. Dr. Yandell, Louisville Mr. Tayler, New Cross. Mr. Yeomans, Clapham. Dr. Fisher, Medi teranean, Lanadion. Dr. Pollock, London. Dr. Berkart, London. Mr. Harding, London. Dr. Langdon Down, London. Dr. Myrtle, Harrogate. Mr. O'Grady, Dublin. Dr. O'Flanagan, Houghton-le-Spring Dr. Cassells, Glasgow. Dr. Pernisch, Tarasp, Switzerland. Mr. Oliver, Manchester. Mr. Fisher Smith, London. Mr. Gill, Folkestone. Mr A. B. Thorn, London. Dr. Elliott, Carlisle. Dr. Williams, London. Dr. Anderson, Coventry. Dr. T. S. Bell, Louisville, U.S.A. Mr. Jabez Hogg, London. Mr. Rendell, Bampton. The Registrar of the College of Physicians. Dr. Thompson, Omagh. Mr. Ruding, London. Dr. Thornley Stoker, Dublin. Mr. Lowe, Blackburn. Surgeon-Major Curran, Sitapur, India. Dr. Cooper, Notting Hill. Dr. C. W. Hamilton, Achill. Dr. Griffith, Pimlico. Mr. P. Le Neve Foster, Society of Arts. Dr. Dolan, Halifax. Dr. Hémar, Paris. Mr. Vogler, Hamburg. Dr Scott, Edinburgh. Dr. Williams, Glasgow. Dr. Taylor, London. Dr. Gaillard Thomas, New York. Prof. Wanklyn, London. Mr. Ashton Warner, East London Hospital. Mr. T. Hughes, London, &c., &c.

VACANCIES.

Baltinglass Union, Baltinglass Dispensary.—Medical Officer. Salary, £140. Election, July 9.

Birmingham, Queen's College.—Professorships in Materia Medica and in Pathology: also an additional Demonstrator in Anatomy. Applications before July 11 to the Secretary of the College, 21 Paradise Street, Birmingham.

Birmingham General Hospital.—Assistant Physician. An Honorarium is attached of £100 annually. Applications before the 29th inst. to the House Governor.

Carmarthen Infirmary.—House Surgeon. Salary, £125. Applications to Mr. Howells, 58 King Street, Carmarthen.

Central London Ophthalmic Hospital.—Assistant Surgeon. Honorary. Election, July 8.

Clogher Union, Ballygawley Dispensary.—Medical Officer. Salary, £100. Election, July 2.

Drogheda Union, St. Peter's East Ward.—Dispensary Medical Officer. Salary, £110. Election, June 29.

East Riding Asylum.—Medical Superintendent. Salary, £350, with furnished residence, &c. Applications before the 28th to be addressed to the Clerk to the Visitors, Beverley, Yorks.

Glasgow Royal Infirmary.—Superintendent of Surgical Nurses (Lady). Applications to Dr. Thomas at the Infirmary before July 2.

Hull Infirmary.—Assistant House Surgeon. Salary, £50, with board, &c. Applications addressed to the Chairman of the House Committee.

Ipswich Borough Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications, with testimonial, to Dr. Chevallier, at the Hospital.

Magherafelt Union, Moneymore Dispensary.—Medical Officer. Salary, £115. Election, June 28.

Newport Union, Achill Dispensary.—Medical Officer. Salary, £100, exclusive of fees. Election, July 2. (See Advt.)

Owens College, Manchester.—Demonstrator in Anatomy. Salary, £100. Applications, with testimonials, to the Registrar before July 15. (See Advt.)

Ramsgate Royal Dispensary.—Resident Medical Officer. Salary, £130. Applications to the Secretary on or before July 1.

Swineford Union, Foxford Dispensary District.—Medical Officer for temporary duty. Emolument at the rate of £3 per week. Immediate application to the Hon. Sec. (See Advt.)

Woolwich Union, Kent.—Assistant Medical Officer. Salary, £75, with board and lodging. Printed forms on application to the Clerk to the Board, Woolwich.

APPOINTMENTS.

CHURTON, T., M.D., a Physician to the Leeds Fever Hospital.

EVANS, W. M. H., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Hudders field Infirmary.